


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	Friends of Kathy Dahlkemper						
Street Address	PO Box 528						
City	Erie	State	PA	Zip Code	16501		

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/2/2021	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2021	10/18/2021	
A. Amount Brought Forward From Last Report	\$	5,871.83	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	5,871.83	
D. Total Expenditures (From Schedule III)	\$	2,505.89	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3,365.94	
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

21 day of October 20 21

Signature

My Commission expires MO. DAY YR.


 Signature of Person Submitting report
 Aron Dahlkemper

Printed Name

202

Area Code

316-4080

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

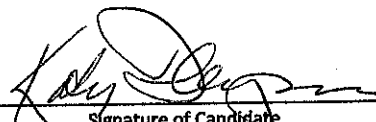
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

day of 20

Signature

My Commission expires MO. DAY YR.


 Signature of Candidate
 Kathy Dahlkemper

Printed Name

814

Area Code

392-0827

Daytime Telephone Number

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		United States Postal Service				Date [MM/DD/YYYY]	\$	159.89
						1/21/2021		
House #	1401	Street Address	State Street ste 100			Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	Postal Box fee		
To Whom Paid		Arts Grocery				Date [MM/DD/YYYY]	\$	64.00
						5/4/2021		
House #	4380	Street Address	W Ridge Rd			Description of Expenditure		
City	Erie	State	PA	Zip Code	16506	Food		
To Whom Paid		ERIE DEMS				Date [MM/DD/YYYY]	\$	250.00
						5/15/2021		
House #		Street Address				Description of Expenditure		
City	www.actblue.com		State		Zip Code		Donation	
To Whom Paid		Erie County				Date [MM/DD/YYYY]	\$	100.00
						7/27/2021		
House #	140	Street Address	W. 6th St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16501	Gifts		
To Whom Paid		Jim Sabol Studio				Date [MM/DD/YYYY]	\$	53.00
						8/2/2021		
House #	2006	Street Address	W 8th St			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Gifts		
To Whom Paid		Erie Crawford CLC Picnic				Date [MM/DD/YYYY]	\$	50.00
						8/31/2021		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		Sponsorship		
To Whom Paid		Tyler Titus				Date [MM/DD/YYYY]	\$	1,000.00
						9/8/2021		
House #		Street Address				Description of Expenditure		
City	www.actblue.com		State		Zip Code		Donation	
To Whom Paid		Erie Regional Chamber				Date [MM/DD/YYYY]	\$	330.00
						10/11/2021		
House #	1128	Street Address	State Street Ste 300			Description of Expenditure		
City	Erie	State	PA	Zip Code	16505	Tickets		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Kim Clear			Date [MM/DD/YYYY]	9/17/2021	\$	500.00
House #		Street Address			Description of Expenditure			
City	www.actblue.com	State		Zip Code		Donation		

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				

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				

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				

To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				



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

2021 OCT 21 AM 10:20

ERIE COUNTY
VOTER REGISTRATION


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				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input 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.



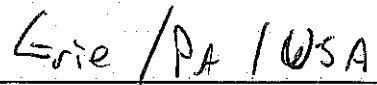
Signature of Treasurer, Candidate, or Lobbyist



Printed Name



Date (DD/MM/YYYY)



Location (City/State/Country)



Pennsylvania Department of State

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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

10/21/2021

Date (DD/MM/YYYY)

KATHA SAWKOWSKI

Printed Name

ERIE PA USA

Location (City/State/Country)