



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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		FRIENDS TO ELECT KIRK McCASLIN						
Street Address		4737 NORTH WAYSIDE DRIVE						
City	ERIE	State	PA	Zip Code	16505			
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		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only				
		10/18/2021	11/30/2021					
A. Amount Brought Forward From Last Report		\$	5,666.72					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	4,200.00					
C. Total Funds Available (Sum of Lines A and B)		\$	9,866.72					
D. Total Expenditures (From Schedule III)		\$	8,238.97					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	1,627.75					
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 LEN WEIDNER Printed Name 814 _____ 969-0917 Area Code 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 KIRK McCASLIN Printed Name 814 _____ 434-9609 Area Code Daytime Telephone Number						

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 1,050.00
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)			\$ 650.00
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)			\$ 2,500.00
Total for the reporting period		(3)	\$
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>			\$ 4,200.00



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

2021 DEC -2 3:03

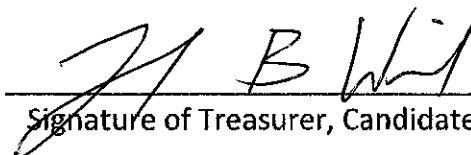
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

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 checked="" 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

LEN WEIDNER

Printed Name

12/1/2021

Date (DD/MM/YYYY)

ERIE, PA USA

Location (City/State/Country)



Pennsylvania Department of State

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2021-07-12 11:03:33

12/1/2021

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

12/1/2021

Date (DD/MM/YYYY)

KIRK McCASLIN

Printed Name

ERIE, PA USA

Location (City/State/Country)

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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											Amount		
Full Name of Contributing Committee						Date [MM/DD/YYYY]					\$		
House #						Street Address					Date [MM/DD/YYYY]	\$	
City					State				Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]					\$		
House #						Street Address					Date [MM/DD/YYYY]	\$	
City					State				Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]					\$		
House #						Street Address					Date [MM/DD/YYYY]	\$	
City					State				Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]					\$		
House #						Street Address					Date [MM/DD/YYYY]	\$	
City					State				Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]					\$		
House #						Street Address					Date [MM/DD/YYYY]	\$	
City					State				Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]					\$		
House #						Street Address					Date [MM/DD/YYYY]	\$	
City					State				Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]					\$		
House #						Street Address					Date [MM/DD/YYYY]	\$	
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:											
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Full Name of Contributor		WILLIAM & MARY BRAHAM				Date [MM/DD/YYYY]		\$		100.00	
						10/16/2021					
House #	4738	Street Address		NORTH WAYSIDE DR				Date [MM/DD/YYYY]		\$	
City	ERIE	State		PA	Zip Code		16505	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		JEFFREY J. COLE				Date [MM/DD/YYYY]		\$		200.00	
						10/10/2021					
House #	3741	Street Address		LOCHIEL AVE				Date [MM/DD/YYYY]		\$	
City	ERIE	State		PA	Zip Code		16505	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		MARK & STEPHANIE SIGNORINO				Date [MM/DD/YYYY]		\$		100.00	
						10/16/2021					
House #	1308	Street Address		ASBURY RD				Date [MM/DD/YYYY]		\$	
City	ERIE	State		PA	Zip Code		16505	Date [MM/DD/YYYY]		\$	
Full Name of Contributor		JOHN MARSDEN				Date [MM/DD/YYYY]		\$		250.00	
						11/01/2021					
House #	1103	Street Address		POWELL AVE				Date [MM/DD/YYYY]		\$	
City	ERIE	State		PA	Zip Code		16505	Date [MM/DD/YYYY]		\$	
Full Name of Contributor						Date [MM/DD/YYYY]		\$			
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/YYYY]		\$	
City		State			Zip Code			Date [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.

Filer Identification Number:	
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Full Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		Date [MM/DD/YYYY]		\$	
House #	Street Address	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)

Filer Identification Number:	
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Full Name of Contributor		MILLCREEK POLICE ASSOCIATION				Date [MM/DD/YYYY]	\$	500.00
						10/21/2021		
House #	3608	Street Address	W. 26th ST.			Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16506	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		PAUL NELSON				Date [MM/DD/YYYY]	\$	1,000.00
						10/26/2021		
House #	6900	Street Address	PINEGATE RD			Date [MM/DD/YYYY]	\$	
City	FAIRVIEW	State	PA	Zip Code	16415	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		PETER FEDORKO				Date [MM/DD/YYYY]	\$	1,000.00
						10/26/2021		
House #	2500	Street Address	SOUTH SHORE DR			Date [MM/DD/YYYY]	\$	
City	ERIE	State	PA	Zip Code	16505	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								

PART 7

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 Number:

Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
Full Name									
House #		Street Address							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Receipt Description									
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 CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				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 Address				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 Address				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 Address				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 Address				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:	
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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/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/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/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			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		PRINTING CONCEPTS				Date [MM/DD/YYYY]	\$	5,800.81
						10/27/2021		
House #	4982	Street Address	PACIFIC AVE			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16506	CAMPAIGN POSTCARDS & MAILING		
To Whom Paid		PROFORMA BOLLHEIMER & ASSOCIATES				Date [MM/DD/YYYY]	\$	1,228.83
						11/05/2021		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		YARD SIGNS		
To Whom Paid		PERFORMA BOLLHEIMER & ASSOCIATES				Date [MM/DD/YYYY]	\$	126.98
						11/05/2021		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		CAMPAIGN BUTTONS		
To Whom Paid		KIRK McCASLIN				Date [MM/DD/YYYY]	\$	41.00
						11/05/2021		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		OFFICE SUPPLIES		
To Whom Paid		KIRK McCASLIN				Date [MM/DD/YYYY]	\$	344.71
						11/05/2021		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		FUNDRAISER		
To Whom Paid		KIRK McCASLIN				Date [MM/DD/YYYY]	\$	324.36
						11/05/2021		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		CAMPAIGN SHIRTS		
To Whom Paid		KIRK McCASLIN				Date [MM/DD/YYYY]	\$	63.60
						11/05/2021		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		CAMPAIGN MAGNETS		
To Whom Paid		KIRK McCASLIN				Date [MM/DD/YYYY]	\$	308.68
						11/05/2021		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		PALM CARDS, YARD STAKES, POST ELECTION		

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:	
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
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							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
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							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
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							