



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	KARLA L. JEFFERY (CLERK OF RECORDS)							
Street Address	2612 EAST 33RD STREET							
City	ERIE	State	PA	Zip Code	16510			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/02/2021		Year	2021		Amendment Report	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/19/2021	12/02/2021	
A. Amount Brought Forward From Last Report	\$	593.05	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,395.01	
C. Total Funds Available (Sum of Lines A and B)	\$	1,988.06	
D. Total Expenditures (From Schedule III)	\$	1,988.06	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.

Signature of Person Submitting report_____
Printed Name

814

Area Code

823-5334

Daytime Telephone 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 this

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.

Signature of Candidate_____
Printed Name

Area Code

Daytime Telephone Number

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)

Filer Identification Number:	KARLA L. JEFFERY (CLERK OF RECORDS)
-------------------------------------	-------------------------------------

Full Name of Contributor						Date [MM/DD/YYYY]		\$	1,395.01
PATRICK TWOHIG AND KARLA L. JEFFERY						10/30/2021			
House #	2612	Street Address				Date [MM/DD/YYYY]		\$	
		EAST 33RD STREET							
City	ERIE	State	PA	Zip Code	16510	Date [MM/DD/YYYY]		\$	
Employer Name		COUNTY OF ERIE				Occupation		SR. CRIM. RECORDS CLERK/RETIRED	
Employer Mailing Address / Principal Place of Business		140 WEST 6TH STREET, ERIE, PA 16501							
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									
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									
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									

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	KARLA L. JEFFERY (CLERK OF RECORDS)		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
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 C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	1,395.01
Total for the reporting period		(3)	\$ 1,395.01
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	1,395.01

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	KARLA L. JEFFERY (CLERK OF RECORDS)
-------------------------------------	-------------------------------------

To Whom Paid		ERIE TIMES NEWS / USA TODAY				Date [MM/DD/YYYY]	\$	517.50
						10/22/2021		
House #	330	Street Address	E KILBOURN AVENUE, SUITE 500			Description of Expenditure		
City	MILWAUKEE	State	WI	Zip Code	53202	CAMPAIGN AD (10/10/21, 10/14/21 AND 10/16/21)		
To Whom Paid		ERIE TIMES NEWS / USA TODAY				Date [MM/DD/YYYY]	\$	202.50
						10/22/2021		
House #	330	Street Address	E KILBOURN AVENUE, SUITE 500			Description of Expenditure		
City	MILWAUKEE	State	WI	Zip Code	53202	CAMPAIGN AD (10/23/21, 10/24/2021 AND 10/27/21)		
To Whom Paid		ERIE TIMES NEWS / USA TODAY				Date [MM/DD/YYYY]	\$	365.00
						11/10/2021		
House #	330	Street Address	E KILBOURN AVENUE, SUITE 500			Description of Expenditure		
City	MILWAUKEE	State	WI	Zip Code	53202	CAMPAIGN AD (10/30/21 AND 10/31/21)		
To Whom Paid		UNITED STATES POSTAL SERVICE				Date [MM/DD/YYYY]	\$	480.00
						10/22/2021		
House #	2108	Street Address	EAST 38TH STREET			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16515	POSTAGE		
To Whom Paid		WALMART				Date [MM/DD/YYYY]	\$	52.77
						10/22/2021		
House #	2711	Street Address	ELM STREET			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16504	CAMPAIGN MATERIALS: INK, LABELS, CARDS		
To Whom Paid		WALMART				Date [MM/DD/YYYY]	\$	30.63
						10/23/2021		
House #	2711	Street Address	ELM STREET			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16504	INK		
To Whom Paid		WALMART				Date [MM/DD/YYYY]	\$	30.63
						10/23/2021		
House #	5741	Street Address	BUFFALO ROAD			Description of Expenditure		
City	HARBORCREEK	State	PA	Zip Code	16421	INK		
To Whom Paid		WALMART				Date [MM/DD/YYYY]	\$	46.53
						10/24/2021		
House #	1825	Street Address	DOWNS DRIVE			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16509	INK		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	KARLA L. JEFFERY (CLERK OF RECORDS)
-------------------------------------	-------------------------------------

To Whom Paid		UNITED STATES POSTAL SERVICE				Date [MM/DD/YYYY]	\$	56.00
						10/25/2021		
House #	2108	Street Address	EAST 38TH STREET			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16515	POSTAGE		
To Whom Paid		UNITED STATES POSTAL SERVICE				Date [MM/DD/YYYY]	\$	24.00
						10/25/2021		
House #	2108	Street Address	EAST 38TH STREET			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16515	POSTAGE		
To Whom Paid		ERIE TIMES NEWS / USA TODAY				Date [MM/DD/YYYY]	\$	182.50
						12/01/2021		
House #	330	Street Address	E KILBOURN AVE., SUITE 500			Description of Expenditure		
City	MILWAUKEE	State	WI	Zip Code	53202	CAMPAIGN AD (11/01/2021)		
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				



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

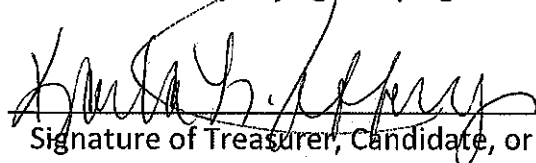
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

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, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-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

KARLA L Jeffery
Printed Name

12-02-2021
Date (DD/MM/YYYY)

ENIE PA
Location (City/State/Country)