Reset Form

Print Form



# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	Report Filed		ite	Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Table To the second	brea Hagerty-Ha	ynes	ga sa sa <u>sa sa s</u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	
Street Address	630 Edgeval	e Drive					
City Erie	<u> </u>	State	PA	Zip Code	16509		
Type of Report (Place x under report type)							
	Post 4-6th Tuesda		6- 30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday  Pre-Election	Special 30 Day Post-Election	
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	Liection				
Date Of Election (MM/DD/YYYY) 11/02/20	Year 21	2021	Amendment Report		Termination Report		
Summary of Receipts and From Date		ite	X X	For	Office Use Only		
Expenditures 10/19/2		11/22/2021					
A. Amount Brought Forward From Last Ro	eport \$	3807.09				160	
B. Total Monetary Contributions and Reco (From Schedule I)	eipts \$	940.00				: J : J • J	
C. Total Funds Available (Sum of Lines A and B)	\$	4747.09	]			) I we	
D. Total Expenditures	\$	2489.51					
(From Schedule III)  E. Ending Cash Balance	\$		-	ĵ			
(Subtract Line D from Line C)	1 A 1 A 2 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3	2257.58	: 3 : Us				
F. Value of In-Kind Contributions Receive (From Schedule II)		0.00				5-7	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
La Malaina Committee	inn hara If this is - 4	Affidavit Se			<del></del>		
Part 1- If this is a <b>Committee</b> report, treasurer solutions I swear (or affirm) that this report, including the	attached schedules	on paper, is to the	best of my knowle	dge and belief t	rue, correct and comple	ete.	
Sworn to and subscribed before me this		i	A. 11.	185	1.1/-	. 4 0	
day of20	- '1	$c \neq$	Signature	of Person Suhn	hitting report	ref	
		·	Aubre		gerty-HA	ymes	
Signature	. 1		214	Printed Nam	460.99-2	, 9	
My Commission expires MO. DAY	YR.	_	Area Code	Da	ytime Telephone Numb	er	
Part II- If this is a report of a Candidate's Author	rized Committee co	ndidate shall sign l	here.	<u>.                                      </u>			
I swear (or affirm) that to the best of my knowl amended.	edge and belief this	political committee	has not violated ar	ny provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as	
Sworn to and subscribed before me this							
day of20		_					
		,	Sig	gnature of Cand	idate		
Signature	Signature Printed Name						
My Commission expires MO. DAY	 YR.	-	Area Code	Day	time Telephone Numbe	 er	

#### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	

I de la constitución de la const		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	40.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	350.00
All Other Contributions (Part B)	\$	550.00
Total for the reporting period (2)	\$	900.00
3. Contributions Over \$250.00 (From Part C and Part D)	V V.	
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
Total for the reporting period (3)	\$	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	14.5	
Total for the reporting period (4)	\$	0.00
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)	\$	940.00

#### 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 Ide	entification Numb	ner							
in the second		A STATE OF S							Amount
End At	mp of Consult	ting · ·					Data (MARA/DD /range)	\$	Amount
Full Nar Commit	me of Contribut ittee		to Elect h	Kim Clear			Date [MM/DD/YYYY] 10/28/2021		100.00
House #	#	Street Address					Date [MM/DD/YYYY]	\$	1
	· · · · · · · · · · · · · · · · · · ·		60 Briar D	rive				[ ]	
City	Erie	·	State	РА	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Full Nar	me of Contribut	ting		1	<u> </u>		Date [MM/DD/YYYY]	\$	
Commit		AFSCME C	ouncil 13	3			10/28/2021	1	250.00
House #	#	Street Address	1 =	luo De 4 =	rivo		Date [MM/DD/YYYY]	\$	
		403	ı ⊏xecut	tive Park D	····ve				1
City	Harrisburg	· · · · · · · · · · · · · · · · · · ·	State	PA	Zip Code	17111	Date [MM/DD/YYYY]	\$	
	me of Contribut	ting	res á				Date [MM/DD/YYYY]	\$	
Commit	ttee							1	1
House #	#	Street Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	7
Part 4	mo of C	Ning 1					Dona fa en e Imm Imm -	<del>  _</del>	<u> </u>
Full Nan Commit	me of Contribut ittee	ung					Date [MM/DD/YYYY]	\$	
House #	#	Street Address					Date [MM/DD/YYYY]	\$	
	<u>.                                    </u>								<u></u>
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Nar Commit	me of Contribut ittee	ting	_ <b>_</b>				Date [MM/DD/YYYY]	\$	
House #	#	Street Address					Date [MM/DD/YYYY]	\$	
								] . ]	
City		<del></del>	State	T	Zip Code		Date [MM/DD/YYYY]	\$	
EII	mo of Carrin	ring					Data Issas Inn Anna		
Full Nar Commit	me of Contribut ittee	ung					Date [MM/DD/YYYY]	\$	
House #	#	Street Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
1			] ,	1	Ī	1	1	1 5	1

# 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 Identification Number:		
Sales and the sales and the sales are the sales and the sales are the sa		
■ 18.00% 無利益率 第2次2016年2月2日表現第2章		
· 中國軍事的問題的人的實際所有的企業的基本的企業。在1996年的開始的		

Full Name of Contril	butor			Date [MM/DD/YYYY]	\$
	Sean Su			11/1/2021	200.00
House #	Street Address		- I	Date [MM/DD/YYYY]	\$
	536	7 Frazier Street			
City Erie		State PA	<b>Zip Code</b> 16510	Date [MM/DD/YYYY]	\$
Full Name of Contri	outor?			Date [MM/DD/YYYY]	15"
	Marian Schmitt	Wolford & Matthey	w Wolford	10/25/2021	100.00
:House #	Street Address			Date [MM/DD/YYYY]	<b></b>
	638	W. 6th Street			
City Erie	12	State PA	<b>Zip Code</b> 16507	Date [MM/DD/YYYY]	\$
Full Name of Contri	outor :	Market and	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Date [MM/DD/YYYY]	\ <b>\$</b>
	Andrew J. Sisir	nni		10/29/2021	250.00
House #	Street Address		<u> </u>	Date [MM/DD/YYYY]	\$
		14 Griswold Plz			
City	and the same of th	State	Zip Code	Date [MM/DD/YYYY]	\$
Erie		PA	16501		
Full Name of Contri	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<b>3</b>
			i		
City	San La Strate Strate Co. 1226 Seed A SAN	State	Zip Code	Date [MM/DD/YYYY]	\$(
Full Name of Contri	butor			Date [MM/DD/YYYY]	<u> </u>
House #	Street Address			Date [MM/DD/YYYY]	<b>S</b>
			1		
City	The street When we can also	State	Zip Code	Date [MM/DD/YYYY]	1
				The second secon	1,000 2,000 1,400
Full Name of Contri	butor.			Date [MM/DD/YYYY]	<u>*</u> <b>\$</b>
House #	Street Address		·	Date [MM/DD/YYYY]	
City	Figure 1997 Control of the Control o	State	Zip Code	Date [MM/DD/YYYY]	<b>:</b>
					[168] [158]

#### 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:

	500 (1919) 500 (1919)				
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Addre	SS		Date [MM/DD/YYYY] \$	**************************************
City	Personal produces to year to	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Addre	SS		Date [MM/DD/YYYY] \$	
City	The progression and the control of t	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co				Date [MM/DD/YYYY] \$	
House #	Street Addre	SS		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	(2.4 (2.4 (2.4 (2.4 (2.4 (2.4 (2.4 (2.4	_		Date [MM/DD/YYYY] \$	
House #	Street Addre	SS A		Date [MM/DD/YYYY] \$	
City	tor paragraphy () 2000 d	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	4. 45				
House #	Street Addre			Date [MM/DD/YYYY] \$	
City Full Name of	6-6-1	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Contributing Co					
House #	Street Addre		7:624- 98	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)

_ open gran property in the control	COMPANY NAME OF THE PARTY.			Date [MM/DD/YYYY] \$	
Full Name of Cont	iributor (			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	March 1980 No. The configure Commission	State	Zip Code	Date [MM/DD/YYYY] \$	
				- - - - - - - - - - - - - -	
Employer Name				Occupation	
Employer Mailing Principal Place of				Parassa sagara d	
Full Name of Con	125 1 21 4 2 1 1 1	···		Date [MM/DD/YYYY] \$	
House #	Street Address	<del></del>		Date [MM/DD/YYYY] \$	
liouse #	Sireet Address				
City	THE SEPTIMENT   SECTION SERVICES	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Principal Place of					
Full Name of Con	tributor		<u> </u>	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	M2.PF3.BF3	State	Zip Code	Date [MM/DD/YYYY] \$	
City		State	Zip Code	_ pate [www/op/ a + 1]	
Employer Name	Contract the September Contract of the Contrac			Occupation	
Employer Mailing Principal Place of					
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
North Color					
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				######################################	
			The second	Occupation	
Employer Name					

#### 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.

Hier Identification Num				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	TENERS CONTROL OF THE		To the couple to strengt	
Full Name	2. A. O.			
House #	Street Address			
City (		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		in diament de	ver consist that	10.4
Full Name		`		
House #	Street Address			
City 0		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	VA 1965   1965	Light State	- Majori (18-40)	127.6]
Full Name		****		-
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				I L., all
Full Name				
House #	Street Address	P = -2 % 1	s=107200.01	The state of the page of the state of the st
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		ing the state of t	Server Council	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

#### 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:			
1. UNITEMIZED IN-KIND CONTRI	IBUTIONS RECEIVED-VALUE OF \$50	0.00 C	)R LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0
THE PRODUCTION PUNDS CONTRIBUTIONS DEC	PEIVED-VALUE OF \$50.01 TO \$250.	007E	
2. IN-KIND CONTRIBUTIONS REC	EIVEN-VALUE OF 330.01 IIO 3230.	100 (II)	TOW PART 17
TOTAL for the reporting period	(2)	\$	0
3 IN-KIND CONTRIBUTION RECE	EIVED-VALUE OVER \$250.00 (FROM	→ M PAR	TGI
11 15 15 15 15 15 15 15 15 15 15 15 15 1		A1 194 27 (12 1	
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTION		\$	
PERIOD (Add and enter amount totals for on Page 1, Report Cover Page, Item F)	Tom boxes 1, 2, and 5; also enter		0

# SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

Filer Identification Number:		

Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address	8 S		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] '\$	
Description of Contribution		***************************************		
Full Name of Contributor	. 1000 4		Date [MM/DD/YYYY] \$	
House # Street Address	1 S 10 S		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution		1		
Full Name of Contributor	,		Date [MM/DD/YYYY] \$	
House # Street Address	5		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution		•		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addres	Š		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addres	5		Date [MM/DD/YYYY] \$	
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:	
Full Name of Contributor	Date [MM/DD/YYYY] \$

Full Name of Cor	tributor		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$
				ATTEMATICAL ACTION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATIO
House # Street Address		Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		0		Occupation
SCHOOL STATE OF THE STATE OF TH	g Address / Principal	2 2 3 4		Description
Place of Busines	S in the second second second			of Contribution
Full Name of Co	ntributor	## · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
				1965 404
Employer Name	voje voje vjeta je sveta se slovenika. Odlava iz voje sa sveta se sta		,	Occupation
	ng Address / Principal	2 9 6.		Description
Place of Busines	<b>S</b> .			of Contribution
Full Name of Co	ntributor	27		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Fritzer (1.98) in gentler it ma	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		(A. S.	Country System (4)	Occupation
Employer Mailit	g Address / Principal	<u>.</u>	,	Description
Place of Busines	S			of 5 Contribution
Full Name of Co	ntributor	le		Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	[135, 35 th A 705 A	State	Zip Code	/Date [MM/DD/YYYY] \$
Employer Name			I to the same to t	Occupation
	ng Address / Principal			Description
Place of Busine	[하고] ::[[기계 : 10 - 10 - 10 ] : []	[4] [3]		of Contribution
■ 1. 17/2/5/2 (5) 35 V × 5		. 1		

# Statement of Expenditures

	•	
Filer Identification Number:		

To Whom Paid 28 Silkscreen Unlimited			Date [MM/DD/YYYY]   \$	
			10/22/2021	
1702 West 8th Street			Description of Expenditure	
City Erie	State F	PA	Zip Code 16505	Campaign Shirts
To Whom Paid Erie Times News		Date [MM/DD/YYYY]		
House # Street Address 2	205 W. 12th S	treet		Description of Expenditure
City Erie	State F	PA	Zip Code 16534	Advertising
To Whom Paid  Kelly Synergy Printing Solutions, LLC			Date [MM/DD/YYYY] \$ 220.48	
	802 West Lak	re Road		Description of Expenditure
City Erie	State   	PA	Zip Code 16534	Business/Information Campaign Cards
To Whom Paid Erie Times News				Date [MM/DD/YYYY] \$ 345.00
House # Street Address 2	05 W. 12th St	treet		Description of Expenditure
City Erie	State P	'A	Zip Code 16534	Advertising
To Whom Paid Act Blue Fees				Date [MM/DD/YYYY] \$ 1.73
				1 73
Act Blue Fees	State		Zip	11/9/2021 1.73
Act Blue Fees  House #  Street Address	State		- 1810 P. 5. 6 193 G. C. C. S. I	11/9/2021 1.73  Description of Expenditure
Act Blue Fees  House # Street Address  City	Statė		- 1810 P. 5. 6 193 G. C. C. S. I	11/9/2021 1.73  Description of Expenditure  Online Donation Fees
Act Blue Fees  House # Street Address  City  To Whom Paid	State State		- 1810 P. 5. 6 193 G. C. C. S. I	11/9/2021 1.73  Description of Expenditure  Online Donation Fees  Date [MM/DD/YYYY] \$
Act Blue Fees  House # Street Address  City  To Whom Paid  House # Street Address			Code	11/9/2021 1.73  Description of Expenditure  Online Donation Fees  Date [MM/DD/YYYY] \$
Act Blue Fees  House # Street Address  City  To Whom Paid  House # Street Address  City			Code	Description of Expenditure  Online Donation Fees  Date [MM/DD/YYYY] \$  Description of Expenditure
Act Blue Fees  House # Street Address  To Whom Paid   House # Street Address  City			Code	Description of Expenditure  Online Donation Fees  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure
Act Blue Fees	State		Zip Code	Description of Expenditure  Online Donation Fees  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure
House # Street Address  City  To Whom Paid  City  To Whom Paid  To Whom Paid  City  Street Address  City  Street Address  City	State		Zip Code	Description of Expenditure  Online Donation Fees  Date [MM/DD/YYYY] \$  Description of Expenditure  Date [MM/DD/YYYY] \$  Description of Expenditure

#### 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:

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
		THE STREET WAS A STREET OF THE STREET	
City	30 (SEE SEC.)	State Zip Code	
Description of Debt		(2006年) (1907年) (190774) (190774) (190774) (190774) (190774)	
			Outstanding Balance of Debt
Name of Creditor		DATE DEBT INCURRED	Market Control of the Control of the Control
House #	Street Address	[MM/DD/YYYY]	<b>\$</b>
	20 N N N N N N N N N N N N N N N N N N N		
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt		Code	選集
Name of Creditor	POMENTAL DE LA COMPANIA DE LA COMPAN	**-	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	\$
i i		[MM/DD/YYYY]	
City		State Zip	
Description of Debt	120 (42)(14)(1	Code	
			<u></u>
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt	(44,500) (5,000) (5,000)	本本語機能が形象を	Lyanica I
Name of Carla			Outstanding Balance of Debt
Name of Creditor	クリスタイ (大学教徒)   日本教徒   日本教徒 (大学大学)	DATE DEBT INCURRED	S
House #	Street Address	[MM/DD/YYYY]	
AMERICAN S	1		60.00 - 0.00 - 0.00
City		State Zip Code	
Description of Debt		1	1
<b>不要的人更是不</b> 这个	(2.75) (		



# 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	st		
Programme and the control of the con	s kiji juganga na 1985 sa sa sa njigar sa sawa.	Aubrea F		ty-Ha	ynes
Reporting Cycle					
□ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	□ <b>Cycle 2</b> 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	Cycle 7 Annual Report	☐ <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special	Election	4	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

Date (DD/MM/YY

· Maciulewicz

Erie PA USA

**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

Date (DD/MM/YYYY)

Thorea Managy 1

Printed Name

Location (City/State/Country)