

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)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT JIM WINARSKI							
Street Address	1140 E 31ST ST							
City	ERIE	State		Zip Code	16504			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/18	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	\$	6885.43	<p>2021 JUN 17 PM 3:08</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	820.00	
C. Total Funds Available (Sum of Lines A and B)	\$	7705.43	
D. Total Expenditures (From Schedule III)	\$	4108.52	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3596.91	
F. Value of In-Kind Contributions Received (From Schedule I)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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

My Commission expires _____
MO. DAY YR.

Theresa Humes

Signature of Person Submitting report
THERESA HUMES

Printed Name

814 864-7428
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

My Commission expires _____
MO. DAY YR.

Jim Winarski

Signature of Candidate
JIM WINARSKI

Printed Name

814 806-7228
Area Code Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor	
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Total for the reporting period (1)	\$	620.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
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Contributions Received from Political Committees (Part A)	\$	0
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All Other Contributions (Part B)	\$	200.00
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Total for the reporting period (2)	\$	200.00
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3. Contributions Over \$250.00 (From Part C and Part D)	
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Contributions Received from Political Committees (Part C)	\$	0
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All Other Contributions (Part D)	\$	0
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Total for the reporting period (3)	\$	0
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4. Other Receipts - Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
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Total for the reporting period (4)	\$	0
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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)	\$	820.00
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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						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]	\$	

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.)

File Identification Number:	
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Full Name of Contributor	J C BLOOMSTINE				Date (MM/DD/YYYY)	05/06/2021	\$	100.00
House #	1410	Street Address	SOUTH SHORE DR		Date (MM/DD/YYYY)		\$	
City	ERIE	State	PA	Zip Code	16505	Date (MM/DD/YYYY)		\$
Full Name of Contributor	ANTHONY ANDREZESKI				Date (MM/DD/YYYY)	05/14/2021	\$	100.00
House #	813	Street Address	E 28TH ST		Date (MM/DD/YYYY)		\$	
City	ERIE	State	PA	Zip Code	16504	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.

Committee Identification Number	
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Full Name of Contributing Committee				Date (MM/DD/YYYY)		5	
House #		Street Address		Date (MM/DD/YYYY)			
City		State		Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)		5	
House #		Street Address		Date (MM/DD/YYYY)			
City		State		Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)		5	
House #		Street Address		Date (MM/DD/YYYY)			
City		State		Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)		5	
House #		Street Address		Date (MM/DD/YYYY)			
City		State		Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)		5	
House #		Street Address		Date (MM/DD/YYYY)			
City		State		Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)		5	
House #		Street Address		Date (MM/DD/YYYY)			
City		State		Zip Code			
Full Name of Contributing Committee				Date (MM/DD/YYYY)		5	
House #		Street Address		Date (MM/DD/YYYY)			
City		State		Zip Code			

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)

File 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)		\$
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						
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.

Employer Identification Number	
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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**

PART I	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500.00 OR LESS PER CONTRIBUTION		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500.01 TO \$250,000 FROM PARTIES		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250,000 FROM PARTIES		
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)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

File Identification Number	
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Full Name of Contributor				Date (MM/DD/YYYY)	S
House #	Street Address			Date (MM/DD/YYYY)	S
City		State	Zip Code	Date (MM/DD/YYYY)	S
Description of Contribution					
Full Name of Contributor				Date (MM/DD/YYYY)	S
House #	Street Address			Date (MM/DD/YYYY)	S
City		State	Zip Code	Date (MM/DD/YYYY)	S
Description of Contribution					
Full Name of Contributor				Date (MM/DD/YYYY)	S
House #	Street Address			Date (MM/DD/YYYY)	S
City		State	Zip Code	Date (MM/DD/YYYY)	S
Description of Contribution					
Full Name of Contributor				Date (MM/DD/YYYY)	S
House #	Street Address			Date (MM/DD/YYYY)	S
City		State	Zip Code	Date (MM/DD/YYYY)	S
Description of Contribution					

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

File Number	
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Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #		Street Address			Date (MM/DD/YYYY)		S		
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business					Description of Contribution				
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #		Street Address			Date (MM/DD/YYYY)		S		
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business					Description of Contribution				
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #		Street Address			Date (MM/DD/YYYY)		S		
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business					Description of Contribution				
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #		Street Address			Date (MM/DD/YYYY)		S		
City		State		Zip Code		Date (MM/DD/YYYY)		S	
Employer Name					Occupation				
Employer Mailing Address / Principal Place of Business					Description of Contribution				

SCHEDULE III
Statement of Expenditures

Filer Identification Number									
To Whom Paid		PRINTING CONCEPTS				Date (MM/DD/YYYY)		1111.30	
						05/10/2021			
House #	4982	Street Address		PACIFIC AVE		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16506	POSTCARDS			
To Whom Paid		PRINTING CONCEPTS				Date (MM/DD/YYYY)		103.88	
						05/12/2021			
House #	4982	Street Address		PACIFIC AVE		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16506	POSTCARDS			
To Whom Paid		POLISH FALCONS #610				Date (MM/DD/YYYY)		240.00	
						05/12/2021			
House #	431	Street Address		E 3RD ST		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16507	EVENT EXPENSES			
To Whom Paid		SOCIETY OF HOLY TRINITY				Date (MM/DD/YYYY)		200.00	
						05/16/2021			
House #	604	Street Address		E 23RD ST		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16503	BANQUET ROOM			
To Whom Paid		DESANTIS SIGNS				Date (MM/DD/YYYY)		189.74	
						05/25/2021			
House #	540	Street Address		W 18TH ST		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16502	LABELS			
To Whom Paid		LISA WINARSKI				Date (MM/DD/YYYY)		908.60	
						06/02/2021			
House #	1140	Street Address		E 31ST ST		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16504	CAMPAIGN SUPPLIES			
To Whom Paid		JIM WINARSKI				Date (MM/DD/YYYY)		1355	
						06/02/2021			
House #	1140	Street Address		E 31ST ST		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16504	REIMBURSEMENT FOR CAMPAIGN EXPENSES			
To Whom Paid						Date (MM/DD/YYYY)			
House #		Street Address				Description of Expenditure			
City		State		Zip Code					

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.

File Identification Number											
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Name of Creditor										Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED (MM/DD/YYYY)			\$				
City			State	Zip Code							
Description of Debt											

Name of Creditor										Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED (MM/DD/YYYY)			\$				
City			State	Zip Code							
Description of Debt											

Name of Creditor										Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED (MM/DD/YYYY)			\$				
City			State	Zip Code							
Description of Debt											

Name of Creditor										Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED (MM/DD/YYYY)			\$				
City			State	Zip Code							
Description of Debt											

Name of Creditor										Outstanding Balance of Debt	
House #	Street Address			DATE DEBT INCURRED (MM/DD/YYYY)			\$				
City			State	Zip Code							
Description of Debt											



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 • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for 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, Candidate, or Lobbyist				
COMMITTEE TO ELECT JIM WINARSKI				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input checked="" type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 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.

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

THERESA HUMES

Printed Name

06/15/2021

Date (DD/MM/YYYY)

ERIE / PA / ERIE

Location (City/State/Country)

DSEB-502R
Updated 1/22/2021



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 • ra-stcampaignfinance@pa.gov

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

JIM WINARSKI

Printed Name

06/15/2021

Date (DD/MM/YYYY)

ERIE / PA / ERIE

Location (City/State/Country)

DSEB-S02R

Updated 1/22/2021

