

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Repo	rt Filed ( rk X)	Ву	Candid	ate	X	Comm	nittee				Lobi	yist	
Name of Filing Committee, Ca Lobbyist	ndidate or	KIRK N	/cCASLIN									11			.11
Street Address		4737 N	NORTH W	AYSIDE	DRIVE					<del></del>					
<b>City</b> ERIE					State	PA		Zip Co	de	1650	05	·	,		
Type of Report (Place x under	report type)					•			•						
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday Pre-Primary Pre-Primary	1		Tuesday lection	1	<sup>d</sup> Friday Election	1	ay Post 1	7- Ann	nual		cial 2' -Elect	<sup>na</sup> Friday ion	1 '	ial 30 -Electi	- :
	X														
Date Of Election (MM/DD/YYYY)	05/18/2021	Year		1	2021	Amend Report	ment			Teri Rep	minat ort	ion			
Summary of Receipts and	From Date		To Date	<b>e</b>		<del>                                     </del>			For	Office	Use	Only			
Expenditures			05	/28/20	21										:
A. Amount Brought Forward F				0								ed Tong	Production of the second	y 3 3	
B. Total Monetary Contributio (From Schedule I)	ns and Receipts	\$		0									(		
C. Total Funds Available (Sum of Lines A and B)		\$		0								一天而	Water of the Party		
D. Total Expenditures		\$				ł						BS	C	•	
(From Schedule III)			\$												
E. Ending Cash Balance (Subtract Line D from Line C)				0								The same	ب		
F. Value of In-Kind Contributio (From Schedule II)	ns Received	\$		0								many many	 G	ı	
G. Unpaid Debts and Obligatio	ns	\$				j									
(From Schedule IV)				0	ffidavit Še	ction									
Part 1- If this is a Committee report	t, treasurer sign her	re. If th	is is a <b>Can</b>	didate	report, c	andidate sig	n here.				· · · · · · · · · · · · · · · · · · ·				
I swear (or affirm) that this report,		ted sch	edules or	paper	, is to the	best of my	knowled	ge and be	elief tr	ue, coi	rect a	nd complet	te.		
Sworn to and subscribed before me															
day of	20				_	Si	gnature c	f Person	Subm	itting r	eport				
Signature					_			Printed	Name	e					
My Commission expires MO.	DAY YR.					Area Code	_	••	Dav	time T	elepho	ne Numbe	 r		
Constitution of the second															
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					1/			/o**•	Û	)				
day of	20					IN	lu	ml	us	lu	4				
					KI	RK McCASLI	_	ature of C	Candid	ate					
Signature			$\mathbf{I}$					rinted N	ame						
My Commission expires					81	.4		4	34-96	09					
MO.	DAY YR.				A	irea Code			Dayti	me Tel	lephon	ie Number			

#### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
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)	\$
Total for the reporting period (2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
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)



#### **Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option/1)21 JUN 16 PM 3: 55

# Unsworn Declaration in Lieu of Sworn Statemen **Campaign Finance Reports**

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. 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. This form must be signed by hand where a signature is required.

Name of Filing	Committee, Can	didate, or Lobby	ist		
Reporting Cycle	e Name				
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	Cycle 3		Cycle 4 uesday Election	□ <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election			cle 9 est-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.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

ERIE COUNTY

Location (City/State/Country)

_	



## **Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) <a href="https://www.dos.pa.gov/campaignfinance">www.dos.pa.gov/campaignfinance</a> • <a href="mailto:rasketampaignfinance@pa.gov">rasketampaignfinance@pa.gov</a>

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

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist	Date (DD/MM/YYYY)		
Printed Name	Location (City/State/Country)		



#### 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 Nu	mber						•
		<del></del>					Amount
Full Name of Contri	huting				Date [MM/DD/YYYY]	\$	Amount
Committee	Julia			-	Date figural pol 11113		
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	·
Full Name of Contri	buting				Date [MM/DD/YYYY]		
Committee					many fremant man		
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	**************************************
Full Name of Contrib Committee	outing	<u> </u>			Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	<u> </u>	State	Zip Code	-	Date [MM/DD/YYYY]	\$	
Full Name of Contrib Committee	outing				Date [MM/DD/YYYY]	\$	i i
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	***************************************
Full Name of Contrib Committee	uting				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contrib 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.)

		<del>-</del>			
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]	\$	
教 - 1]    教 - 1	ļ.				
Full Name of Contributor			Date [MM/DD/YYYY]	\$	4
House # Street Address			Date [MM/DD/YYYY]	\$	······································
Street Musicos					
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
	5.222	2.5 5545	Date (Mining DO) 11111	•	
Full Name of Contributor			Date [MM/DD/YYYY]		
ruli Name of Contributor			Date [IVIIVI/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]	\$	
City	Jiaic	Zip Code	Date [IVIIVI/DD/TTTT]	•	

#### 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.

5,50					
Full Name of Contributing Com	mistaa			Date [MM/DD/YYYY]	\$
Continuating Continu	inittee				
House #	Street Address	****		Date [MM/DD/YYYY]	\$
					]
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	\$
					-
Full Name of	-		1	Date [MM/DD/YYYY]	\$
Contributing Com	mittee				
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Comm	nittee				
House #	Street Address			Date [MM/DD/YYYY]	\$
				nate family net 11.17	
City		State	Zip Code	Date [MM/DD/YYYY]	
City		Jule	Zip code.	Date [INIM/DD/1111]	\$.   
Full Name of	<del>- ,                                   </del>			Date [MM/DD/YYYY]	\$
Contributing Comm	nittee			Date family political	
11 # 1					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Comn	-1000			Date [MM/DD/YYYY]	\$
Continuum Com	iiitee				20 m
House #	Street Address	·····	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				-	· .
Full Name of	-1.1	<del></del>	<u> </u>	Date [MM/DD/YYYY]	\$
Contributing Comm	nittee				
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
		100			. • }

#### 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)

Full Name of Co	ntributor			Date [MM/DD/YYYY]	/ <b>c</b>
run warne of Co				Date (IAHAI) DD) 11 [1]	<b>\$</b>
			· · · · · · · · · · · · · · · · · · ·	_ ga fa - bar	
House #	Street Address			Date [MM/DD/YYYY]	\$
					[ 12 <sup>th</sup>
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	· · · · · · · · · · · · · · · · · · ·		<u> </u>		<u> </u>
Employer Name				Occupation	
Employer Mailin Principal Place o					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
:					7
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					-  *
Employer Name				Occupation	.1 1.
Employer Mailin					
Principal Place o					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
The second of					
House #	Street Address			Date [MM/DD/YYYY]	\$
					7
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					1.
Employer Name	1		:	Occupation	
Employer Mailin	m Address /				
Principal Place o					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
					<u> </u>
House #	Street Address			Date [MM/DD/YYYY]	\$
City		Cana .	71m Caria	Date [MM/DD/YYYY]	·
City		State	Zip Code	Date [WW/DD/1111]	\$
Para face = 64-	·			0	
Employer Name				Occupation	
Employer Mailin			·		
<b>Principal Place o</b>	f 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.

The Identification Number.			
			<del>-11-11-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1</del>
Full Name			
House # Street #	Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Street A	Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Street A	Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
		Code	
Receipt Description		·	
Fuli Name			
House # Street A	ddress		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	<u> </u>		
Full Name		<u> </u>	
House # Street A	ddress		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Code	
		*****	
Full Name			
House # Street A		m	
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			

#### SCHEDULE II

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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

Filer Identification Number:	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$	50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$25	0.00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FRO	DM PART G)
TOTAL for the reporting period (3)	\$
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)	\$

# SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
				1
City	State	Zip Code	Date [MM/DD/YYYY]	\$
			auto girmina ay 1 1 113	•
Description of Contribution			<u> </u>	
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]	
House # Street Address			Date [WW/DD/1111]	\$
	T			
City	State	Zip Code	Date [MM/DD/YYYY]	Ş
Description of Contribution				
Kasa kapul kacamatan penganjul dalam kacamatan				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
Week and the second of the sec				
City	State	Zip Code	Date [MM/DD/YYYY]	\$
			Seed Daniel and 1441]	
Description of Contribution	<del>                                      </del>	. 1		

# SCHEDULE II

### Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
				53.5 [1.1.11,557111]	-  *	
- 1 · · · · · · · · ·						
House #	Street Address			Date [MM/DD/YYYY] \$		
City	]	State	Zip Code	Date [MM/DD/YYYY]	\$	
					<b> </b>	
Parafarra St.						
Employer Name		+		Occupation		
	ng Address / Principal			Description		
Place of Busines	SS .			of		
				Contribution		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	_  \$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
	Street Addition				-  *	
<u></u>	<u> </u>	·				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
		1.71				
Employer Name				Occupation		
Employee Mailie	ng Address / Principal			Description		
Place of Busines				of		
, lace of Basilles		ļ		Contribution		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
					-   `	
	····	·				
House #	Street Address			Date [MM/DD/YYYY] \$		
•						
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
1						
Employer Name				Occupation		
Employer Mailir	ng Address / Principal			Description		
Place of Busines				of		
	· · · · · · · · · · · · · · · · · · ·			Contribution		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
. *	:					
House #			<u>, , , , , , , , , , , , , , , , , , , </u>	Date [MM/DD/YYYY]	\$	
louse #	Street Address			Date (WIW/DD/1111)	-  •	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
mployer Name	.,			Occupation		
milbiologic isoling		Ţ		1		
	ng Address / Principal			Description of		

# SCHEDULE III Statement of Expenditures

		 	 =	
Filer Identification Number:		 		
	1		•	,

To Whom Paid	d l			Date [MM/DD/YYYY] \$
				Peter Linesh Service A
House #	Street Address			Description of Expenditure
City		State	Zip	
7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u></u>		Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City	1	State	Zip Code	
To Whom Paid		1	1	Date [MM/DD/YYYY] \$
	Ĭ			
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid			Cone	TO A TO A DE PRINT PROPERTY   T. P.
IO sylichi i ai-				Date [MM/DD/YYYY] \$
House #	Street Address	delan de		Description of Expenditure
City		State	Zip Code	
To Whom Paid			1	Date [MM/DD/YYYY]   \$
	E /			The state of the s
House #	Street Address			Description of Expenditure
City		State	Zip	The state of the s
9 N 30 00			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		-   Paulan	T:	
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
January Communication of the C		· · ·		
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
		·		
House #	Street Address			Description of Expenditure
City		State	Zip	
		3.00	Code	ļ

### 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.

Filer Identification				
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	ebt			
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		ļ	[MM/DD/YYYY]	
City		State	Zip Code	
Description of D	Pebt	1	i	
Name of Credito	or .	<del> </del>		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City		State	Zip Code	
Description of D	ebt		1 1	
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip	
Description of D	Pebt		Code	
Name of Credito	or ·			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
ger years		-	[MM/DD/YYYY]	
City		State	Zip Code	
Description of D	ebt			
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip	
Description of D	eht	-	Code	
Description of D				