

**Commonwealth of Pennsylvania - Campaign Finance Report** 

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

5 page

Filer Identification Number	Report Filed By ( Mark X)	y Candida	ate 🔀	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	KARLA I JEFFERY	( Clei	rk of Re	ccords)	1 1	· · · · · · · · · · · · · · · · · · ·
Street Address	2612 EAST 33RD	STREET				
<b>City</b> ERIE		State	PA	Zip Code	16510	
Type of Report (Place x under report type)						
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Po Pre-Primary Pre-Primary Primary	st 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> Frid Pre-Election	lay Special 30 Day Post-Election
Date Of Election         05/18/2021	Year	2021	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Date			For	Office Use Only	
05/04/202  A. Amount Brought Forward From Last Repo	nt S	07/2021				Final General General Control of
B. Total Monetary Contributions and Receip (From Schedule I)	ts \$	74.03 142.91				Control Contro
C. Total Funds Available (Sum of Lines A and B)	\$ 25	16.94			है। स . पी व. प वी. पूर्व	
D. Total Expenditures	\$ 2.5	516.94			5.4 5.4 	483 <b>12</b> 123 <b>23</b> 133 <b>23</b>
(From Schedule III) E. Ending Cash Balance	\$	0			Entrance Control of the Control of t	
(Subtract Line D from Line C)  F. Value of In-Kind Contributions Received	\$				eti.	္လ ငာ
(From Schedule II) G. Unpaid Debts and Obligations	\$	0				
(From Schedule IV)	. <u> </u>	O Affidavit Sec	tion		<u> </u>	
Part 1- If this is a Committee report, treasurer sign	here. if <b>s</b> is is a <b>Gand</b> i	idate report, car	ndidate sign here.			
I swear (or affirm) that this report, including the att	ached schedules on p	aper, is to the b	est of my knowled	e and belief tr	ue, correct and com	plete.
Sworn to and subscribed before me this	sylvenia - Notar r, Notary-Publi ounty es October 18,	ssociation of V	Signature o	f Person Subra	female itting report	
Signature		4 I T	RLA L. JEFFERY	Printed Name	<del>,                                    </del>	
My Commission expires Och 16 00	n expline	ennsylvania en		823-5		
MO, DAY YF			rea Code	Day	time Telephone Nu	mber
Part II- If this is a report of a Candidate's Authorize I swear (or affirm) that to the best of my knowledge amended.	and belief His politic	a committee h	re. as not violated any	provisions of th	ne Act of June 3, 19	37 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	Con	Mer				
day of	٠.					
ZUZU	_  ,		Signa	ture of Candid	ate	
Signature			P	rinted Name		
My Commission expires MO. DAY YR.	_	An	ea Code	 Daytir	ne Telephone Num	ber !

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		
KARLA L. JEFFERY (CLERK OF RECORDS)	ion Number - KARLA L. JEFFERY (CLERK OF RECORDS)	

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	₩,	
[1] 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.		國門 (1915年) - 1915年 -
Total for the reporting period (1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	142.91
Total for the reporting period (2)	\$	
		142.91
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	.\$	
All Other Contributions (Part D)	\$	2,300
Total for the reporting period (3)	\$	n nee
		2,300
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC: (From Part E)		1
Total for the reporting period (4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and	\$	
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		2,442.91

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#### 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:	
KARLA L. JEFFERY (CLERK OF RECORDS)	
行電腦或者: 八國教養養養物 海鷹,海鹿や龍海剛士	

Full Name of Contributor			Date [MM/DD/YYYY]	
PATRICK TWOH	IG		5/19/2021	142.91
House # 2612 Street Address EA	ST 33RD STREET	**	Date [MM/DD/YYYY]	\$
<b>City</b> ERIE	State PA	Zip Code 16510	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]	5
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	<b>.</b>
Full Name of Contributor			Date [MM/DD/YYYY]	<b>\$</b>
House # Street Address			Date [MM/DD/YYYY]	<b>. \$</b>
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	<b>5</b>
<b>City</b>	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address				\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$ .

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#### 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: KARLA L. JEFFERY	(Clerk of Records)	

Full Name of Contributor				Date [MM/DD/YYYY]	Date [MM/DD/YYYY] \$		
	PATRICK TV	TWOHIG AND KARLA L.	JEFFERY	5/19/7021			
House #	Street Address	s		Date [MM/DD/YYYY]	<b>S</b>		
2612		EAST 33RD STREET					
City		State	Zip Code	Date [MM/DD/YYYY]			
ERIE		PA	16510				
Employer Name		COUNTY OF ERIE		Occupation Sr. Criminal	al Records Clerk/Retired		
Employer Mailing Principal Place of	f Business	140 WEST 6TH STREE	ET, ERIE, PA 16501	The first state of the state of			
Full Name of Cont	itributor			Date [MM/DD/YYYY]	\$		
House #	Street Address		, , , , , , , , , , , , , , , , , , ,	Date [MM/DD/YYYY]			
		# . # .		Parent Peacet & man 5 - 5 - 12 de			
		1 3	• · · • · · · · · · · · · · · · · · ·		MAX MAX		
City		State	. Zip Code	Date [MM/DD/YYYY]			
Employer Name		1.00 - 1.00	<u> </u>	Occupation	<u> </u>		
Employer Mailing Principal Place of	/ Address / / Business			Late De State Late Co. A. Language			
Full Name of Cont	tributor	ph.		Date [MM/DD/YYYY]			
House #	Street Address			Date [MM/DD/YYYY]			
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	- [12] 		
Employer Name		PRINCE 4	<u>10 50 850,00 504</u>	Occupation			
Employer Mailing Principal Place of I				- Arthur Charles (Charles Charles Char			
Full Name of Conti	ributor			Date [MM/DD/YYYY]	( <b></b>		
House #	Street Address			Date [MM/DD/YYYY]			
City	<u>*************************************</u>	State	Zip Code	Date [MM/DD/YYYY]	_		
Employer Name							
A 12 (1997)				Occupation			
Employer Mailing /				Landard Carte Carte			

# Statement of Expenditures

Filer Identification Number: KARLA L. JEFFERY	(Clerk of Records)	

To Whom Paid				Date [MM/DD/YYYY]	\$	
		VOTER'S REGISTRATION	N	05/04/2017	9.25	
House # 140	Street Address	ME21 2IX IH 21 KEE1		Description of Expendi		
City ERIE		State PA	Zip Code 16501	MAILING LIST		<u> Januari II in II in Sayaya ka ku ka ku ji jiyaya</u>
To Whom Paid	MCCARTY PRINTING	e	toni e na tem	Date [MM/DD/YYYY]	\$	
	4			05/05/2021		2,296.94
House # 246	Street Address E	EAST 7TH STREET		Description of Expendit	ture	
<b>City</b> ERIE		State PA	Zip Code 16503	POST CARDS	<u></u>	<u> gartin (17 ga - 170) Gartin Gar</u>
To Whom Paid	LLC POSTAL SERVIC			Date [MM/DD/YYYY]	\$	
	U.S. POSTAL SERVICE	E		05/07/2021	1	203.50
House # 2108	Street Address E	EAST 38TH STREET		Description of Expendit	ture	
City ERIE		State PA	Zip Code	POSTAGE STAMPS	<u> </u>	<u>A TAMATA A MANAMISTA N</u>
To Whom Paid	COLUMN OF FRIE V	TOTAL SECRET ATION	Programme and a	Date [MM/DD/YYYY]	\$	
estante de la companya de la company Companya de la companya de la compa	COUNTY OF ERIE - VC	OTER'S REGISTRATION	i	05/14/2021		7.25
House # 140	Street Address	WEST SIXTH STREET		Description of Expendit	ure	
<b>City</b> ERIE	Etty ERIE State PA Zip Code 16501			WALKING LIST	<u> </u>	erita jatina realita argega sega jagan
To Whom Paid		Long companies	Programme of	Date [MM/DD/YYYY]	\$	:
House #	Street Address		-	Figure 12 to		
	Street Aduress			Description of Expenditu	ure	
City	100	State	Zip Code		<u> 251 (520 - </u>	ing Page Made No. 1999 at the Capital States
To Whom Paid		The control of		Date [MM/DD/YYYY]	\$	
	70		maga-mayahara .		(35.5) (3.55.5)	
House #	Street Address			Description of Expenditu	ure	
City		State	Zip Code		<u> Adding</u>	
To Whom Paid		EV St. Live St. Co.	I service en 4 I	Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditu	1170	
					All yes	
City		State	Zip Code		<u> </u>	<u> 1988 ya sarii sa sa sa wasa sa sang</u> a
To Whom Paid				Date [MM/DD/YYYY]	\$	
House #	Street Address			Description of Expenditu	ure	
City		State	Zip		. A.	
			Code			