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

Filer Identification 9	800273	Report File ( Mark X)	d By Candid	ate	Committee		Lobbyist
Name of Filing Committee Lobbyist	e, Candidate or	ERIE	: County	Democe	atic K	arty PAC	• •
Street Address		ρ	D. Box	1184	_		
City E	rie		State	PA	Zip Code	16512	
Type of Report (Place x un	der report type)		•				
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Fr Pre-Primary Pre-Prim		t 4-6 <sup>th</sup> Tuesd: Pre-Election	五分利 整体设施 医促进病毒性病毒抗毒症	ar I nadabilik alam karatik kalendian	7-Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
				<b>I</b>			
Date Of Election (MM/DD/YYYY)  1/02/	2021	Year		Amendment Report		Termination Report	
Summary of Receipts and Expenditures	From Date 16/22/2	// To D	ate 122/21		For	Office Use Only	
A. Amount Brought Forwa			84-25				1990
B. Total Monetary Contrib (From Schedule I) C. Total Funds Available	outions and Receipt	5	00.00	1			Culture   The culture   The c
C: Total Funds Available \$ \$884 - 25							
D. Total Expenditures  (From Schedule III)  \$ 500.00							
E. Ending Cash Balance (Subtract Line D from Line		\$ 3	84.25			<b>C</b>	Ö
F. Value of In-Kind Contril (From Schedule II) G. Unpaid Debts and Obli		\$	<u> </u>			27 F	<u> </u>
(From Schedule IV)			Affidavit So	ection			
Part 1- If this is a Committee	<u> </u>		Candidate report, o	andidate sign here.			
I swear (or affirm) that this re Sworn to and subscribed before		ached schedule:	on paper, is to the	best of my knowled	dge and belief t	rue, correct and comple	te.
day of	20	٠,		2	15	$\swarrow$	
day of	20	_ _	<u> </u>	Signature KEVIO	of Person Subn	pitting report	<del>_</del> _
Signature				- W	Printed Nam	ne 	
My Commission expires	D. DAY YR	<u> </u>	_	814 Area Code		The Solution of the Solution o	
IVIC	J. DAT TR	<b>\.</b>		Area Coue	Da	ytime relephone Numbe	=1 
Part II- If this is a report of a C I swear (or affirm) that to the amended.					y provisions of	the Act of June 3, 1937 (	(P.L. 1333, NO.320) as
Sworn to and subscribed before me this							
day of	20	. 1					
,		_ [		Sign	nature of Candi	date	
Signature				Printed Name		<del></del>	
My Commission expires	DAV VP		_	Area Code	David	time Telephone Number	<u> </u>
МО	. DAY YR.			Area Code	Бау	ине текрионе митре	ı

#### **SCHEDULE 1**

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number 9800273		
1:Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	表情なな	
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	化数数 使数据 数据	
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)	10 40 4 1 40 4 1 5 6 4 1 5 6 4	
Contributions Received from Political Committees (Part C)	\$	500.00
All Other Contributions (Part D)	\$	-
Total for the reporting period (3)	\$	500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		

(4)

500,00

Total for the reporting period

Total Monetary Contributions and Receipts during this reporting period (Add and

Cover Page, Item B)

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

#### **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

Filer identification	Number	80027	3		
y process Male				A	Amount
Full Name of Cor	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City.		State	Zip Code	Date [MM/DD/YYYY] \$	
TOTAL COMPONENTS	ভ্ৰম্ভিৰ প্ৰতিভাগৰ কৰি নিৰ্মাণ কৰিব ব				•
Full Name of Con Committee	itributing			Date [MM/DD/YYYY] S	
And the second s	A STATE OF S				
House #	Street Address			Date [MM/DD/YYYY] \$	_ <del>-</del>
		7.5 <u>6.00</u> 4.8000	174227200 20000		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	tributing	32型鐵點整裝了	自認為此代表於公園	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
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LOSSESSAN	<u> </u>				
Full Name of Con Committee	icriputing			Date [MM/DD/YYYY] \$	
House #	Street Address		/	Date [MM/DD/YYYY] \$	
	· · · · · · · · · · · · · · · · · · ·	_ /			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		/	1000		
Full Name of Con Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address	/		Date [MM/DD/YYYY] \$	
		- Inc. 200			
City		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Con	tributing /	1965) (job) k	manus eminent of a project of the	Date [MM/DD/YYYY] \$	
Committee	1			20 € 10 € 10 € 10 € 10 € 10 € 10 € 10 €	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	A CONTRACTOR OF THE PROPERTY O	State	Zip Code	Date [MM/DD/YYYY] \$	
- 1000 ptite 1		4 5 5 CH4 5 15 5 CM	La compliante de la com		

#### 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: 9800273

Full Name of Contributor			Date [MM/DD/MMM]	
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/XXXX] S	
City De-reserved and a control of the control of th	State	Zip Code	Date [MM/DD/MYYY] 2	
Full Name of Contributor,			Date (MM/DD/MMM)	
House # Street Address			Date [MM/DD/MYY1] S	
(Gity	State	Zyp Code	Date [MM/DD/MYY4]	
Full Name of Contributors			Date [MM/DD/MM]   S	
House # Street Address			Date [MM/DD/MYYM] & S	
(Gfty)	State/	Zip Code	/Date (MM/DD/YYYY)	
Full Name of Contributor,			Date [MM/DD/MMM]	
House:#* Street Address			Date [MM/DD/YYYY] & S	
City (	State	Zip Gode	Date [MM/DD/YYYY]	
full Name of Contributor			Date [MM/Db/AAAA]	
House#: Sfreet Address			Date [MM/DD/AYYY]	\$65 I
city	State	Zip Code	Datë  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.

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iallikhməqf ContributingConmittee					
(Touson) Street Additions				Date (MM/JDD/AAAAA)	
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(kullikamegi ContributhgCommittee					(§),
(House(#) Street/Address				Date MM/DD/MMM	
<u>िविदेश</u>	Seft	Zip Gode			
Full Nemerof Contributing Committee				Date[[XIM/Jod/AAAA]]	8
fibuse## StreetAddress					S.
(Gity)	estate:	Z[pædele		Date(MM//DD/AYAAA)	<b>.5</b>

## 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)

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Filer Identification Number:	000000	<b>つ</b>
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	100	

	•••			
Full Name of Contributor.			*Date [MM/DD/YYYY] S	
House# Street Address			Date [MM/DD/\\Y\Y\]	
(Gity	State	Zip Code (	Dáte [MM/DD/YXXX] S	
Employer Name			Occupation	
Employer Mailing Address / s. Principal Place of Business				
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Employer Name	/	/	Occupation (	
Employer Malling Address // Principal Place of Business				
Hull Name of Contributor			Date [MM/DD/MM/]	
House # i Street Address			Date [MM/DD/YYYY] S	
(Gify)	State	Zip Code	Date [MM/DD/YYYY] S	
Employer/Name	(Service Original Physics 2)	1 SSKN-SKN-SKN-SKN-SKN-SKN-SKN-SKN-SKN-SKN	Occupation	
Employer: Mailing Address // Principal Place of Business				
Fulli Name of Contributor			(Date [MM/DD//MM] S	
House # Street Address			(Date [MM/DD/YYYY] S	
City :	State	Zip Code	Date [MM/DD/XXXY] S	
Employer Name	In willing on many Agency.	The state of the s	Occupation	
Employer Mailing Address // Principal Place of Business				

#### 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.

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House(3) Sur	eet/Address			
<u>Ĉity</u>		State	Zip Code	Date (MM//DD//YYYY)
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Full Name	6 1	<del>//</del>		
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Receipt Description		(ARRIGHED AND IN	- 连续对型间的转形之为 <sub>间</sub> 法	[RM+69]
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Receipt Description	Marie III		Code:	
Receipt Description				
HIIII/NEme				
House # Str	eet Address			
City	And the second s	State	Zip Code	Date [MM/DD//YYYY] 44
Receipt Description				
	<u> </u>			

#### 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

File dentification Number:	800273				
1 UNITEMIZED IN KIND CONTRIE	UTIONS RECEIVED: V	/ALUE OF \$50.00 0	OR LESS PER CONTRIE	BUTTOR	
TOTAL for the reporting period	(1)	\$			
				TO A ROW OF A COUNTY OF A COUN	
2. IN-KIND CONTRIBUTIONS REG			ROMIPAKUH)		
TOTAL for the reporting period	(2)	\$			
3. IN-KIND/GONTRIBUTION/REGE	MERZYMINE WAS DE	2EGGOMEDOM DAR			
TOTAL for the reporting period	(3)	\$			
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)		•			

## SCHEDULE II

#### PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filler/Heatton/Number 9800173

(RulliXermeo)/dontabutor	(Date (MIM/DD/MAM) S
Housest   Sireat/Address	Date [MM/(DD/\\\\\\\)] \$
City State ZipCode:	DECENTIVINO ON VIVANIE (2)
Description (Confidution )	
[Full Name of @ontributor/	(Date(MM/DD/MMM) S
HOUSE II. Street Address	Dete (MM/DD/AAAA) \$
Gity State Zip Code 19	Date  MM/pD///A/A/     \$
Description of Contribution	
Full Vamerof Contributor	[Date (MIN/ADD/MAM)]   S
House/fi Street/Address	Date(MM/DD/MAM)
Cty Serie ZipCode	*Date (MM//DD///////)  \$
Description of Contribution .	
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House#. Street-Address/	Date MM/DD/MMM - \$
(City   State   Zip(Code   Description)	Date [MM/DD/MMM]
Full:Name of Contributor	BDate IMM/DD/MYM] \$5
House # Street Address	Date [MM/DD/MMM] \$
City State Zip.code	Date IMM/DD/XXXXII \$
Pescription of Contribution	

## SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer identification Number:		
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	9800 L73	
<b>发展,我们们是对了一个人的人们的人们</b>		

Full Name of Contributor	Date [MM/DD/MM]
House # Street Address	Date (MM/DD/MM) \$
Gity, State Zip.Code	Date [MM/DD/WW] S
Employer Name	Occupation
Employer Malling Address // Principal Place of Business	Description : of Contribution :
Full Name of Contributor.	Date [MM/DD/WWM] \$
House # Street Address	Date [MM/DD/YYYY] \$
City Zip Code Zip Code	Date [MM/DD/WW] \$
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	Date MM/DD/YYYY) \$
Employer Name	Occupation +
Employer Mailing Address / Principal Place of Business	Description of Contribution
Full Name-of, Contributor	Date [MM/DD//WW] \$
House # Street Address	Date [MM/DD/WYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation)
Employer Mailing Address / Principal Place of Business	Description (Contribution (Con

# Statement of Expenditures

filler/dentification/Numbers 9800273

iowiem@ild	Commit	tep to Elect	Lydia Lathe	Date [MIM/[DD//AAAM]   \$	500,00
Forsak	Street Address		7 5-2 5-4	Description of expenditure	
(बार्फ्र)		State	Zdp (Gode)		
To Wiemszeltk				Detta (MIXI/DD/AAAAA) S	
House(i)	Street/Address			Description of Expanditure	
(diy		SFIC	Zdp €ode d		
िर्धालना हिन्दि				Date(MM/DDYAAAA) S	
	Street Addiress			Develotionoi#strenditute	
(विद्र)		State	(Ap) Code		
ारु Wirom Reid				Pate [MIXI/DD/AAAAA]   S	
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ार्छ\Whamikald				Date[[XIXY]DDYAXXXI] S	
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<b>ઉ</b>		Seic	ZIP (Code)		
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(jearoll	Street Address			Péstifptionol/Expenditure	
(dity)		State.	ZÍÞ Göða		
Jo∖WhomiRaid				Date[MM/DD/MAM] \$	·
(House(L)	Street Address			Description of Expenditure	
(City)		Sate:	ZiP Code		
ToWhom Paid :-				Date [MM/DD/MMM] S	
(House##	Street Address			Description of Expenditure	
(di <b>y</b> )		(State)	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.

4 Filer Identification Number: 9800273

Namezoi @reditor		Outstanding Balance of Debt
	et Address   DATE DEBT INGURRED   IMM/DD/YYYY)	\$ The state of the
City.	State Zip Gode	
Description of Debt		
Neineof@cdfor	Applifered to the State Control of the Control of t	Outstanding Balance of Debt
	et Address DATE DEBT INCURRED [MM/DD/YYYY]	<b>S</b>
City	State Zip Code	
Description of Debt		
Name of Graditor		Outstanding Balance of Debt
House# Stre	et Address  OATE DEBT INCURRED  (MM/DD/YYYY)	<b>5</b>
Gity	State Zip.	
Description of Debt	Louis And Annual Tomas And Annual Co.	(PSP4IV)
Name of Greditor		Outstanding Balance of Debt
House# Stre	et Address DATE DEBT:INCURRED [MM/DD/YYYY]	<b>§5</b>
City	State Zip Code	
Description of Debt		
Name of Geditor		Outstanding Balance of Debt
	et.Address DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
Gity	State - Zip Gode (a)	
Description of Debt 1.	1	
Name of Greditor		Outstanding Balance of Debt
	at Address DATE DEBT INCURRED [MM/DD/YYYY)	( \$ )   ( \$ )
		\$



#### **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:rasketampaignfinance@pa.gov">rasketampaignfinance@pa.gov</a>

2021 DEC -2 PM 2: 32

# Unsworn Declaration in Lieu of Sworn Statement for GANA 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				
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	☐ Cycle 3 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	☐ <b>Cycle 8</b> 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

Printed Name

Date (DD/MM/YYYY)

ocation (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) 2071 [2012] 2: 31

www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

, and

**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

Kevin PAStewka

Date (DD/MM/YYYY)

12/2/21

**Printed Name** 

Location (City/State/Country)

Erre, PA / Erre