Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		3710783	Repo	ort Filed I rk X)	3y Candida	ate	Committee		X	Lobbyist	
Name of Filing Comm Lobbyist	nittee, Ca	ndidate or		7	To Car	nnittee	40 F	Elect	K MA	Clear	
Street Address				485	_ A	bury Rd		11001	1/11/1	Clear	
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Pre-Primary Pre-I	Primary	Primary	Pre E	lection	Pre- Election	Election		Pre-Electio	n	Post-Election	

Date Of Election (MM/DD/YYYY)		11/2/2021	Year		2021	Amendment Report		Terminatio Report	n (S.S.		
Summary of Receipts Expenditures	and	From Date		To Date			For	Office Use O	njy		
		10/19/21		12/	1/2021						
A. Amount Brought F	orward F	rom Last Repor	t \$	13.	001.62		·		. 1	P 43	
B. Total Monetary Co (From Schedule I)	ntributio	ns and Receipt	\$		800	S. Bernard			# *** ** .		
C. Total Funds Availal (Sum of Lines A and B			\$	14.	801.62	A Company of the Comp			:		
(From Schedule III)	D. Total Expenditures					1. J					
E. Ending Cash Baland (Subtract Line D from			\$	7.0	00.12				;"	20 de 18 de	
F. Value of In-Kind Contributions Received (From Schedule II)			\$				ို မ				
G. Unpaid Debts and (From Schedule IV)	Obligatio	ns	\$		<u> </u>	The Company of the Co					
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Part 1- If this is a Commit I swear (or affirm) that th	ttee repor	t, treasurer sign h	ere. If th	nis is a Car hedules or	didate report, ca	andidate sign here.	lgo and boliof tr	uo correct and	d complete		
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Signati	ure			.]		~./1	Printed Nam		۔۔۔۔		
My Commission expires_	MO,	DAY YR.	_			S I V	<u> 8</u>	SA-40	171		
and didd buyunte receptoric 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.320) as amended.											
Sworn to and subscribed	before me	e this				,	_				
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My Commission expires_			_	•		814	P	81-92	10		
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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

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Everyor and experience of printing that are appropriate and			<i>_</i>			

		and the same	Address of the second of the s
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	50.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)	er in a color	\$	0
All Other Contributions (Part B)	· · · ·	\$	250
Total for the reporting period	(2)	\$	250
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	\mathcal{O}
All Other Contributions (Part D)		\$	1500
Total for the reporting period	(3)	\$	1500
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	6
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, Rep. Cover Page, Item B)	port	\$	1800

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.

Filer Identification Number

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Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
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City	Factorial Sanction	State	Zip Code	Date [MM/DD/YYYY] \$	
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Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
SVERSUSE SECTIONS					····
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:

Filer Identificati	on Number:	83-37	10783		\$250	. <i>00</i>
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Full Name of C		Ronald	Di Nicolo	Date [M/l	10/2021 2	25000
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City	P- order order of the second o	State	Zip Code	Date [MN	A/DD/YYYY] \$	
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House#	Street A	ddress		Date [MN	n/DD/YYYY] \$	
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Full Name of C	ontributor			Date [Miv	A/DD/YYYY] \$	
House #	Street A			Date [MN	M/DD/YYYY] \$	***************************************
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Full Name of C	ontributor			Date [MN	//DD/YYYY] \$	outmonths / the / Andrew Laste Piloton Code () page () to
House #	Street A	ddress		Date [MN	n/pp/yyyyj \$	
City		State	Zip Code	Date [MN	//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:

Fler Identification Number:	83-37	10783		0
Full Name of Contributing Committee			Date [MM/DD/AYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City a	State	ip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	3
City	State. Z	îp Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City.	State	ip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			@Date [MM/DD/YYYY] ®	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	p Code	Date [MM/DD/YYYY]	\$
Contributing Committee House # Street Address			Date [MM/DD/YYYY]	\$
City Street Address	State Z	p.Code	Date [MM/DD/YYYY]	\$ 5
Full Name of		I core	Date [MM/DD/YYYY]	\$
Contributing Committee House # Street Address			Date [MM/DD/YYYY]	\$
<u>ciy</u>	State	p Code	Date [MM/DD/YYYY]	.
		enricus en	The Court Court Court of the Court C	

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)

83 -37/07 83	Filer Identification Number;	83 -37/0783	1500
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Employer Mailing Address / Principal Place of Business	2500	S. Share	Dr. E	Rie. PA	16506		
Full Name of Contributor				Date [MM/DD/	yyyg \$	and the second s	Pr. 18 (A) E 2 (A)
House # Street Address				Date [MM/DD/	YYYYI \$, , , , , , , , , , , , , , , , , , , ,	
City	State	Zip Code		Date [MM/DD/	yyyyj s		
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Employer Mailing Address / Principal Place of Business				1-sadpagement (construction)			-
Full Name of Contributor				Date [MM/DD/	<u> </u>		
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House # Street Address				Date [MM/DD/	YYYY] s		:
City	State	Zip Code		Date [MM/DD/	yyyy] \$		
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			

PART E

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.

Filer Identification Num	ber: 8 3-	371078	3		0
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SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

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	BUTIONS RECEIVED-VAL	UE OF 550,00 OR LESS PER CON	IRIBUTOR	60 G
TOTAL for the reporting period	(1)	\$		Control of Section (Control of Section)
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
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PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)	om boxes 1, 2, and 3; al	so enter		
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SCHEDULE II PART F

In-Kind Contributions Received

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				Shirt Vo	
House#	Street Address			Date [MM/DD/YYYY] \$	
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Description of Contribution

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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

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Filer Identification Number:

83-37/0783

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SCHEDULE III Statement of Expenditures	of Expenditures					P1	
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Desantis Signs	540 W,18th St.	Ēřie	PΑ	16502	/25/21	5383,84	5383.84 Invitations for Fundraiser
Constant Contact	1601 Trapelo Rd Suite 329	Waltham	MA	02451	10/25/21	47.7	47.7 Email/Website support
Desantis Signs	540 W.18th St.	Erie	PΑ	16502	10/26/21	598.2	598.2 Paim Cards for door to door
Desantis Signs	540 W.18th St.	Erie	PA	16502	10/26/21	242.74	242.74 Buttons, signs extra costs
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Erie Brewing Company	4102 W. Lake Rd	Erie	PA	16505	11/2/21	174.26	174.26 Election Night event
Erie Brewing Company	4102 W. Lake Rd	Erie	PA	16505	11/2/21	1307.06	1307.06 Flection pight event-food etc
Constant Contact	1601 Trapelo Rd Suite 329	Waltham	MA	02451	11/25/21	47.7	47.7 Email/Website support
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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 Identificatio	n Number: 83	-37108783	0
Name of Credit	O	arthogon - Maranas em ann ag ag ag ar allan 2005 forman. La robe y Maranas des architectural for a language	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			
The Control of Control		State Zip Code	(2) (1) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
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Name of Credit			Outstanding Balance of Debt
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City Constitution			
Description of D	Debt	Code	
Name of Credit	12.00		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City			
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Name of Credite	Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt
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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

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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 Aling	Committee, Can	didate, or Lobby	/ist		
The	Committee	to Elect	Kim (Clear	
Recogning Gyal	Name				
□ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election
Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	Cycle 8 2 nd Friday Pre-Specia	l Election	·	cle 9 ost-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

Date (DD/MM/YYYY)

 M_{1} Ω T_{1}

To 1 PA / 1154

Printed Name

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 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

Printed Name

Date (DD/MM/YYYY)

Location (City/State/Country)