



## Commonwealth of Pennsylvania - Campaign Finance Report

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

W-War-and Control Management	To the control of the		1 televine in the same in the	President Section	(A) (	TB000A004929777
Filer.identification Number:	(Markx)	By (Candida	TE Au	Committee		Lobbyist
Name of Filing Gommittee, Candidate or Lopbyist	соммітт	EE TO ELECT JIM V	WINARSKI			
Street Address	1140 E 31	ST ST		***		
City ERIE	CAL.	State	· · · · · · · · · · · · · · · · · · ·	Zip Code	16504	
Type of Report (Place x under report type)	1.2.22					
1. 6th Tuesday 2. 2nd Friday 3-30 Day Po	st 4. 6% Tuesday	5-2" Friday	6: 30 Day Post	7- Annual	Special 2" Friday	Special 30 Day
Pre-Primary Pre-Primary Primary	Pre-Election	Pre-Election	Election		Pre-Election	Post-Election.
Date Of Election 05/18	Year	2021	Amendment Report		Terrination Report	
Summary of Receipts and From Date	To Dat			For	Office Use Only	
05/04/202	<u> </u>	6/07/2021				S. S
A. Amount Brought Forward From Last Repo		6885.43				r~3
B. Total Monetary Contributions and Receip (From Schedule I)	<b>62</b>	820.00			e de la companya de l	3
C. Total Funds Available (Sum of Unes Aland B)	\$	7705.43				The second secon
O Total Expenditurés (Promischadule III)	\$	4108.52				
E. Ending Cash Balance (Subtract: Line D from Line C)	\$	3596.91			المواد المواد المواد المواد المواد ا	
F. Value of in Kind Contributions Received? (From Schedule !!)	\$	0			e company of the comp	્ર સ્ટ્ર
. 6. Unpaid Debts and Obligations (From Schedule: IV)	\$ 5	0				
		Affidavit Sec				·
Part 1- If this is a Committee report, treasurer sign I swear (or affirm) that this report, including the at	here. If this is a Car	ndidate report, ca	ndidate sign here.	مع الممالية	to approve and comple	**
Sworn to and subscribed before me this	racheo scheoules o	n paper, is to the	est of my knowled ( %	 Кавыпранети.	te, correct and comple	te.
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day of20	_ ` <u></u> _	_	Signature i THERESA H	of Person Submi	tting report	****
Signature	<del>-</del> .i		111000000	Printed Name	1	<del></del>
My Commission expires	. •		814	864	1-7428	
MO. DAY Y	₹.	A	rea Code	Day	ime Telephone Numbe	<del></del> er
Part II- If this is a report of a Candidate's Authorize	d Committee, cand	lidate shall sign he	ere.			
I swear (or affirm) that to the best of my knowledg amended.				provisions of the	ne Act of June 3, 1997 (	P.L 1333, NO.320) as
Sworn to and subscribed before me this			$\bigcirc$ .	. 1	an aus	/ ,
day of20	- <u>'</u> ].	- (	Sign JIM WINARS	nature of Candid		<u>u</u>
Signature	_			Printed Name		<del></del>
My Commission expires			814	On a second	806-7228	<del></del>
MO DAY YA.		A	rea Code	цэуч)	me Telephone Number	

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# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number			
1: Uniterrized Contributions and Receipts-550.00 or Loss per Contributor			
Total for the reporting period	(1)	\$	620.00
2 Contributions of \$50:01 to \$250:00 (From: Part A anti-Pate 8)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	200.00
Total for the reporting period	(2)	\$	200.00
3. Contributions Over\$250.00 (From Part Cand Part D)	5 % A 5 % A	70.) Vije	
Contributions Received from Political Committees (Part C)		\$	0 .
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	0
4. Other Receipts-Retunds, Interest Earned, Returned Checks, ETC. (From Part E)		i V is November	
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and		\$	

820.00

Cover Page, Item B)

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

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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.

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Committee				
House # Street Add	(45)		COATE (IVIN/OD/YYYY)	
	- T 3			
City	State	Zip Code	Date (MM/DD/YYYY) \$	
ka A	State			
Full Name of Contributing — Committee:			Date[MM/QD/YYY]; 5	
COMMITTEE S				
"Limited II Circuit Add	ress Notes		Date [MM/DD/YYYY] 5	
			(\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
<b>City</b>	State	Zip Cöde	Date [MM/DD/YYY] \$	
		(4.00) (4.00)		
Full Name of Contributing Committee			Date (MM) Do/YYM 5	
House # Street Add	8840I		Date [MM/BD(MMY)] 5	
and the second s		,	<u> </u>	
3 <b>-07</b>	State	Ziji Code	Date IMM/DoZ/YYYI S	
Full Name of Contributing		1000人会工等企業的	Date IMW/DD/AAAA	
Committee			34 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
House# Street Add	ress		Date [MM/pD/YYYY] S	
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Committee				,
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Full-Name of Contributing			ADDIEUMINACIEMANAI (Z	
: Committee			[N]	
House # Street Add	rėss Valos		Date (MM/DD/YYYY) 5/	
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(C)EV	State	Zin Code	Date:(MM/DD/YYYY)	
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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.)

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GILV	C A Section Control	State PA	Zij/Code. 16505	* gat# [WWXbbXxxxx]	
Eill Vaice o	A-editablication			SERVING VOLVANAGE	381
7		NY ANDREZESKI		05/14/2021	2 100,00
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Fall Name o	(superior)			SPATE (MIC/GP/A/CAA))	
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<b>V</b> (6)	I STORY STATE OF	State	7212 Gods	COME (MICO/OLEYAXXA)	

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#### 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.

Mer dentification number				
FolkName on			STATES WINDOWS	95 78
contibuting committee,			**************************************	
House # Street Address			AFERTANTE MAKANA	
Gry	Saté	2)¢ C(de	S S S S S S S S S S S S S S S S S S S	
Full-Name(n) Convoluting Chidmittee			ADERENIMIYYODYAANAYSE	
Mouse # Street Address			ADERENDING PROPERTY	
(ally)	State	₫β, Fode	PARETIMINAL PROPERTY AND STREET	
Full Name of Serv. Contributing Committees			SPECERNINA SINA SERVERE	
House # Street Address			THE WAY SEA OF THE PEOP	
<b>199</b>	Eq.()	Δp Code ()	ELECTION (ALEXA)	
Full Name of Contributing Committee:			STATE INIVIOUS ASSAUS	
House # Alreet Address			364.02010.00000000000000000000000000000000	
"City"	State	Zip Cadi;		
Falli Name at Contributing committee			apateliwinniphysyny)e	
House # Street Acidress			The state of the s	
4 <b>5/ty</b> \$2,00 <b>4</b>	State.	⊈p Codé	Date MINIOD/YYVVI	
Pull Name of Contributing/Committee				
House v Street Address			R DEFENDATION OF THE PROPERTY	
<b>Alty</b>	States	(21) Todde	ZUŁYWINNOWYWY AFA	

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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)

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G IV	<b>519(4</b> )	Zir Göte e	Oate (MM/DD/M/G
Employer Matting Address /			Oceanation
Principal Place of Business			NAME CONTROL OF THE STATE OF TH
Full Name of Contributor			Date (MM/DD/MM/)
House# Street Address			Sate (MM/DD/2001)
(1)	State	Zlp:Code	Date (MM/OD/MA/18)
Employe Name			Ørcupation .
Employer/Majjing/Aduless/ Principal/Place of Business:			
Full Name of Contributor			(Date [MM/OU/AY/Y)]
Heuse H. Street Aduless			a Date(IVIN/CID/XXXX)
Cty/*	State	Zip Sude	(Qate (MM/DD/XXXI)
Temployel Names	<u> </u>		O L C ( ( pan ) o n
Employer Malling Address/ ki Principal Place of Business / %			
Full Name of Contributor			Date (MM/DD/XXA)
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CHY	Stare	Zip/sode	\Date\(\M\N\/\0\b)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Consistent of the state of the			
Simployer Name & &  Employer Mailing Abuses /			OBCOPATION

TELEVISION OF THE PROPERTY OF

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#### 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 filler.

Allegieronica Homologo					
House # Street City Co. Chart ption	S. Address.	T-T-	QD Code	NORTH IN MUDICIPATION OF THE PROPERTY OF THE P	
City Répajor Déscription		.Svare	ZIP ZGCE	Keave(MiM/Di/AAAA)	
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Gity Receipt Description	e au és	Stote	Zlp %code	DES (WINNERS)	
City Receipt Descriptions		State	Zipa (s) Cotte	Oake Reply(Ob)(Vy(V))	i
Full Nama  House # Stree  City  Receipt: Description #45	i MS	State	*Zig	DETECTIVITATED ANALYMINE SE	

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#### 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

	JUNINARY PAGE
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STATES STATISTICS OF THE RESIDENCE OF THE STATES OF THE ST	:-squadud)enexs:reaigonuributor
TOTAL for the reporting period (1)	\$
22 NEKND GONTRIBUTIOUS RECEIVED VALUE OF \$5000 FRO \$2	2StroogBRODEPARE (2)
TOTAL for the reporting period (2)	3
AND KIND CONTRIBUTION RESERVED WAY TO DECISE SERVICE (III.	
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 ent on Page 1, Report Cover Page, Item F)	er \$

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## SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

(file: )pentification (Number )				
Full Name of Contributors			Parallymy pp/////////	
House # Syleet Address			STATEMENT (NINV. OD OVO CON)	
City	State	/alp(cod=;	NPERCAMMADO/ABABA	
Fescibilen of Contribution				
(Füll Name of controllonors			STATE (IMMXDDV/GYCAL)	
House # Street Abdress			SECTION OF WAYNERS	
CAVY	Plate	Z/A Colle	Pate IMM/PD///MAI	
Description of Contribution				
, Gl Name of Control			MORITHINI/VODYAWAA B	
ADUSTA Street Address			eate (MM/GIO//XYY)) is	<u> </u>
City:	State 2	Zip Cáde	S TAVAN (CICAMIN) Step	
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House + Side Address			Spate (MM/DB/XXXX)	
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## SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

		VALUE OVER \$250	
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ACCUMUM CONTROL CONTRO			
Elli Vəme ol contributor			ADRIES (NIVA) (PID) VVVVVI (PIS) (S. 2)
House #r State	t Acetyess		_Pase_IMID//OP/AAAA
City	State?	Ap Code	Pate Mon/GP/MM
EmployerName		<u>.</u>	(Accupation)
Employer Mbilling Attities // Made or Audiness	Rijirelpa ker (		Description of Contribution
Füll Näme al Gontributor			YOARE IMM YOLD AXXM
Heuselt Street	Address		RDATE MIN/QD/XXXX
City	State	Zip Eode:	Chara (MAV/CO) //** A) E
EmployeMhame			Creapation
Employer (yearing Address) Place of Quaines	Plinipal Same sa		Description %. of Controlution
Fulls Same of Contributor			Z S (YXXX/CID/KNIMIEXEG
House # Street	Address		Date (MW/ØD/MS/MISS)
Clay	State	2)p;Code	Date MM/DD/Y3M1 S
Employer Name - 199			Ciccipation
Employet Mailing Address Place of Business	Principal.		Description 01 Contubutistii
Full Name of Gontributor			DATE IMM//DD/AAAAIF (A)
BBUGE# Seegh	Address		Date (MINADD/MAYA)
oru -	State	Zip Code	#Date:(MIM/DD/AAAM)(%)
Employer raine			Occupation A
Employer Mailing Address/ Place of Bosingss	Pelnojpal	<u> </u>	Descriptions of contribution

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# Statement of Expenditures

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kHouse:# Street Addr	PACIFIC AVE		Gescription of Exgend	ikasa Ikure
<b>OKV</b> 77	Stare PA	2)) 308-8 16506	POSTCARDS	
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re whom Paid	JS		ANAMAN CENTRAL	
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T6 Whom Paid  Problem 540  Street Addin  Civ Eale  To Whom Paid  LISA WINARSKI  HOUSE # 1140  Street Addin  JIM WINARSKI  HOUSE # 1140  Street Addin  JIM WINARSKI  HOUSE # 1140	STATE PA  STATE PA  STATE PA  STATE PA  STATE PA	16502 16502 2196 3036 16504	OS/25/2021  OS/25/2021  OS/25/2021  OS/25/2021  OS/25/2021  OS/25/2021  OS/25/2021  OS/25/2021  CAMPAIGN SUPPLIES  OSYS (MNI/SD/)/Y/11	Pure 908.60
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# Statement of Unpaid Debts

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

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CIN		States		72(b);;; €colle				
Leszi (ption of Debt								_
Mama of Cratifora	32	<del></del>				anding Halan	e of Debi	
House # St	eet Address		E DATE	(DEBYZINGURAJED) AM/ADD/AX/AZI				Part 2
GIV	<u> </u>	State		Zip is Cosic				
Description of Debt				Code	(C)			
Mane of Creditor 2					<b>ONU</b>	anelius/Balan	ekoraran ek	
Hdúse # Sé	est Addites		UAJE N	DEBTINGURRET				<b>30</b>
Sitri	<u> </u>	State	1					
Description of Debt 3				72fg George 200				4
Name of Creditor					Ou ist	inding Balan	esf Cebr	
House # Sir	eet Address	1	DATE	(DEEX MATRIEGY   M/QD/AYA/I				
City (**		States		Zip (*) Code				
Description of Debt								
Name of Greatter	<b>A</b>				Outst	riding Balani	e of Deby	<b>松</b>
Housest Su	get Astiress		924 (1 (1)	DERTINGERRED		riolor deelem		<u></u>
i i i i i i i i i i i i i i i i i i i		State		Z(C Code				
Description of Dabi	(C)		_	Code .				-
Name of Creditor				<del></del>	ons.	nding Balan	e of Debt	
House #	eca ida da d			DEBT/NGUARED/ IM/DD/AWYY)	S		THE PERSON AND PROPERTY.	z et A
CPV		State	<u> </u>	<u> </u>				
Daseriation/ofsDalac				Zija Capte				$\dashv$

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<u>.</u>				
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## 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, Can	didate, or Lobby			en de la companya de A companya de la comp
Reporting Cycle	Name				
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	Cycle 3 30 Day Post Primary	6 <sup>th</sup> Т	Cycle 4 Juesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday  Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Specia	l Election	,	rcle 9 ost-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

06/15/2021

Date (DD/MM/YYYY)

THERESA HUMES

ERIE / PA / ERIE

**Printed Name** 

Location (City/State/Country)

DSEB-502R Updated 1/22/2021

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#### 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

06/15/2021

Date (DD/MM/YYYY)

JIM WINARSKI

**Printed Name** 

ERIE / PA / ERIE

Location (City/State/Country)

DSEB-502R Updated 1/22/2021

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