

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	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JUSTIN PETER PACANSKY										
STREET ADDRESS 8410 LUTHER ROAD										
CITY GIRARD				STATE PA		ZIP CODE 16417				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		1. TOWNSHIP SUPERVISOR				R		MO. 11	DAY 2 YEAR 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			MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY	
		5 19 2021 TO 10 18 2021							ERIE COUNTY OCT 21 2021 VOTER REGISTRATION	
		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		NO	<input checked="" type="checkbox"/>		

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			
19 DAY OF October 2021			
<div style="display: flex; justify-content: space-between;"> <div> <p><i>Julie Frichay</i> SIGNATURE</p> <p>MY COMMISSION EXPIRES August 13, 2024</p> </div> <div> <p><i>Justin Pacansky</i> SIGNATURE OF PERSON SUBMITTING REPORT</p> <p>JUSTIN PACANSKY PRINTED NAME</p> </div> </div>			
MO. DAY YR.		AREA CODE DAYTIME TELEPHONE NUMBER	
814		969 6266	

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

<div style="border: 1px solid black; padding: 5px;"> <p>Commonwealth of Pennsylvania - Notary Seal</p> <p>Julie Frichay, Notary Public</p> <p>Erie County</p> <p>My commission expires August 13, 2024</p> <p>Commission number 1366566</p> <p>Member, Pennsylvania Association of Notaries</p> </div>			
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. 1937, NO. 320) AS AMENDED.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS			
DAY OF 20			
SIGNATURE		SIGNATURE OF CANDIDATE	
MY COMMISSION EXPIRES		PRINTED NAME	
MO. DAY YR.		AREA CODE DAYTIME TELEPHONE NUMBER	
814		969 6266	



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 21 2021

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				
JUSTIN PETER PACANSKY				
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 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

10/16/2021

Date (DD/MM/YYYY)

JUSTIN PACANSKY

Printed Name

FAIRVIEW, PA, USA

Location (City/State/Country)



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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

10/16/2021

Date (DD/MM/YYYY)

JUSTIN PACANSKY

Printed Name

FAIRVIEW, PA, USA

Location (City/State/Country)