

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 checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Shawn Wroblewski						
Street Address		720 Lincoln Ave						
City	Erie	State	PA	Zip Code	16505			

Type of Report (Place x under report type)

1. 6 th Tuesday Pre-Primary	2. 7 th 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)	05/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	16 Feb 2021	7 June 2021	
A. Amount Brought Forward From Last Report	\$	0	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2021 JUN 21 AM 11:37 ERIE COUNTY VOTER REGISTRATION </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	746.17	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	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

14th day of June 20 21
 Signature

My Commission expires 2-03-2025
 MO. DAY YR.

Signature of Person Submitting report
 Printed Name
 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.

Signature of Candidate
 Printed Name
 Area Code
 Daytime Telephone 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 <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			\$

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.)

Filer Identification Number									
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Full Name of Contributor					Date (MM/DD/YYYY)		S		
Shawn Wroblewski					02/18/2021				6.00
House #	720	Street Address			Lincoln Ave.		Date (MM/DD/YYYY)		100.00
City		Erie	State	PA	Zip Code	16505	Date (MM/DD/YYYY)		107.84
Full Name of Contributor					Date (MM/DD/YYYY)		S		
Shawn Wroblewski					04/03/2021				281.56
House #	720	Street Address			Lincoln Ave		Date (MM/DD/YYYY)		250.77
City		Erie	State	PA	Zip Code	16505	Date (MM/DD/YYYY)		
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #		Street Address					Date (MM/DD/YYYY)		
City			State		Zip Code		Date (MM/DD/YYYY)		
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #		Street Address					Date (MM/DD/YYYY)		
City			State		Zip Code		Date (MM/DD/YYYY)		
Full Name of Contributor					Date (MM/DD/YYYY)		S		
House #		Street Address					Date (MM/DD/YYYY)		
City			State		Zip Code		Date (MM/DD/YYYY)		
Full Name of Contributor					Date (MM/DD/YYYY)		S		
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.

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

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	
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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					

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

Filer 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
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

Payer Identification Number	
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To Whom Paid	Stapels Office Suplies	Date (MM/DD/YYYY)	02/18/2021	\$	6.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Copies		
To Whom Paid	Erie County Election Office	Date (MM/DD/YYYY)	03/09/2021	\$	100.00
House #	Street Address	Description of Expenditure			
City	State	Zip Code	Filing fee		
To Whom Paid	Go Daddy Web Site	Date (MM/DD/YYYY)	03/13/2021	\$	59.96
House #	14455	Street Address	N. Hayden Rd Suite 219	Description of Expenditure	
City	Scottsdale	State	AZ	Zip Code	85260
Web Site domain					
To Whom Paid	Go Daddy Email	Date (MM/DD/YYYY)	03/13/2021	\$	47.88
House #	14455	Street Address	N. Hayden Rd Suite 219	Description of Expenditure	
City	Scottsdale	State	AZ	Zip Code	85260
E mail					
To Whom Paid	Super Cheep Signs	Date (MM/DD/YYYY)	04/03/2021	\$	281.56
House #	9200	Street Address	Waterford Centre Blvd., Suite #100	Description of Expenditure	
City	Austin	State	TX	Zip Code	78758
Yard Signs					
To Whom Paid	Super Cheep Signs	Date (MM/DD/YYYY)	04/10/2021	\$	250.77
House #	9200	Street Address	Waterford Centre Blvd., Suite #100	Description of Expenditure	
City	Austin	State	TX	Zip Code	78758
Yard Signs					
To Whom Paid		Date (MM/DD/YYYY)		\$	
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 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.

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

PART E

Other Receipts

REFUNDS, INTEREST 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 #		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**

Filer Identification Number	
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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 \$250.00 (FROM PART E)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM 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)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number									
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									
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									