

Reset Form •	Puntform
MESER FUNDI	
Compared the second arrest to	

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

iler identification Number	Report Filed B	y Candida	•	Committee	Mr. 5 (20)	Lobbyist
Vame of Filing Committee, Candidate or obbyist	Trevor Pearson	-10				
Street Address	433 Sparkhill Av					
City: Brīe		State	Pa :	Zip Gode	16511	
Type of Report (Place x under report type)						
1- 8th Tuesday 2- 2nd Friday 3-30 Day Pos	4. 6th Tuesday	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
Pre-Primary Pre-Primary Primary	Pre-Election	Kie-Flection				
	<u> </u>					
Date Of Election (MM/DD/YYYY) 11/02/2021	Year	2021	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Day	8 A N → 2 = 1	1 k of 1 wi	For	Office Use Only	
Expenditures	1.0	/18/2021				
A. Amount Brought Forward From Last Repo		\$0.00		<u>. 1</u>		M
B. Total Monetary Contributions and Receipt (From Schedule I)	\$ \$	0:00				
C. Total Funds Available (Sum of Lines A and B)	\$	0.00			COUNTY	
D. Total Expenditures (From Schedule (II)	s	742,00		UC.	22 2021	
E, Ending Cash Balance (Subtract Line D from Line C)	5	-742.00			REGISTRATIO	N
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0,00		VOIER	IVEO.	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	742.00	] 		н	
		Affidavitse				7 ×
Part 1- If this is a Committee report, treasurer sign   swear (or affirm) that this report, including the at Swom to and subscribed before me this:	here. If this is a Ca ached schedules c	ndidate report, o	andidate sign here. best of my knowle	dge and belief t	rue, correct and compl	ete.
day.of20	- <u>' ] </u>	<del></del>	Signature	of Person Subr	nitting report	- <u> </u>
Signature	<u> </u>	<del>-</del>		Printed Nam	ne	
My Commission expires.	<del></del>	=	Area Code	— Da	ytime Telephone Num	ber <sup>.</sup>
		W 1 - 1 11 % em				
Part II. If this is a report of a Candidate's Authorize I swear (or affirm) that to the best of my knowledgamended.	e and belief this p	olitical committe	nere. e has not violated a	ny provisions o	the Act of June 3, 193	7 (P.L. 1393, NO.920) (
Sworn to and subscribed before me this						
day of20	- '	-	SI	gnature of Can	lidate	<u></u>
	'	=	THE COLUMN TWO IS NOT	Printéd Name		
Signature	. ا					

# SCHEDULE 1 Contributions and Receipts

Detailed Summary Page

Eller Identification Number			
1.Unitemized Contributions and Receipts \$50.00 or less per Contributor		# # 1000 F	
Cotal for the reporting period (1)	\$		and the second s
2Contributions of \$50.01 to \$250,00 (From) Part A.and Part B)		The state of the s	
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/Cland Part D)	ů,		
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	) [5		are 13 miles 11 miles on manufacture of picture of
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	ţ.	5	

### 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.

	المشادية وشنال المراسي			Amount
	The state of the s			, dat
Full Name of Co Committee	intributing			Date (MM/DD/YYYY) \$
House:#	Street Addre	1		Date [MM/DD/YYYM] S
	<b>-</b>	A company		
City		State	Zip Code	Date [MNI/DD/YYYY] S
	_			
Full Name of Co Committee			a control of the cont	Date [MM/DD/YYYY] \$
House#	Street Addre	<b>55</b>		Date [MM/DD/YYYY] \$
Gity		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co Committee	intributing			[Date [MM/DD/YYYY]   \$
House #	StreetAddre	iss		Date [MM/DD/YYYY] \$
Čity	1	State	Zip Code	Date [MM/DD/YXYY] \$
Full Name of Co Committee	gnitudistno	······································	a a	Date [MM/DD/YYYY] \$
House #	Street Addre	155 (17) (2)	,	Date [MM/DD/YVYY] \$
Gity		State	Zip Code	Date [MM//DD/VYYV] \$
Full Name of C Committee	ontelbuting			Date [MM/DD/YYYY] \$
House #	Street Addis	ess		Date [MM/DD/WYYY] \$
City		State.	Zip Code	Date [MN/DD/YYYY] \$
Full Name of C	ontributing	<u> </u>		Date [MM/DD/YYYY] \$
House #	Street Addr	ess		Date [MM/DD/YYYY] \$
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY] \$
		■ 「「」 「「」 「」 「」 「」 「」 「」 「」 「」 「」 「」 「」 「	- F :	

## 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:

			* Annahir to management	
Full Name of Contributor		<del></del>	Poate IMW/DD/MAWA	
THE DESCRIPTION OF THE PROPERTY OF			On a Single Print Appril	,
House # Street Address			Date [MM/DD/YYYY]	<b>S</b>
CGY I	State	Zip Gode	Bate [MM/DD/YYYY]	
		Zip:Code		
Full Name Of Contributor	11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Pare july/elyeass	<b>S</b>
House # Street Address			Date MM/DD/WWY	
City	State	Zip Code	Date (MM/DD/YYYY)	<b>8</b>
	Seller 7			
Rull Name of Contributor			Date (MIM/DD/YYYY)	\$
House# Street Address		#6 <sup>2</sup>	Date [MM/DD/YYYY]	<b>\$</b>
Specification		_		
City	State	Zip Gode	Date (MM/DB/YYYY)	Š
	Lank.	28 C 28 Sq. 20		
Full Name of Contributor.			Date (MM/810/47/47)	\$
House # Street Address			Date MM/DD/YYYY	<b>S</b>
Voj. 7	State	Zip Gode	Pate [IMM/DD/YYYY]	
SECURITY OF THE PROPERTY OF TH				
Rull Name of Contributor			Data (MIV/DD/AYAY)	<b>5</b>
House # Street Address			Date [MM/DD/YYYY]	<b>is</b>
City	State	Zīp Code	Date [MW/DD/XYYY]	
STATE OF THE PERSON NAMED			Date [MM/DD/YYYY]	
Full'Name of Contributor			Pate MinNan/JAM	
House # Street Address			Date (MIM/DD//YYY)	8
		100		
City	State	Zip/Code	Date [MM/DD/YYYY]	\$1

#### PART C

### **Contributions Received From Political Committees**

Over \$250.00

FIGURES INCOME.

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Committee	<u></u>		Date [MM/DD/YYYY] \$	
House# Street	l'Address		Date [MM/DD/YYYY] \$	
«Gity.	State	- \eho2 HZ	Date MW/DD/AYYY) S	
Full Name of contributing Committee	TR ATTA		Date [NMI/DD/YYYY] \$	
	t Address	Zip Gode	Date [MM/DD/YYYY] \$	
City— Full Name of	Site	ar same	Date [MM/bD/YYYY] - 5	
Contributing Committee	t Address		Date [MM/DD/YYYY] \$	
aw.	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee	1020-000		Date [MM/DD/YWY]   \$	
House # Street	t Address		Date (MM/DD/YYYY) \$	The second secon
City  Full Name of	State	Zip Code	Date [MM/DD/YYYY] \$	
Contributing Committee	er Address		Date [MM/DD/YYYY] 7\$	
City	State	Z(p·Code	Date [WM//DD/YYYY] \$	
Full Name of Contributing Committee			Date [WIM/DD/XYYY] \$	
Rouse # Stre	et Address		Date([MIM/DD/XYYY] \$	
ow.	State.	Zip.Code	Date [MIM/DD/WYYY] 35	

# 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)

Fleridentitie (fon Number:			
Full Name of Contributor			Date [MIN/DDYNYM] == 41 (\$.
House# Stree	t Address		Date [MIM/DD/YYYY] \$
Gity ] EmployerName	State	Z(p.Code	Date [MW/DD/YYYY] - \$ Occupation
Employer Walling Address / Principal Place of Business			Pate [MIM/DD/YYYY] \$
Full Name of Contributor			Date [MM/DD/YYYY] \$
Rouse# Stree	t Address State	Zip Code	Date [MIM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address Principal Place of Business Full Name of Contributor			Date [MM/DD/YWYY]
	at Address		Date MM/DD/YYYY): \$
aty	State	Zip Gode	Date [NIMI/ODYYYYI] \$
Employet Name Employer Malling Address Principal Place of Business			Occupation
Full Name of Contributor			Date [MIV/OD/YYTY] \$
House #	E Address	下载: X242	Date [MIM/DD/YYYY] \$
<u>City</u> Employet Name	State	Zip Code	Occupation
Employer Walling Address Principal Blace of Business	<b>Y</b>		

#### 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 W	<u>Jriber</u> ;			
Full Name		**************************************	<u> </u>	
House #	Street Address			
<b>Dity</b>		State	izip Code	Date [MM/Ob/YYYY] \$
Reseipt Descriptio	in the second se		(1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
Full Name		- Annual Constant		##
House #	Street Address			
City 18		State	Zip Code	Date [MM/DD/YYYY] \$
Reseipt Descriptis		-	MEG. 2010   MEG. 2011	15.00 (1)
Füll Name				
House#	Street Address	State	Žip	Date IMM/DD/YYYYI   \$
Gind Sign 1998			Code	
Receipt Description	)	7500 (28/59A)		II-Mail
Full Name				
House #	Street Address	(State)	Zip	Date:(MM/DD/YYYY) \$
City			Code	
Receipt Description				
Full Name	<u> </u>			
House #	Street Address	State	Zip	Date [MM/OD/WYYY] \$
Receipt Description			Code	
		Toti whatatailii	· —— · · · · · · · · · · · · · · · · ·	
Full Name	Street Address			
City		State	Z(p"	Date [MIN/DD/YYYY] \$
Receipt Descripti	OIT	* ************************************	Code	

#### 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

A SUNTEMPED NEKIND GONERI	BUTTIONS RECEIVED AVAIL	ne oe 220 oo ou lest ber contribileor	
TOTAL for the reporting period	<u> </u>	5	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE (OF \$50.0)	TO \$250:00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN KIND CONTRIBUTION BEGS	IVED-VALUE OVER \$25		
TOTAL for the reporting period	(5)	\$.	The state of the s
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals from Page 1, Report Cover Page, Item F)	ONS DURING THIS REPC Tom boxes 1, 2, and 3; a	राING \$ iso ënter	

## SCHEDULE II

# In-Kind Contributions Received VALUE OF \$50.01 TO \$250

Fleridentification	n Number				
Full Name of Go	SEATGARDER CONTRACTOR OF THE			Date [MM/QD/Y/YY] S	:
Rouse#	Street Address		<del></del>	Date [IVM/pD/YYYY] \$	<del> </del>
Gity		State	Zip Code	Data (MIN/Ob//YYY) \$	
Déscription of (	Contribution			200	
Full Name of Co	ontributor .			pate (MM/DD/YYYY) (\$	<u> </u>
House #	Street Address	······································		Date [MM//DD/YYYY] - \$	
Øtv.		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of	Contribution	# 1			
Full Name of C	ontributor			Date [MM/DD/YYYY] \$	
Rouse#	Street Address			Date [VIM/DD/YXXY] S	III
Einy		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of	Contribution			Comment of the second of the s	<u> </u>
Füll Name of G	contributer			Date IMM/DD/AYYY) \$	
House #	Street Aildress	= -=-		Date [IMM/DD/NYYY] \$	
City		State	Zip Code	Date (MM/90/YVY) \$	
* · ·	Contribution				
Full Name of (	Contributor		an offens	Date [MM/QD/YY/Y] \$	<u> </u>
House/#	StreetAddress			Date [MM/DD/YYYY] \$	
City	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip:Code	Date (MM/DD/YXYY) \$	
Description o	contribution				

## SCHEDULE II Part G

# In-Kind Contributions Received VALUE OVER \$250

	.;A	VALUE OVER \$230	
Filer (dentification Numbe			
- 188			
Full Name of Contribut	Oř.		Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date (MM/BD/WYYY) \$
Employer Name			Occupation
Employer Mailing Addi Place of Business	ress / Principal		Description of Contribution
Full Name of Contribut	(Or		Date (MIM/OD/XXXXI
House #	Street Address		Date MM/DD/YYYYI \$
Gity	<b>"State</b> "	Zip Code	pate (MM/dd/YYYY) \$
Employer Name			Occupation
Employer Mailing Add Place of Business	tess / Principal		Description, of Contribution
Full Name of Contribut	ter		Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DD/YYYY) 2
City	State	Zip:Eode	Date [MM/DD/VYYY] \$
EnployerName			Occupation
Employer Mailing Add Place of Business	lyess / Principal		Description of Contribution
Full Name of Contribu	名表の一個性に「Astality Toda」	47 4	Date (MM/DD/YYYY) 5
4-0-3	Street Address		Date [MM/DD/MYY]
Eliv	State	Zip Gode	Date MM/00/WYY) \$
Employer Name			Occupation
Employet Malling Add Place of Business	dress/Principal	***************************************	Description of Contribution

# Statement of Expenditures

Filer identification Number:				
50.6 (CES 1 10 1 CES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	<u> </u>	 	

			m2	
To Whom Pald	Postnet	Date (N/M//DD/YYYY)) \$ 09/02/2021 742:00		
House # asso	Street Address W 26th St St	Description of Expenditure		
City Erie	State	Pä	Zip 16506	printing services for signs
To Whom Paid	2		rangement of the f	Date IVIV/DD/MYY1 \$
Nouse#	Street Address			Description of Expanditure
City	State		Zip Code	
To:Whom Paid			Code	Date MM/DD/WWM \$
				Description of Expenditure
Housek	Street Address	erial E	744.0-005.57	
City	"State		Zip Code	
To Whom Paid				pate (MM/DB/XYYY) \$
House#.	Stroot Address			Description of Expanditure
City	State	0 4 0 4 0 5	Zip • Code	Contract of National Contract of State
Te Whom Paid		431		Date [MM/DD/YYYY] \$
House #	Street Addiess			Description of Expenditure
City	State		Ziri Code	
To Whom Paid				Date [MM/DD/XYYY] Sign
House#	Street Address			Description of Expenditure
City 1	Steat	9	<b>Z</b> [0	
TorWhom Paid			Code	Date (MM/DD/Wyw) S
To Whom Paid				Description of Expenditure
House #	Street Address		Zip & d	
City		Date [MM/DD/YYYY] \$		
To Whom Paid				
House#	Street Address	Description of expenditure		
Gity	Sta	<b>E</b>	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:

Vame of Creditor	(Oinstanding B	Ourstanding Balance of Debt		
louse #	Trevor Pearson Street Address	IDATEIDEBT INCURRED &		
433	Sparkhill Ave	09/02/2021		
itý j	Erie	State Pa Zip 16511 742.00		
Déscription of Dél		(CORE)		
lame of Creditor			alance of Debt	
louse#	Street Address	DATE DEBT INCURRED \$		
		The second secon		
<b>Sity</b>	1123	State Zip Code		
Description of De				
Varne of Creditor			alance of Debt	
Hause#	Street Address	DATE DEBT INCURRED 5. [KNIK/DD/YYYY]		
	Street Address			
City		State Zip Code		
Description/of De	it j	TO SOLO STATE OF THE PARTY OF T		
Name of Creditor	The state of the s	Outstanding	Salance of Debt	
House #	Street: Address	DATE DEBT INCURRED \$		
		<u>[MW/DD/YYYY]</u>		
City		State Zip		
		<u>Code</u>		
Description of De	<b>101</b>		s sous	
Name of Gredito)		Questanding	Salance of Debt	
House#	Street Address	DATE DESTINCURRED 5		
		[MM/DD/XYYYI		
City		State Zip Code		
Description of De	<b>1</b>	Code	· · · · · · · · · · · · · · · · ·	
Name of Credito			Balance:of Debt	
House #	Street-Address	DATE DEBTINGURRED S		
	4	- Wansawan		
· 公司 (1985年) 10 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	Porting Bitters かいついこれ			
City	ज के किया है	State Zip (Code		



### Pennsylvania Department of State

Name of Filing Committee; Candidate, or Lobbyist

OCT 22 2021

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) OTER REGISTRATION www.dos.pa.gov/campaignfinance • re-steampaignfinance@pa.gov

## 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.

Reporting Cycle  Cycle 1 6th Tuesday  Pre-Primary	Name:  Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	☐ Cycle 3 30 Day Post Primary	☐ <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election		Cycle 5 2 <sup>nd</sup> Friday Pre-Election				
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7  Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Specia			ycle 9 rost-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 lobbylst, the lobbylst 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.    10/32/3022     Signature of Treasurer, Candidate, or Lobbyist   Date (DD/MM/YYYY)									
	Pearson Printed Name	Erie PA  Location (City/State/Country)							



#### **Pennsylvania Department of State**

Printed Name

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 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. Date (DD/MM/YYYY) Signature of Treasurer, Candidate, or Lobbyist Erie PA Tevor Pearson Location (City/State/Country)