

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

| | | | | | | | | | | |
|--|--|--|--|--------------------|---|--------------------------|---|------------------|-----|------|
| FILER IDENTIFICATION NUMBER | | REPORT FILED ON BEHALF OF | | CANDIDATE | L | COMMITTEE | 2 | LOBBYIST | 3 | |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friend to Elspeth Koehle | | | | | | | | | | |
| STREET ADDRESS 1232 W. 11th ST. | | | | | | | | | | |
| CITY erie | | | | STATE PA | | ZIP CODE 16502 | | | | |
| TYPE OF REPORT (CHECK ONE) | | NAME OF OFFICE SOUGHT BY CANDIDATE | | DISTRICT NO. | | PARTY | | DATE OF ELECTION | | |
| | | | | | | | | MO. | DAY | YEAR |
| 6TH TUESDAY PRE-PRIMARY | | 1. | | | | | | 11 | 02 | 2021 |
| 2ND FRIDAY PRE-PRIMARY | | 2. | | | | | | | | |
| 30 DAY POST-PRIMARY | | 3. | | | | | | | | |
| 6TH TUESDAY PRE-ELECTION | | 4. | | | | | | | | |
| 2ND FRIDAY PRE-ELECTION | | 5. <input checked="" type="checkbox"/> | | | | | | | | |
| 30 DAY POST-ELECTION | | 6. | | | | | | | | |
| ANNUAL REPORT | | 7. | | | | | | | | |

| | | | | | |
|---------------------------|-----|------|-----|-----|------|
| DATES OF REPORTING PERIOD | | TO | | | |
| MO. | DAY | YEAR | MO. | DAY | YEAR |
| 06 | 07 | 2021 | 10 | 18 | 2021 |

| | | | |
|---|--|---|--|
| CASH BALANCE AT END OF REPORTING PERIOD: \$ | | 0 | |
| TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ | | 0 | |

| | | | | |
|---------------------|-----|-------------------------------------|----|--|
| AMENDMENT REPORT? | YES | | NO | <input checked="" type="checkbox"/> |
| TERMINATION REPORT? | YES | <input checked="" type="checkbox"/> | NO | <input checked="" type="checkbox"/> MMB |

FOR OFFICE USE ONLY
 2021 OCT 22 PM 3:28
 ELECTIONS SECTION

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

| | | | |
|--|--|--|--|
| I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE. | | | |
| SWORN TO AND SUBSCRIBED BEFORE ME THIS | | | |
| ____ DAY OF _____ 20__ | | SIGNATURE OF PERSON SUBMITTING REPORT | |
| ____ SIGNATURE | | PRINTED NAME | |
| MY COMMISSION EXPIRES _____ MO. DAY YR. | | AREA CODE _____ DAYTIME TELEPHONE NUMBER | |

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 OF CANDIDATE | |
| ____ SIGNATURE | | PRINTED NAME | |
| MY COMMISSION EXPIRES _____ MO. DAY YR. | | AREA CODE _____ DAYTIME TELEPHONE NUMBER | |

| | |
|--|--|
| Elspeth Koehle SIGNATURE OF CANDIDATE ELSPETH KOEHLE PRINTED NAME 844 AREA CODE 844 - 9214 DAYTIME TELEPHONE NUMBER | |
|--|--|



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

ERIE COUNTY

OCT 22 2021

VOTER REGISTRATION

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

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 Statements.** This form must be signed by hand where a signature is required.

| Name of Filing Committee, Candidate, or Lobbyist | | | | |
|---|--|--|--|--|
| Friends to Elect Elspeth Koehle | | | | |
| 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 checked="" 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 statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full 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 Statement is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Elizabeth Nawrocki

Printed Name

10/21/2021

Date (DD/MM/YYYY)

Erie, PA

Location (City/State/Country)



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 is submitted with a statement in lieu of full report by a Candidate's Authorized Committee, candidate sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Statement is true and correct.

Elspeth Koehle

Signature of Candidate

Elspeth Koehle

Printed Name

10/22/2021

Date (DD/MM/YYYY)

erie, PA, ERIE

Location (City/State/Country)