



### **Commonwealth of Pennsylvania - Campaign Finance Report**

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

Filer Identification Number		epoří Pileč BV Mark X)	Candida	te	X	Committee			obbyls
Mame of Filing Committees Ca Lobbyist	a lidare ar	awn Wroblewski	347315-240	- PROVEN			·		
Street/Address	72 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 Lincoln Ave							
City Erie			State	PA	Ž,	Zip Code ?	16505		
Type of Report (Place x under									
3-6 <sup>(b</sup> livesday) 2-2 <sup>06</sup> Friday Pre-Paimary Pere-Primary	3-30 Day Post 4-	6mTuesday   5   Election   Pr	2° Friday 3-Election	6-30 Day Election	/ Post	7- Annual	Special 2 Pre-Election	Friday. Naza	ocecial 30 Day Post Election
		# -						er i	
Date of Election 15		eace		Amendn	ient.		reminatio	0.15.34	
(MM/BDAYYY)	05/18/2021		2021	Report			Report		X
Summary of Receipts and a Expenditures	From Date	To Date				Ford	Office Use Or	dy .	
	16 feb 2021	7 June :	2021						
A. Amount Brought Forward F		0		1					
B. Total Monetary Contribution (From Schedule I)	As and Receipts	\$		,				<u>~</u>	
C Total Funds Available (Sum of Eines A and B)		\$ 0							Crimento Cri
D. Total Expenditures (From Schedule III)		\$ 746.	17	:				Añ	No.
El Ending Cash Balance (Subtract Line Difrom Line C)		\$ 0						Lie of Land	Witness ye for a single state of the single st
F. Value of lin Kind Contribution (From Schedule II)	ns Received	\$ 0						energy	See Secretary (1995)  The secretary (1995)  The secretary (1995)  Secretary (1995)  Secretary (1995)
G. Unipaid Debts and Obligation (From Schedule IV)	ins	\$ 0						Trans	ယ္
			Affidavit Se	tion					
Part 1- If this is a Committee repor	t, treasurer sign here.	If this is a Candida	te report, ca	ndidate sign	here.	a and halfof to	in correct and	complete	
I swear (or affirm) that this report, Sworn to and subscribed before m    44   day of		W Construction from the Fagoratory 3.	Found of the Annual Country of the Country of Programmers of the Country of the C		nature of	Person Subm	itting report	li 25	-
Part II- If this is a report of a Candi	date's Authorized Con	nmittee, candidate		ere.					
I swear (or affirm) that to the best amended.	of my knowledge and	belief this political	committee	has not viola	ited any p	provisions of t	he Act of June	3, 1937 (P.I	1333, NO.320) as
Sworn to and subscribed before m	e this								
day of	20	٠,							<u>-</u>
		.	_			ture of Candid	late 		<del>.</del>
Signature		٦,			Pr	rinted Name			
My Commission expires MO.	DAY YR.		- <u>-</u>	rea Code	-	Dayti	me Telephone	Number	•

# SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

Files (dentification Number	1982	
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 8)		
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 Cand 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, EFG. (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, Re	?port	\$

Cover Page, Item B)

#### 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.

Filet Identification Number				
100-11人为1987年1000年1000年1000年1000年1000年1000年1000年10			per _ extense men verse a _ extense men verse a possession	Amount
Full Name of Contributing Committee			Date [MW/DD/YYM]	
Hause# Street Ada	dress		Date (MM/DD/YYYY) 5	
City	State .	Zip Code	Date [MM/DD/YYYY]	
Falls (ame for Contributing Committee	管接受免费	POST SERVICE S	#Date/WWW.poc/www.	
House# Street Ad	dress		Pate [MM/DD/Y(Y)]	
City	State	Zip Code	Date MM/DD/MAN	
Full Name of Contributing Committee	Kosservateovar		Patelinin/DD/YeVYII/	
House# Street Ad	<b>dies</b> s		Date MM/DD/YYYI 5	
City	State	Zija Code	Pare Manyabere 1921	
Füll Nameror contributing committee			:Date (MIM/DD/54V2)	
House # Street Ad	ldress		Date (MM/DD/MYM) 4 (5	
City	State	Zip Côde	Date N/M/DD/YYYXI	in the state of th
Full Name of Contributing Committee			Date (WIM/DD/YYWY)	TO THE PROPERTY OF THE PROPERT
House# Street Ac	idress		Date IMM/DD/AXXAL	
Elty	State	Zip Code	FORTE IMMY/DID/ANYILS	
Full Name of Contributing Committee			*Datc (VIM/DD)/VVXX	Section of the sectio
House # Street Ad			Date IMIN/ADD/YYYYI	
Clty a	State	Zip Code	Date [MM/DD/YYYM]	

## 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   Membrication (surfice)			
www.crash.ets) are a physician cut accessed equippopulation of practical and by great a grant			
Full Name of Contributor	Shawn Wroblewski	02/18/2021	6.00
1000/0		Date (MIX/2D/XXX)	10 10 10 10 10 10 10 10 10 10 10 10 10 1
House # 720	reet Address Lincoln Ave.	03/09/2021	100.00
GIEV.	State Zip Code	16505 02/12/2021	107.84
		03/13/2021 Patent/(W/DD/ASA/	
Full-Name of Contribute	Shawn Wroblewski	04/03/2021	281.56
		Date (MixI-DD/XXX)	
House # 720	hreet: Add tess Lincoln Ave	04/10/2021	250.77
Colty)	State. 24p.Code:	Pate (Min//PD//Aca	
Erie	PA PA	NOTE VENT VIEW AND	2000
Followanie orzeonaribere		No as a language	
7847		@Date/(IVM//OD/AAA)	WITE 45.
House #	rveet Address		<b>.</b>
CSTON 12	State: Zip.Gede	VPERENTAL PROPERTY	
Full Names of Soutsbutt		PERCENTIVE PARTIE	
		SPACEHMINI/APID/AMA	
House#	gree (Address		
	State Zip Code	Date MM/bb/Av	MIN S
TONY			
FOII Name of Contribut		PER PER PUNITA PER PAGA	<u>(10)(4)</u>
		Date IMM/OD/AV	74 5 5 1
House #/	Skleat Address		
	State ( Zip Code	Spare (MM/ab/Ag	(5) (C)
City			
Parlinamie on Certaini		Segle www.ed./Aa	
		idenči (MM/Ele/A)	XXXXXXX
House #	Street Address	Enders Individualism	
AT CALL	State Zip Gobe	TO ATCH VILLE OF THE PARTY.	
ejry.	State Zip Sobe		M 104

# 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				
			Spatestown/DD/seasons	
Full Name of Contributing Committee				1
House it Street Address			Date IMW/DD/NWY] 3	
Envi:	State	Zip Code	pateniwi/pb/x///di. \$	
Full Name of Contributing Contributing Contributing			pagibility/pig/avytis	
House # Street Address			Date (MM/DD/AWAtis)	
<b>City</b> :	State	Zip:Gode	Date MM/PD/AWY	
Füll Name of the Contributing Completee, S	(CONTRACT)	Processes and Comments of Comm	Special (MIXIVA) IS A A A A A I SE	
House # Street Address			Pate (VIM/DD)/YYXIE &	
idiya.	State	Zip Code	PERCHAMANANA S	
Full Name of Contributing Committee	housed spinsters.		Space (VIVI/OP)AA(SAR)	
House# Street Address			Date INM/DD/AV(59)k 15	
City.	State	Zip Code	Parakyiny/Pryansaks	
Full Name of Control Name of C			Date (IVIVI/ADD/AAAXA)	
House # Street Addres			S Dave (LV/AV/DB/AV/AA)	
Chy.	State	∕zip/code		
Full Name of Contributing Committee	Box Action Control of		Date IVIM/DD/ACA24	tt.
House # Street Addres			FEATE MIM/QD/AWM	
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)

Filer dentification Nu	inder.					
Full Name of Court	inion			2	en alminologo e e e e e e e e e e e e e e e e e e	
House #	Street Address				oare)(MW/BID/XY/S)	
EI (v	1000	State	2jp €ode		jeke kultuvadėvuosiosia ses	
Employer Name		PSON SOME AND ADDRESS OF THE PSON SOME ADDRESS OF THE PSON SOM			i ecupe (I o juli	
Employet Mailing/ Brincipal Place of B Full Name of Cont	usiness	en a general como esta por del del como esta por esta de la como d			oritsi(vivivolojaganileža	
House#	Street Address				Date:I(MKV/EID/Mean)	
<b>Cin</b>		State	Ziji Gode		eace imigrate/haved	
Employer Name					Occupation:	(Approximation)
Smployer Mailing Principal Place of	Address // All III					
Full Name of Cont		e e e e e e e e e e e e e e e e e e e			Pareskuly/jelyarkorbesk	
House W	Sirset Address				pate (MW/DD//YXXL)	
<b>City</b>		State	Zip Code		Dare (MM/DEP/YYYY)	
Employer Name	The second second		Control of the state of the sta		(Orcested Cont.)	
Employer Visiling Principal Place of	Address/ Busibess & X	-				의 R조 하위
Füll Nameron Com		<del></del>		29A	adelaciaminandana a e e e e e	16 .
House <sup>all</sup>	SizattAddress			2	Date (MM//QD/A)(CA)	
City		State	Zip Gode		EPAKSIMIVY/DP/AWY/E	
Erroloyer Name			<b>为国际发展的经济不够重要的</b>		eccupation :	
Employer Mailin	Address/					

## SCHEDULE II Part G

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

VALUE OVER \$250

Filer (dentification Number:		
Fill Name of Contributor		Date IVM/DD/YYYYI S
		Date(MM/DD/MYY) \$
House #4 Street:Ad		
City	State Zip Code	Date (MW/DD/XYYY)
Employer Name	Hoteland Refraggio Politica and	, Occupation
Employer Mailing Address / Pri Place of Business	TEDELS.	of Contribution
Full Name of Contributors	2000 - 20	Distriction/ODD/AMAA()
House # Street Ac	idress ===================================	Date IMM/DD/YYYYI S
City	State Zip Code	Date [MM/QD//YYYI] S
EmployenName		Cicupation .
Employer Mailing Address / Pri Place of Business	ificipal	· Desgriptiont! o Gonfribution .
Full Name of Contributor	and the second s	- Date (MIVI/OD/XXXX) - S
House # Street A	daress	Date (MIM/ADP/YXXX) \$
Gity :	State ZIp Code	Date [WIN/DD/AWY]
Employer Name		OCCUPATION .
Employer Mailing Address / Ph Place of Business	incipal.	Description .pri 
Full Name of Contributor		Date IMM/ADD/YYYYE
House # Street A	ddress	Date (MM/DD/YYYY) \$
GIEV	State Zip Code	Date (MANADANAA)
Employer Name		Orcupation
Employer Mailing Address / P Place of Business	Pincipal.	Description:

# SCHEDULE III Statement of Expenditures

Filer identification Number.

	WITTER FOR THE PROPERTY OF THE
To Whom Pale  Stapels Office Suplies	Date IMM/9D/4*/// 02/18/2021 6.00
House# Street Address	Description of Expenditus
City State (21b)	Copies
STEAM STATE OF SEA	Date (WKV/DD/ ***)100.00
Erie County Election Office	03/09/2021 Description of Expenditure
House # Street Address	
City State Code	Filing fee
To Whom Paid Go Daddy Web Site	03/13/2021 59.96
	Description of Expenditure
14455 N. Haydeli Nd 3dite 215	Web Site domain
Gity Scottsdale Scottsdale AZ Gode 85260	Web site contain
To Whom Baid Go Daddy Email	03/13/2021 47.88
House # Street Address N. Hayden Rd Suite 219	Description of Expenditure
City   Scottssdale   State   AZ   Zip   85260	E mail
EF6WINGKERATE A	Date (MW/DD/X WY) 281.56
Super Cheep Signs	04/03/2021  Description of Expenditure
House # 9200 Street Address Waterford Centre Blvd., Suite #100	
City Austin State TX Code 78758	Yard Signs
To Whom Palts : Super Cheep Signs	Date (MIV/PD//////) 04/10/2021 250.77
Street Address	Description of Expandibles
Waterlord Centre array	Yard Signs
Austin 1X Code	NDAGENVINVORA (ANA) NA
Sig (Mhom Paid )	
House's Sireer Address	Description of expenditure
City // State // Control of the code is a second of th	
Ste Mhoin Paul	Date (MM/GD/) (From 15)
	percipation of Experiment
House# Street Address	
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.

Phor identification Authors	Constitutional calendary of being
Name of Creditor  House # Street Address  City	Cate Dest Incurred S
Name of Creditor.  House # Street Address  City # 25.5	OALSTANDING BALANCE OF LIEU.  DEATE DEBT INCURRED 19 18 18 18 18 18 18 18 18 18 18 18 18 18
Description of Debt  Name of Creditor  House # Street Address  City	(State Code)
Description of Debt to the  Name of Erecitor  House # Street Address  City	OURSTANDING BARING OF DELIC
Description of Debt  Name of Creditor  House# Speed Address  R Speed Address	omstanding Eglands of Debt.
City: Description of Debt Name of Creditor House# Street Address	State 2p Code 1 EDutstanding Balance of plant 2 Edutstanding 2 Edu
City Description of Debty	State 4/0% Code

### 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 # . St	reet/Address			/Date IMM/DID/MYMI   S
City		State	Zip Code	
Réceipt Description	<u> </u>			100000
Euli Name				
House.# S	treet Address			
City		State	Zip Code	Date [MM//DD/YYYY] \$
Receipt Description				7658
Full Name	<b>30</b>			
	treet Address			
Gity		Stave	ZIP	Date MM/DD/YYYYI \$
1960 - 19			Code	
Receipt Description		Was a second of the second of		
Full/Name				
House #	street Address	books temperal	20	Date InhM/DD/XYXI 4 \$
City		State	Gode	
Receipt Description			[the weatherstell	
Full Name: #				
House #	Street Address			and the second
City		State	Zip Gode	Bate IMM/DD/YYYY) \$
Receipt Description :				
Full Name	Street Address			
House #	Street Address	State	Zip.,	Date IMM/DD/WYY
			Zip Code	
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

File (dendication Number		
1. UNITEMIZED INKIND GONTRIBUTIONS RECE	SIVED WALUE OF \$50.00 O	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$	
	CVENCY ON A DEMONSTRATE OF THE PARTY OF THE	ROMPERLED
2 AIN-KIND/CONTRIBUTIONS RECEIVED VAILUE		
TOTAL for the reporting period (2)	\$	
Z Z STANIA KIND CONTRIBUTION RECEIVED VALUE C	eversspandioodjeroimepar	TG)
TOTAL for the reporting period (3)	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$	
TOTAL for the reporting period (e)		
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING T	THIS REPORTING \$	
PERIOD (Add and enter amount totals from boxes 1, 2 on Page 1, Report Cover Page, Item F)	E, and o, also enter	
The second secon	The state of the s	

#### SCHEDULE II PART F

# In-Kind Contributions Received VALUE OF \$50.01 TO \$250

Filer dentification	Number:				
Edl Name of Co	in Duoi			MORTICALIVITY POPYARAGON	$\neg$
House #	Street Address			Date(MIM/PD/AGA)(E)	
CDY/		State	Zip:Code	Date (MM/DD/AVY)	
Description of C	ontributjon				
Full Name of Go				ADARCH (MICHALD ACCOUNTS)	
House#	Street Address			Pate MM/DD/AVIXI	
City		State?	Zip Code	Pate [MW//DD/YYYX]. 451	, <u> </u>
	contellutation			80/61/24/01/7/649/1/5/E-57	الأوسوبين إيرار الأوسوبين إيرار
Full Name of G	gntebutel				
House #	Street Address			Date IMM/DD/AVYII	
(fly	hrespector transfer	State	Zip Code	Date (MNV/QD/MVVA))	
Description of				acatelinin/hdt/Maget	
				Date (MM)/PD/M/V912 53:	<del></del>
House #	Street Address		COLUMN TO THE CO		
ClBy	A Secretary and Secretary	State	<b>∠iv</b> Code	Date MM/DD/XYXIII 37	
Description of Full Name of	eominamilians Pous de Septicion de Fanticiono			Peare (May/OD/A)/A	-
7 000 Carlson		N		SHE INWIDO/YWY!	,
House is	Street/Address				
City	Personal Section of the Parish	State	ez(p.code ⊕	Cate:IMW/DDWYYN) 5	
Description o	f Contabution				