

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

Filer Identification	eport Filed By Candida		©Committee	SANGE PROPERTY OF THE PROPERTY
Number 36-3371844 (	Mark X)		- Continuites	Lobbyist
Name of Filing Committee, Candidate or	\		Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	· · · · · · · · · · · · · · · · · · ·
Street Address	icmmilter de	<u> </u>	Jinest M	Peres
	4377 COOP	e Qil		
Gre Ere	State	PA	Zip Code	16510
Type of Report (Place x under report type)				
■ 2017年、ちんだったがだってついてはないがた!」もあれるようなあるようは人があるとはなってはなっていた。それには、これにはなっています。	6th Tuesday 5-2nd Friday	6-30 Day Post	7-Annual Spec	lal 2 <sup>nd</sup> Friday   Special 30 Day
Pre-Primary Primary Primary Pri	e-Bection Pre-Bection	Election	Pre-I	Bection Post-Bection
Date O Bection	ear .	Amendment		ination 2000
ILEGE (ED   11	2021	Report	Repo	
Summary of Receipts and From Date	To Date		For Office	Use Only
Expenditures	<u> </u>			
し、分) A. Amount Brought Forward From Last Report	\$ 10-18-21			
	100.00			
B: Total Monetary Contributions and Receipts. (From Schedule I)	\$ 550.00			
C Total Funds Available	\$		ERIE CO	LINTV
(Sum of Lines A and B)	620.00	!	00	01411
D. Total Expenditures (From Schedule III)	\$ -o-		OCT 22	2021
E. Ending Cash Balance	\$			
(Subtract Line D from Line O  F. Value of In-Kind Contributions Received	<u>650.00</u>		VOTER REGIS	STRATION
(From Schedule II)	* 0 -			
G. Unpaid Debts and Obligations	\$			
(From Schedule IV)	フタレ・SY Affidavit Seo	41		
Part 1- If this is a Committee report, treasurer sign here.	If this is a Candidate report, ca	ndidate sign here.		
I swear (or affirm) that this report, including the attached	d schedules on paper, Is to the I	oest of my knowledg	ge and belief true, corr	ect and complete.
Sworn to and subscribed before me this				
day of20	<u>'</u>   -	Smoture	f Person Submitting re	annuit.
		ayı lature u		
Signature	, 1		Printed Name	;
My Commission expires	<del></del>			
MO. DAY YR	A	rea Code	Daytime Te	lephone Number
Part II- If this is a report of a Candidate's Authorized Com	nmittee, candidate shall sign he	re.		
I swear (or affirm) that to the best of my knowledge and tamended.	belief this political committee h	nas not violated any	provisions of the Act o	of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this		1	. 1	
GWOTH TO BITCH SUBSCITUTED THE THIS		). A	$\alpha \cap A$	
day of20	'   <del></del>	Some	ature of Candidate	<u></u>
Constitution		.Jan	et m ye	res
Signature	, 1	F	Printed Name	A
My Commission expires	<del>-</del>	819	<u> </u>	<u>-4663</u>
MO. DAY YR.	Ar	ea Code	Daytime Tele	phone Number i

# SCHEDULE! Contributions and Receipts Detailed Summary Page

Miles I cloud it and in a filing language	
Filer Identification Number	
NATIONAL CONTROL OF THE STATE O	
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[1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	10-7 14 1A 11 1 Y U U
■ 10、15、15年 50、 15.6 15.1 15、15、15年 17、15年 18、15年 15年 15年 15年 15年 15日	~ X O" ~ D N     X T T

Millottomical Contributions and Contributions an		
1. Unitemized Contributions and Receipts \$50.00 or Lessper Contributor:	ADA L	
Total for the reporting period (1	)	\$ 80.00
2- Contributions of \$50.01 to \$250.00 (From Part A and Part B)	多様の様	
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 Cand Part D)		
Contributions Received from Political Committees (Part C)	,	\$ 500.00
All Other Contributions (Part D)	- 3	\$
Total for the reporting period (3)	) {	\$
4. Other Receipts Refunds Interest Earned, Returned Checks, ETC. (Rom Part B)		
Total for the reporting period (4)	1	\$
Total Monetary Contributions and Peceipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Peport Cover Page, Item B)	4	\$ 50.00

# 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.

Full Name of Contributir Committee	g		Amount
			Date [MM/DD/YYYY] \$
House# S	reet Address		
			Date [MM/DD/XXXX] \$
City	State	Zip Code	
Full Name of Section			Date [MM/DD/YYYY] \$
ull Name of Contributing Committee		1. 10 20 20 1. 25 1. 28 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	20*****
louse#   Su			Date [MM/DD/ YYYY] \$
Sine Sine	et Address		
			Date [MM/DD/YYYY] \$
ty	State	Zip Code	
Ill Name of Contributing		And the second	Pate [MM/DD/YYYY] \$
mmittee			Date [MM/DD/YYYY] \$
iuse# Sree	0.0		Cate [MM/DD/YYYY] \$
Sire	Pt Address		Date [MM/DD/YYYY] \$
			Date [MM/DD/ YYYY]
	State	Zip Code	Pate MANACOD Comments
Name of Contributing			Date [MM/DD/YYYY] \$
imittée			Date [MM/DD/YYYY] \$
se# Street	Address		(A)
			Date [MM/DD/YYYY] \$
	State	Zip Code	
41 0:0		21) Code	Pate [MM/DD/YYYY] \$
lame of Contributing	\$155 M 150 M		
			Date [MM/DD/YYYY] \$/
Street /	Address		
			Date [MMZDDZYYYY] \$
54 <u>18-11 (8</u> 1654)	State	Zip Code	
		45 COLO	Date [MM/DD/YYYY] \$
ime of Contributing	2,20, 200	14. A. S.	10.76 25.26
A STATE OF THE STA	- Charles		Date [MM/DD/YYYY] \$
6.508	dress		Date (MM/DD/A002
			/Date (MM/DD/YYYY) \$
	State	Zip Code	Date [MM/DD/VYYY] \$

# 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:	· · · · · · · · · · · · · · · · · · ·			
	· · · · · · · · · · · · · · · · · · ·			
Full Name of Contribution			*Date [MM//DD/\\\)	<b>5</b>
House ## Sireet Address			¿Date [WM/DD/YYY]	<b>\$</b>
(Qty.)	Sate	Zip Code	(Date [MM/DD/YYM])	
Full Name of Contributor			Date MM/DD/YMM	
House# Street Address			Date [MM/DD/XYXX]33	\$ <b>\$</b> \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
City	Sate	Zip Code	Date [MM//DD/)YYYY/	
Fulliname of (contributor			7,000,000	
House # Street Address	la dan waxa			<b>\$</b> 6
Oly	Sate	Zp Code!	Date (MM/DD/XYYY)	
Fall   Name of Contributor			Date (MM//DD//////)	
House #7 Sirect/Address	KI PUR KAWATAN		277	<b>S</b>
(City)	Sate	Zp code		\$ 1
House# Street Address				<b>6</b>
	We want	130-mil Av Classica	#Date IMM/DD//YYY	
(City) 	State	Zip Code/		\$
				\$
	Mark Carlotte	· · · · · · · · · · · · · · · · · · ·		\$ !
(Oity	Sate	Zip Code	@Date [MM/DD/XYXX]	<b>\$</b> :

## PARTC 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.

of the control of the	o. of in the reporting period.
Elli Name of Art and a second	Y
Contributing Committee : Erie Refocused House # 1001 State of City : State of	0 9 126121 500,00
F C C A P C C C C C C C C C C C C C C C C	#321 Date [MM/DD/YYM] \$9
Contributing Committees  House #* Street Address	ADDICTION WAS ASSESSED.
Oty Safe Zp Code	Date (MM/DD/XYYM) S
Contributing Committee  House **  Sirebt/Address	*Date(IMM/DD/YYY)// \$
Cityle Zip Code	Pate [MMXDDXYYXY]
Full Name of Second Sec	Date (MM/DD/M/M)
Gty State Zp.Crce	# Date (IMM/DDAYYM)   753
Full Name of Contributing Committee	Date MM/DD/MM/1   \$5
House W Street Address  City 100 April 100 Apr	3 Pate (MM/DD/X/YY)
Füll Name of Contributing Committee	ADate (MIMADDA AWY)
House # Street Address	Pate IMM/DD/WWW
City Serie Zip Code	*Pate [MU/DD/YYYM] \$
and the state of t	

# 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 Name of Contributor.			&Date(MM/DDAYYYY)
House # Sireet Address	(State)	Zp Code	Date [MM/DD/XYXY] S s s s s s s s s s s s s s s s s s s
EnployerName			
EmployeriMalling Address/ Principal Place of Business			(Occupation)
FulliName of Contributor			*Pate [MW/DD/:YYYY]   + & \$
House # Street Address			Date [MM/DD/xyyyy] \$
ECTY ST	Sate	Zp Ode	Pate [MM/DP/YYYY]
Employer Name:  Employer Malling Address/			Occupation
Principal Place of Business			
			Pate [MM//DD/YXXY]  S  (S)
House#   Sireet Address			Date [MM/DD/YYY] \$
Giv	(State)	Z[j)Code)	Date [MM/DD/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Employer Name   2			Cocupation
Principal Place of Business			
Full Name of Contributors			<u>∌Date [MM//DD/AYYYY] ∦#</u> (S.)
House # Sireet Address			*Date/IMM/DD//YYYY] *** ***
Gty.	Sate	)'Zip Code	Dete IVIM/ODV/WWW
Employer Name  Employer Mailing Address/ Principal Place of Business	·		(Coupation)

### PARTE

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer. Flericentification Number:

	9			
FulliName				
House# Sign	eet Address			
GLV	1 1	State	Zip Code	ZDate [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House#	eet Accress			
Oly, 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ALERT STATE OF THE PARTY	Sate	<b>Z</b> p. €œle .	Date [MM/DD/YYYY] \$
Receipt Description				
FUllName	A resultant	,	<u> </u>	
House# Sire	eet/Acaress			
Qiy Saya		Sate	(Zp) (Code	(Date [MM/DD/YYYY)) \$
Receipt Description				
Rull Name 18				
	eel/Address			
City		Sate	√Zip Code ≠	Date IMM/DD/MMM &
Receipt Description				
Füll Name				
House# Sire	ee Acidirese			
Oly S		Sate	Zip Code	Date (MM/DD/MMM) (\$)
Receipt Description				1865
Rill Name!				
House# Gre	eet Acidinese	A		
Oly		Sate	Zip Code	Pate [MM/DD/XYYM] \$
Receipt Description		USAY INTERNATION	The participation of 1	

#### SCHEDULEII

# IN-KIND CONTRIBUTIONS AND VALUABLETHINGS RECIEVED

USETHIS SCHEDULE TO REPORT ALLIN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number 34			
Control of the control of the control of the control of the control			
ENAME DE LE COMPTE DE LA COMPTE DEL COMPTE DE LA COMPTE DEL COMPTE DE LA COMPTE DEL COMPTE DEL COMPTE DE LA COMPTE DE LA COMPTE DE LA COMPTE DE LA COMPTE DEL COMPTE DE LA COMPTE DEL COMPTE DE LA COMPTE DE LA COMPTE DEL COMPTE DEL COMPTE DEL COMPTE DEL COMPTE DEL COMPTE DEL COMPTE DE LA COMPTE DE LA COMPTE DEL C	NISSEGEWERWANTE RESE	വരവർ	
			A) LECORET OF AN INC.
TOTAL for the reporting period	(1)	T \$ T	2000年代,6000年1997年6月2日 1997年6月2日 1997年6月1日 1997年6月2日 1997年6月2日 1997年6月2日 1997年7月 1
	<b>(</b> -7		
	****		
2 A TOUR AND CONTRIBUTION STREET, VIEW	WALLIE OF \$50 OF A COSESSO	00(fi	
TOTAL for the reporting period	(2)	\$	
BANKED DE COLUMN TO A COLUMN TO THE PARTY AND THE PARTY AN	27/1131		
THE STATE OF THE S	/ALUE®VER6250(00)(Fig)	1 PAR	
TOTAL for the reporting period	(3)		
To the topoliting ported	(0)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DU	JRING THIS REPORTING	\$ 1	
PERIOD (Add and enter amount totals from bo	ixes 1, 2, and 3; also enter		
on Page 1, Report Cover Page, Item F)			

#### Scheduleii Part F

## In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

CELEGIZIENTIFICATION NUMBERON

(FULLINAME) of (Contributors)	······································		Date MM/DP/AWW as
House # Syeet Address			#Date [MM/DD/YYYY]) \$
City (1)	Sale	Zip Code	Date(MM/DD/YYYY)  \$2
Description of Contribution		[William Marks a security]	(5792)
Full Name of (Contributor			Pate (MM//DD//////)
House# Street Address			Date (MM/DD/\\\\)] \$5
City (	State	ZIp.Code	(Date (MM/DD/YYYM) \$5
Description of Contribution:			
Rull Name of Contributor			Date (MM/DDAYYYY)
House# Street Address			(Cate IMM/ DDXYYYY)
(Gty)	Sate	Zip Code	Date (IMM/DD/YYYY)
Description of Contribution		···	
Full Name of Contributor			@Date [MM/,DD/,Yyyy] \$\$
House# Street Address			\$Pate [MM/PD/AWW] \$1
(CIV)	State	/Zip Code	© Date [MM/DD/YYYY]
Description of Contribution			
Full Name of Contributor.			(i,Dato [MM/,DD/;YYYY]) \$)
House# Street/Address			(IDate [MM/DD/YYYY] \$
(QIV)	State	Zip Code	Date IMM/DDXYXXXII S
Description of Contribution			

#### SCHEDULE! Part G

## In-Kind Contributions Received

		VALUE OVER\$250	<u>,                                      </u>
Fleridentification Number:			
Full Name of Contributor			(Pate)[MM/DDWWW](%)(%)
	1		
House # Sire	et Actiress		Date:[MM%DD/xyyyy]
Oty 7	Sale	Zip Code	SDate (MM/DD/XYYM) \$
			3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Employer Name			Occupation .
Employer Mailing Address/ Place of Business	Principal		Description of
Full Name of Contributor.			(Contribution )
	- December of Section		
hlouse## Stree	ot Ackdress		¿Date [MM/DE/YYYY] \$
Giy.	Sate	/Zip Code	Date [MM/DD/YYYY] \$
Employer Name	338540		Cocupation //
Employer Mailing Address/ Place of Business	Rinapal 4		Description
TrilliNanieloi Contributor			Contribution
			Date [MM/DDV/Y/XX]/@%
	Adress		Date [MM//DD/XYYY]
City	Sale	ZIp Cöde	Date MM/DD/YYYY
Employer Name			«Cocupation»
Employer Malling Address/	Principal		- Cescibilion s
Place of Business			Contribution
Full Name of Contributor			Date: MM//DDXYYYYI
	Address		#Date:[MM//DD/YYYY] > \$
Oty (	Sate	Zip Code	Date:[MM//DD//Y/Y/] \$ \$
Employer Name: 7184 484	Great Control of the		(Cocupation)
:Employer:Mailing Address//	Principal 4.8		N Description
Place of Business			oli s Contribution

# SCHEDULEIII Statement of Expenditures

Filer Identification Number	
Fier Identification Number	

B. Carrie Carrier		
To Whom Paid		(Date IMM/DD/XXXX)
House# Street Address		Description of Boenditure
City Safe 2	Zip Code	Complete transmission control engineers (2015) in the Control of t
To Whom Paid.		A Date [MM/, DEV/XYYY] *
House # Street/Address		*Pescription of Excenditure:
Gity	ZID Code	
To.Whom:Paid		Date [MM//DD/3Y/Y/Y] \$
House #/ Street Address		Description of Expenditure
City Safe.	Zp Code	
TDWhom Paid ::		Pate [MM/DD/YYYY] \$
House # Street Arroress		*Deaription of Expenditure
Oty	Zp Code	<b>化分析的比较级的</b> 基本,不能可以不完全的。
To WhomiPald	(24	Date [MM/DD/XXXY] \$
House# Steel Address		Description of Excenditure
City:	Zp Code	
To:Whom:Pald	121222	Pate IMM/DD/YYYY] \$1
House# Sreet Address		Description of Expenditure
Giy Sate	Zip Code:	
To Whom Paid 11	**************************************	Date (MM/DD/YMY) S
House# Sireet Address		Description of Expenditure
(Cly) Sate	Zjo Ccce,	<b>电影性的影响的 化自由性的 经产品支票 美杂沙科·埃里亚 经共享</b> 的共享的共享的
To Whom Paid	1500 (801)550 850	Date MM/DD/MMM \$
House# Sreet Address		Description of Expenditure
Gly Sate:	Zip Code	2015年10日1日 10日日 1日日 1日日 1日日 1日日 1日日 1日日 1日日 1

### SCHEDULEIV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

		 1
File (Identification Number:	86-3271844	

Name of Creditor	Janet	Peters	Oits	tanding Balance of Debt
aiv (43.1.)	4377 (	Cooper 4-2	Midelymylists  Au Ai  To a local common and a local	796.84
Description of Debt	Promotional		Page Collect 1	-
Name of Creditor ////	eet Azidress	(a) DATEO	ETINOUR <del>TE</del> ON S	tanding Balance of Debt
City Description of Debt		State 2	oce .	
Name of Creditor				anding Balance of Debt
	Set Arbress	<u> </u>	BIT (NOUFRED & S // DECYYYYY)	STATEMENT
Description of Debt		Sate Z	oce	
Name of Creditor  House # Stree	et/Address		Contact  ST INOURSED  ST INOURSED  DOWNAMY	anding Balance of Debt 344
Oty  Description of Delif	<b>教室</b> (2007年2月2日 6月2日	Sate Zin	p (1) ode	·
Name of Creditor				anding Balance of Debt.
	et Accirese	<u>(MM)</u>	BTINCURRED IS	PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE
Description of Debt		State Zi	P. Side and the si	
Name of Oeditor			<b>推移</b> 机	anding Balance of Pebr
	et Address	imin/	EPINOUFFED 7\$	
Oty Description of Debt		State Zia Co	9 186	



### Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) <a href="https://www.dos.pa.gov/campaignfinance">www.dos.pa.gov/campaignfinance</a> • <a href="mailto:ra-stcampaignfinance@pa.gov">ra-stcampaignfinance@pa.gov</a>

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, Can	didate, or Lobby	ist		
Reporting Cycle	: Name				
☐ Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	☐ <b>Cycle 3</b> 30 Day Post Primary	6 <sup>th</sup> T	Cycle 4 uesday Election	☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday  Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ <b>Cycle 7</b> Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Special	Election	•	cle 9 st-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

- LUBOLIST

Printed Name

Date (DD/MM/YYYY)

Location (City/State/Country)

DSEB-502R Updated 1/22/2021



### 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 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

10 299 0

Date (DD/MM/YYYY)

**Printed Name** 

Location (City/State/Country)