

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)		Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Dylanna					
Street Address		517 Shawnee Drive					
City	Erie	State	PA	Zip Code	16505		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/04/2021	06/07/2021	
A. Amount Brought Forward From Last Report	\$	4470.70000000	<div style="transform: rotate(-90deg);"> <p>2021 JUN 10 PM 2:59</p> <p>ERIE COUNTY</p> <p>VOTE REGISTRATION</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2355.97000000	
C. Total Funds Available (Sum of Lines A and B)	\$	6826.67000000	
D. Total Expenditures (From Schedule III)	\$	6967.21000000	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-140.54000000	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	2850.85000000	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00000000	


## Affidavit Section

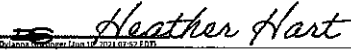
Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

  
 \_\_\_\_\_  
 Signature

  
 \_\_\_\_\_  
 Signature of Person Submitting report  
 Heather Hart  
 \_\_\_\_\_  
 Printed Name

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.


814 \_\_\_\_\_ 860-4122  
 Area Code \_\_\_\_\_ Daytime Telephone Number

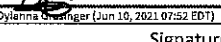
Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

  
 \_\_\_\_\_  
 Signature

  
 \_\_\_\_\_  
 Signature of Candidate  
 \_\_\_\_\_  
 Printed Name

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

\_\_\_\_\_ Area Code \_\_\_\_\_ Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	0.00000000
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	0.00000000
All Other Contributions (Part B)		\$	967.87000000
Total for the reporting period	(2)	\$	967.87000000
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0.00000000
All Other Contributions (Part D)		\$	1388.10000000
Total for the reporting period	(3)	\$	1388.10000000
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	0.00000000
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	2355.97000000

## PART A

**Contributions Received From Political Committees**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	
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										Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City			State		Zip Code		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City			State		Zip Code		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City			State		Zip Code		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City			State		Zip Code		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City			State		Zip Code		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City			State		Zip Code		Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #	Street Address					Date [MM/DD/YYYY]		\$			
City			State		Zip Code		Date [MM/DD/YYYY]	\$			

## PART B

**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor		Barbara Townsend		Date [MM/DD/YYYY]	\$	100.00000000
				05/04/2021		
House #	314	Street Address	Strong Drive		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		James McCall		Date [MM/DD/YYYY]	\$	250.00000000
				05/04/2021		
House #	6055	Street Address	Morning Glory Ct.		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16509	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		Christiane English		Date [MM/DD/YYYY]	\$	150.00000000
				05/04/2021		
House #	1050	Street Address	Lookout Drive		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16507	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		Paul Lukach		Date [MM/DD/YYYY]	\$	50.00000000
				05/04/2021		
House #	1327	Street Address	S Shore Drive		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16505	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		Mary Schaaf		Date [MM/DD/YYYY]	\$	125.00000000
				05/03/2021		
House #	2109	Street Address	Watson Rd.		Date [MM/DD/YYYY]	\$
City	Erie PA	State	PA	Zip Code	16505	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		Roger Wolbert		Date [MM/DD/YYYY]	\$	75.00000000
				05/05/2021		
House #	612	Street Address	West 2nd Street, Apt 305		Date [MM/DD/YYYY]	\$
City	Erie	State	PA	Zip Code	16507	Date [MM/DD/YYYY]
						\$

## PART B

**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor		Gretchen Fairley		Date [MM/DD/YYYY]	05/12/2021	\$	150.00
House #	637	Street Address	West 9th Street		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16502	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Barbara Lechner		Date [MM/DD/YYYY]	05/16/2021	\$	75.00
House #	8	Street Address	Niagara Pier		Date [MM/DD/YYYY]	\$	
City	Erie	State	PA	Zip Code	16507	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

## PART C

**Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:									
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Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$		
House #					Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$		

**PART D**  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:																			
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Full Name of Contributor				Mark and Stephanie Wright						Date [MM/DD/YYYY]		05/08/2021		\$		1000.00000000			
House #		9010		Street Address		Route 98						Date [MM/DD/YYYY]				\$			
City		Girard		State		PA		Zip Code		16417		Date [MM/DD/YYYY]				\$			
Employer Name				Retired						Occupation		Retired							
Employer Mailing Address / Principal Place of Business																			

Full Name of Contributor				Abigail Grasinger						Date [MM/DD/YYYY]		05/07/2021		\$		400.00000000			
House #		331		Street Address		Superior Ave.						Date [MM/DD/YYYY]				\$			
City		Erie		State		PA		Zip Code		16505		Date [MM/DD/YYYY]				\$			
Employer Name				Federal Courthouse						Occupation		Case Administrator							
Employer Mailing Address / Principal Place of Business				17 South Park Row, Erie PA 16501															

Full Name of Contributor										Date [MM/DD/YYYY]				\$					
House #				Street Address								Date [MM/DD/YYYY]				\$			
City				State				Zip Code				Date [MM/DD/YYYY]				\$			
Employer Name										Occupation									
Employer Mailing Address / Principal Place of Business																			

Full Name of Contributor										Date [MM/DD/YYYY]				\$					
House #				Street Address								Date [MM/DD/YYYY]				\$			
City				State				Zip Code				Date [MM/DD/YYYY]				\$			
Employer Name										Occupation									
Employer Mailing Address / Principal Place of Business																			

PART E  
**Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number

Full Name

House #

Street Address

City

State

Zip  
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip  
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip  
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip  
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip  
Code

Date [MM/DD/YYYY]

\$

Receipt Description

Full Name

House #

Street Address

City

State

Zip  
Code

Date [MM/DD/YYYY]

\$

Receipt Description



**SCHEDULE II**

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE**

Filer Identification Number:	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$ 0.00000000

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$ 0.00000000

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period	(3)	\$ 2850.85000000

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 2850.85000000
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor Dylanna Grasinger					Date [MM/DD/YYYY] 06/04/2021		\$ 2850.85000000
House # 517	Street Address Shawnee Drive			Date [MM/DD/YYYY]		\$	
City Erie	State PA	Zip Code 16505		Date [MM/DD/YYYY]		\$	
Employer Name USCRI				Occupation Executive Director			
Employer Mailing Address / Principal Place of Business 517 East 26th Street, Erie, PA 16504				Description of Contribution Yard Signs			
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III  
Statement of Expenditures

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		Northern Ohio Printing				<b>Date [MM/DD/YYYY]</b>	\$	436.00000000
						05/04/2021		
<b>House #</b>	4721	<b>Street Address</b>	Hickley Industrial Parkway			<b>Description of Expenditure</b>		
<b>City</b>	Cleveland	<b>State</b>	OH	<b>Zip Code</b>	44109	Mailer addresses		
<b>To Whom Paid</b>		Pony Express				<b>Date [MM/DD/YYYY]</b>	\$	30.11000000
						05/05/2021		
<b>House #</b>	1903	<b>Street Address</b>	West 8th Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16505	Fed Ex of check for printing		
<b>To Whom Paid</b>		First National Bank				<b>Date [MM/DD/YYYY]</b>	\$	3.95000000
						05/06/2021		
<b>House #</b>		<b>Street Address</b>	One North Shore Center			<b>Description of Expenditure</b>		
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15212	Paper Statement fee		
<b>To Whom Paid</b>		WSEE				<b>Date [MM/DD/YYYY]</b>	\$	2113.00000000
						05/10/2021		
<b>House #</b>	3514	<b>Street Address</b>	State Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Commercials		
<b>To Whom Paid</b>		WICU				<b>Date [MM/DD/YYYY]</b>	\$	705.00000000
						05/10/2021		
<b>House #</b>	3514	<b>Street Address</b>	State Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Commercials		
<b>To Whom Paid</b>		WJET				<b>Date [MM/DD/YYYY]</b>	\$	1225.00000000
						05/10/2021		
<b>House #</b>	8455	<b>Street Address</b>	Peach Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16505	Commercials		
<b>To Whom Paid</b>		Spectrum				<b>Date [MM/DD/YYYY]</b>	\$	512.55000000
						05/12/2021		
<b>House #</b>	5651	<b>Street Address</b>	Jordan Road			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16510	Commercials		
<b>To Whom Paid</b>		WICU				<b>Date [MM/DD/YYYY]</b>	\$	36.00000000
						05/14/2021		
<b>House #</b>	3514	<b>Street Address</b>	State Street			<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16508	Commercials		

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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<b>To Whom Paid</b>		WSEE		<b>Date [MM/DD/YYYY]</b>		\$ 4.25	
		05/14/2021					
<b>House #</b>	3514	<b>Street Address</b>	State Street		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16505		
Commercials							
<b>To Whom Paid</b>		Room 33		<b>Date [MM/DD/YYYY]</b>		\$ 851.40	
				05/18/2021			
<b>House #</b>	1033	<b>Street Address</b>	State Street		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16501		
Election Night Watch Party							
<b>To Whom Paid</b>		Dylanna Grasinger		<b>Date [MM/DD/YYYY]</b>		\$ 1049.95	
				06/04/2021			
<b>House #</b>	517	<b>Street Address</b>	Shawnee Drive		<b>Description of Expenditure</b>		
<b>City</b>	Erie	<b>State</b>	PA	<b>Zip Code</b>	16505		
Yard Signs							
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

**SCHEDULE IV**

**Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

<b>Filer Identification Number:</b>	
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<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							

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<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							

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<b>City</b>		<b>State</b>		<b>Zip Code</b>			
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<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							

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<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
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<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							



**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements). Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports and only so long as the waiver referenced above is in effect.** This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

Name of Filing Committee, Candidate, or Lobbyist			
Friends of Dylanna			
Reporting Cycle Name			
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input checked="" type="checkbox"/> <b>Cycle 9</b> 30-Day Post Special Election

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

*Heather Hart*

Signature of Treasurer, Candidate, or Lobbyist

06/08/2021

Date

Heather Hart

Printed Name



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*Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.*

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

A handwritten signature in black ink, appearing to read 'Dylanna Grasinger'.

06/08/2021

Signature of Candidate

Date

Dylanna Grasinger

Printed Name