

## 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		Trevor Pearson					
Street Address		433 Sparkhill Ave					
City	Erie	State	Pa	Zip Code	16511		

Type of Report (Place X under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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 type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/02/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		10/18/2021	
A. Amount Brought Forward From Last Report	\$	\$0.00	<p>ERIE COUNTY</p> <p>OCT 22 2021</p> <p>VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	0.00	
D. Total Expenditures (From Schedule III)	\$	742.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-742.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	742.00	

## 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:

\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature\_\_\_\_\_  
Signature of Person Submitting report\_\_\_\_\_  
Printed Name

My Commission expires \_\_\_\_\_

MO. DAY YR.

\_\_\_\_\_  
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. 920) as amended.

Sworn to and subscribed before me this

\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature\_\_\_\_\_  
Signature of Candidate\_\_\_\_\_  
Printed Name

My Commission expires \_\_\_\_\_

MO. DAY YR.

\_\_\_\_\_  
Area Code\_\_\_\_\_  
Daytime Telephone Number

SCHEDULE 1  
**Contributions and Receipts**  
 Detailed Summary Page

Filer Identification Number	
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<b>1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period	(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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.

File Identification Number	
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Amount

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
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]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
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]	\$	
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]		\$		
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 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)

Full 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	
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	
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	
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	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

**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.**

<b>Filer Identification Numbers</b>																			
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<b>Full Name</b>																			
<b>House #</b>				<b>Street Address</b>															
<b>City</b>				<b>State</b>				<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>					
<b>Receipt Description</b>																			

  

<b>Full Name</b>																			
<b>House #</b>				<b>Street Address</b>															
<b>City</b>				<b>State</b>				<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>					
<b>Receipt Description</b>																			

  

<b>Full Name</b>																			
<b>House #</b>				<b>Street Address</b>															
<b>City</b>				<b>State</b>				<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>					
<b>Receipt Description</b>																			

  

<b>Full Name</b>																			
<b>House #</b>				<b>Street Address</b>															
<b>City</b>				<b>State</b>				<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>					
<b>Receipt Description</b>																			

  

<b>Full Name</b>																			
<b>House #</b>				<b>Street Address</b>															
<b>City</b>				<b>State</b>				<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>					
<b>Receipt Description</b>																			

**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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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period (1)	\$	

<b>2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period (2)	\$	

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)</b>		
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									
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$
Description of Contribution								

  

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$
Description of Contribution								

  

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$
Description of Contribution								

  

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$
Description of Contribution								

  

Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$
Description of Contribution								

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]		\$	
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State		Zip Code	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State		Zip Code	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State		Zip Code	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State		Zip Code	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

**SCHEDULE III**  
**Statement of Expenditures**

<b>Elder Identification Number:</b>	
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<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
Postnet		09/02/2021		742.00
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
3330	W 26th St Ste 4			
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
Erie	Pa	16506	printing services for signs	
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		

**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.

<b>Filer Identification Number:</b>	
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<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
Trevor Pearson							
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]				\$	
433	Sparkhill Ave	09/02/2021					
<b>City</b>	<b>State</b>	<b>Pa</b>	<b>Zip Code</b>	16511			742.00
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]				\$	
<b>City</b>	<b>State</b>		<b>Zip Code</b>				
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]				\$	
<b>City</b>	<b>State</b>		<b>Zip Code</b>				
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]				\$	
<b>City</b>	<b>State</b>		<b>Zip Code</b>				
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]				\$	
<b>City</b>	<b>State</b>		<b>Zip Code</b>				
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>	<b>Street Address</b>	<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]				\$	
<b>City</b>	<b>State</b>		<b>Zip Code</b>				
<b>Description of Debt</b>							



**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](http://www.dos.pa.gov/campaignfinance) • [pa-stcampaignfinance@pa.gov](mailto:pa-stcampaignfinance@pa.gov)

ERIE COUNTY

OCT 22 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				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 <sup>th</sup> Tuesday Pre-Election	<input checked="" type="checkbox"/> Cycle 5 2 <sup>nd</sup> 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 <sup>nd</sup> 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

Trevor Pearson

Printed Name

10/22/2022

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](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

*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

10/22/2021

Date (DD/MM/YYYY)

Trevor Pearson

Printed Name

Erie PA

Location (City/State/Country)