

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

Number Mark X	Filer Identification		Repo	ort Filed B		Candida	ite		Comm		_			Lob	byist	
Street Address		ndidata or	(Ma	rk x)				<u></u>								1
Type of Report (Place x under report type) 1. 6 th Tuesday 2. 2 ^{ch} Friday 3- 30 Day Post 4- 6 th Tuesday 5- 2 ^{ch} Friday Pre-Biction P	Lobbyist	muluate of	FRIEN	DS TO ELEC	CT KIRK I	McCASLI	N									
Type of Report (Place x under report type) 1. 6th Tuesday 2- 2th Friday 3- 30 Day Post 4- 6th Tuesday 5- 2th Friday 7- Annual 5- Friday 7- Annual 5- Friday 7- Annual	Street Address		4737	NORTH WA	YSIDE D	RIVE								,		
1. 6th Tuesday 2. 2th Friday 3- 30 Day Post 4- 6th Tuesday 5. 2th Friday 6- 30 Day Post 7- Annual Special 2th Friday Pre-Election Pre-Elec	City ERIE		·			State	PA		Zip Co	de	1650	05	•			T-17-1-U
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Summary of Receipts and Expenditures To Date					200			· ·			1 -				4	•
Summary of Receipts and Expenditures To Date																
Summary of Recelpts and Expenditures 10/18/2021 11/30/2021 11/3	· ·	11/02/2021	Year				1	ent			1		tion			
Superior			<u> </u>				Keport				1					
A. Amount Brought Forward From last Report B. Total Monetary Contributions and Receipts From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule III) G. Utipaid Debts and Obligations (From Schedule III) G. Utipaid Debts and Obligations (From Schedule III) G. Utipaid Debts and Obligations Signature My Commission expires MO. DAY YR. Area Code Baytine Telephone Number Signature Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. 1 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 Signature My Commission expires MO. DAY YR. Baytine Telephone Number Signature Frinted Name Signature Signature of Candidate Signature of Candidate Signature of Candidate Noward of Signature of Candidate Signature of Candidate Signature of Candidate Noward of Candidate Noward of Candidate Frinted Name Signature of Candidate Noward of Candidate Noward of Candidate Signature of Candidate Novard Noward		From Date		To Date	!			·		For	Office	Use	Only			
S. Total Monetary Contributions and Receipts (From Schedule I) S. 4,200.00	- Lapendicules	10/18/2021		11,	/30/202	1			٠		* * *		·			
From Schedule I)	A. Amount Brought Forward F	rom Last Report	\$	5	,666.72											
C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule III) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1. 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	-	ns and Receipts	\$	4	,200.00								Į.			
Summarian Summ			\$	_									11,000	grape and		
From Schedule III S. From Schedule III				9	,866.72											
E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1- 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		tala en e	\$	8	,238.97									183		
F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Affidavit Section Part 1- 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	E. Ending Cash Balance		\$	1	627 75									1. 1		
Crom Schedule II) Compaid Debts and Obligations Some Affidavit Section		ns Received	5	_												
Affidavit Section Part 1- 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	(From Schedule II)				0									ilai Kat		
Affidavit Section Part 1- 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		ons	\$!	0								13.5	()		
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			1		Aff	idavit Sed	ction									
Sworn to and subscribed before me this day of	Part 1- If this is a Committee repor	t, treasurer sign h	ere. If th	nis is a Can	didate r	eport, ca	ındidate sign	here.						·	•	
Aday of			ched sci	hedules on	paper,	is to the	best of my k	nowled	ge and be	elief tr	ue, co	rrect	and comple	ete.	-	
Signature Signature Printed Name My Commission expires MO. DAY YR. MO. DAY YR. 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) amended. Sworn to and subscribed before me this				_				21	R	1		1				
Signature My Commission expires MO. DAY YR. 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) amended. Sworn to and subscribed before me this day of20	day of	20	_			_	Sig	nature o	of Person	Subm	itting	renor	•			
My Commission expires	C:		_	'n		LE						. ~p~1	-			
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) a amended. Sworn to and subscribed before me this	Signature			, 1		_	_		Printed							
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) amended. Sworn to and subscribed before me this		DAY V	_			****		_	-							
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) amended. Sworn to and subscribed before me this	MQ.	MO. DAY YR. Area Code Daytime Telephone Number														
Sworn to and subscribed before me this day of 20 Signature of Candidate KIRK McCASLIN Printed Name My Commission expires 814 434-9609	Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.															
Musticestan Signature of Candidate		of my knowledge a	nd beli	ef this poli	tical con	nmittee l	has not viola	ted any	provisio	ns of t	he Act	of Ju	ne 3, 1937	(P.L. 13	33, NO.3	(20) as
Signature of Candidate KIRK McCASLIN Printed Name My Commission expires 814 434-9609	Sworn to and subscribed before me	e this					1/		,		//	1				
KIRK McCASLIN Printed Name	day of	20	_	1			jour	m	rl	en	u	4				
Signature Printed Name My Commission expires 814 434-9609].			V B Soc S C L 15	~	ature of (Candio	late					
My Commission expires	Signature		-			KI	N IVICCASLIN		Printed N	lame						
	My Commission evolves			• •		81	.4			434-96	509					
and the second s		DAY YR.				A	rea Code	-	-	Dayt	ime Te	elepho	ne Numbe	r		
Toward Butterile (Cichilete Mullipe)	My Commission expires	DAY YR.	-	.		81	.4			434-96		elepho	ne Numbe	r		

SCHEDULE I Contributions and Receipts

Detailed Summary Page

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)		_	<u> </u>
Contributions Received from Political Committees (Part C)		\$	
Contributions Received from Political Committees (Part C)		\$	2,500.00
	(3)		2,500.00
Contributions Received from Political Committees (Part C) All Other Contributions (Part D) Total for the reporting period		\$	2,500.00
Contributions Received from Political Committees (Part C) All Other Contributions (Part D)		\$	2,500.00



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 tray -2 -2: 0: 0:

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	ididate, or Lobby	/ist		
Reporting Cycle	Name				
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5
6 th Tuesday	2 nd Friday	30 Day	6 th T	uesday	2 nd Friday
Pre-Primary	Pre-Primary	Post Primary	Pre-l	Election	Pre-Election
☑ Cycle 6	☐ Cycle 7	☐ Cycle 8	1	☐ Cy	cle 9
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	l Election	30 Day Po	st-Special Election
Part I - If this form this form is submit is submitted with a I declare under pe	ted with a Candid a report by a cont	date report, the cal tributing lobbyist,	ndidate i the lobb	must sign h yist must si	nere. If this report ign here.
that the accompa					-
1	BWI	,		12/1/20	021
Signature of Trea	asurer, Candidate	e, or Lobbyist	C	ate (DD/N	1M/YYYY)
LEN WEIDNE	R			ERIE, PA	USA
Pr	inted Name	Locat	ion (City/S	tate/Country)	

:	



Pennsylvania Department of State

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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.

Janua Conlin	12/1/2021
Signature of Treasurer, Candidate, or Lobbyist	Date (DD/MM/YYYY)
KIRK McCASLIN	ERIE, PA USA
Printed Name	Location (City/State/Country)



PARTA

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

<u> </u>							,
						_	Amount
Full Na Comm	ame of Contributing nittee	. •			Date [MM/DD/YYYY]	\$.	
House	# Stre	eet Address			Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Na Commi	ame of Contributing littee			***************************************	Date [MM/DD/YYYY]	\$	
House	# Stre	eet Address	***************************************		Date [MM/DD/YYYY]	\$	
City			State	Zip Code	 Date [MM/DD/YYYY]	\$	
Full Na Commi	ame of Contributing littee				Date [MM/DD/YYYY]	\$	
House	# Stre	eet Address			Date [MM/DD/YYYY]	\$	
City		!	State	Zip Code	 Date [MM/DD/YYYY]	\$	
Commi					Date [MM/DD/YYYY]	\$	
House	# Stree	et Address			Date [MM/DD/YYYY]	\$	
City			State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Nat Commit	me of Contributing ittee				Date [MM/DD/YYYY]	\$	
House #	# Stree	et Address		-	Date [MM/DD/YYYY]	\$	
City		S	State	Zip Code	Date [MM/DD/YYYY]	\$	
Commit					Date [MM/DD/YYYY]	\$	
House #	Stree	et Address			Date [MM/DD/YYYY]	\$	
City		S	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	n Number:					
Full Name of Co	ntributor	Y		Date [MM/DD/YYYY]	\$	
Full Ivalitie OT CO	WILLIAM & MA	RY BRAHAM			100.00	
			10/16/2021			
House # 4738	Street Address	ORTH WAYSIDE DR		Date [MM/DD/YYYY]	\$	
City ERIE		State PA	Zip Code 16505	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
A CONTRACTOR OF THE	JEFFREY J. COLE	<u> </u>		10/10/2021		200.00
House #				Date [MM/DD/YYYY]	\$	
3741	Street Address	OCHIEL AVE		page banadant (1-10)		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
ERIE		PA	16505	- wee framed and s 1 1 1 1	້	
Full Name of Co	ntributor		l martin mari	Date [MM/DD/YYYY]	\$	
	The second secon	IANIE SIGNORINO		10/16/2021	7 1	100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
1308		SBURY RD			7	- Angelinean
City	1 27,32	State	Zip Code	Date [MM/DD/YYYY]	\$	
ERIE		PA	16505]	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
	JOHN MARSDEI	N		11/01/2021		250.00
House #	Street Address	·,		Date [MM/DD/YYYY]	\$	
1103	PC	OWELL AVE				1
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
ERIE		PA	16505			A STATE OF THE STA
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
						n in the second
House #	Street Address			Date [MM/DD/YYYY]	\$	
						•
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
					لننا	
Full Name of Co	ntributor		 _	Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	. \$	
*		1 1	1	1	1 .	i .

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

North and Springs of					
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY]	<u>. </u>
House #	Street Address	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		11 1			1 · · · · · · · · · · · · · · · · · · ·
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	5
House #	Street Address	s	**************************************	Date [MM/DD/YYYY]	\$
		. [·	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of		A 1 1 1 1 1			
Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Address	*		Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	. .
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$.
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	>mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1	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:

Full Name of Contri	butor				Date [MM/D	O/YYYY]	\$	
MILLCREEK POLICE ASSOCIATION					10/21/	***		500.00
louse # Street Address					Date [MM/DI	D/YYYY]	\$	
3608		/. 26th ST.						
City ERIE	<u></u>	State PA	Zip Code	16506	Date [MM/D	D/YYYY]	\$	
Employer Name			عصفه مستال بالمسالح السا	L	Occupation			l
Employer Mailing A Principal Place of Bi						<u> </u>		
Full Name of Contri					Date [MM/D	D/YYYY]	\$	
	PAUL NELSON				10/26/	2021		1,000.00
House # 6900	Street Address	INEGATE RD	<u>, , , , , , , , , , , , , , , , , , , </u>		Date [MM/D	D/YYYY]	\$	
City FAIRVIEW	<u>l:</u>	State PA	Zip Code	16415	Date [MM/D	D/YYYY]	\$	
Employer Name		•			Occupation		<u></u>	<u> </u>
Principal Place of B	usiness				Date [MM/D	D/YYYY1	s	
Principal Place of B	usiness butor	ко			Date [MM/D		\$	1,000.00
Principal Place of Bu Full Name of Contri	usiness butor	ко				2021	\$	1,000.00
Principal Place of Bu Full Name of Contri	butor PETER FEDOR Street Address	KO OUTH SHORE DR			10/26/	2021		1,000.00
House #	butor PETER FEDOR Street Address	OUTH SHORE DR	Zip Code	16505	10/26/	2021 D/YYYY]		1,000.0G
Principal Place of Br Full Name of Contri House # 2500 City ERIE Employer Name	butor PETER FEDOR Street Address S	OUTH SHORE DR	Zip Code	16505	10/26/ Date [MM/D	2021 D/YYYY]	\$	1,000.00
Principal Place of Br Full Name of Contri House # 2500 City ERIE Employer Name Employer Mailing A	butor PETER FEDOR Street Address S	OUTH SHORE DR	Zip Code	16505	Date [MM/D Date [MM/D Occupation	2021 D/YYYY]	\$	1,000.00
Principal Place of Br Full Name of Contri House # 2500 City ERIE Employer Name	butor PETER FEDOR Street Address S ddress / usiness	OUTH SHORE DR	Zip Code	16505	Date [MM/D Date [MM/D Occupation	2021 D/YYYY] D/YYYY]	\$	1,000.00
Principal Place of Br Full Name of Contri House # 2500 City ERIE Employer Name Employer Mailing A Principal Place of Br	butor PETER FEDOR Street Address S ddress / usiness	OUTH SHORE DR	Zip Code	16505	Date [MM/D Date [MM/D Occupation	2021 D/YYYY] D/YYYY]	\$	1,000.00
Principal Place of Br Full Name of Contri House # 2500 City ERIE Employer Name Employer Mailing A Principal Place of Br	butor PETER FEDOR Street Address S S S S S S S S S S S S	OUTH SHORE DR	Zip Code	16505	Date [MM/D Date [MM/D Occupation	D/YYYY]	\$	1,000.00
Principal Place of Bu Full Name of Contri House # 2500 City ERIE Employer Name Employer Mailing A Principal Place of Bu Full Name of Contri	butor PETER FEDOR Street Address S ddress / usiness butor	OUTH SHORE DR	Zip Code	16505	Date [MM/D Date [MM/D Occupation	D/YYYY] D/YYYY]	\$	1,000.00
Principal Place of Br Full Name of Contri House # 2500 City ERIE Employer Name Employer Mailing A Principal Place of Br Full Name of Contri House # 1	butor PETER FEDOR Street Address S S S S S S S S S S S S	OUTH SHORE DR State PA		16505	Date [MM/D Date [MM/D Occupation Date [MM/D	D/YYYY] D/YYYY]	\$	1,000.00

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	per:			
		en e		
Full Name House #				
Terror terror pers	N. P.			
House #	Street Address			
City		State	Zîp	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name	14 - 14 - 15 - 15 - 15 - 15 - 15 - 15 -			
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Receipt Description			<u> </u>	I I
Full Name				
				APPARATE AND
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description		<u> </u>		<u> </u>
Full Name			· · · · · · · · · · · · · · · · · · ·	
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description		<u></u>	<u> </u>	
Full Name				
		,	,	
House #	Street Address			:
City		State	Zip	Date [MM/DD/YYYY] \$
	· ·		Code	
Receipt Description				
Full Name	1			
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
	N. 1 N. 1		Code	
Receipt Description				-

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

Filer Identification Number:		
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VA	ALUE OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.0	01 TO \$250.00 (FROM PART F)
TOTAL for the reporting period	(2)	\$
3. IN-KIND CONTRIBUTION RECO	EIVED-VALUE OVER \$25	50.00 (FROM PART G)
TOTAL for the reporting period	(3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)		· · · · · · · · · · · · · · · · · · ·

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	Number:				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution	age:			I
Full Name of Co	ntributor	- I		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	ontribution				
Full Name of Co	ntributor	· (2)		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S
Description of C	ontribution	· ·	Line in the second second		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	.\$ 1
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	.\$\.\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Description of C	ontribution				[:
Full Name of Co	ntributor	24		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
	Juicet Addiess			Parent Franch and 11111	
City	L'in grant a see	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				
		·			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		,		
	·			
Full Name of Contributor			Date [MM/DD/YYYY]	Ś

					
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
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nouse #	Street Address			Date [www.DD/1111] 3	
City		State	Zip Code	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
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Employer Name	e			Occupation	
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Place of Busine				of	
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House #	Street Address			Date [MM/DD/YYYY] \$	
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City		State	Zip Code	Date [MM/DD/YYYY] \$,
Employer Name		+	5 5	Occupation	
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•		1		Contribution	

Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	V				Date [MM/DD/YYYY]	\$	
	PRINTING CONCEPTS				10/27/2021	5,800.81	
House # 4982	Street Address	t Address PACIFIC AVE			Description of Expendi	ture	
City ERIE State PA Zip Code 16506				5506	CAMPAIGN POSTCARDS & MAILING		
To Whom Paid	PROFORMA BOLLHE	INAED & ASSOCIATES			Date [MM/DD/YYYY]	\$	
	T NOT ONWIA BOLLINE	SIVIER & ASSOCIATES			11/05/2021	1,228.83	
House #	Street Address				Description of Expendit	ure	
City	•	State	Zip Code		YARD SIGNS		
To Whom Paid	PERFORMA BOLLHEI	MED & ACCOCIATES			Date [MM/DD/YYYY] \$		
		INER & ASSOCIATES			11/05/2021		
House #	louse # Street Address				Description of Expendit	ure	
City		State	Zip Code		CAMPAIGN BUTTONS		
To Whom Paid	WIDE A CACAMA			." .	Date [MM/DD/YYYY]	\$	
	KIRK McCASLIN				11/05/2021	41.00	
House # Street Address					Description of Expendit		
City	ty State Zip Code				OFFICE SUPPLIES		
To Whom Paid							
	VIDY MCCASI IN				Date [MM/DD/YYYY]	\$	
graph and the second	(14)				Date [MM/DD/YYYY] 11/05/2021	344,71	
House #	Street Address					344.71	
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House #	Street Address	State			11/05/2021 Description of Expendite	344.71 ure	
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House # City To Whom Paid House # City To Whom Paid House #	Street Address	State	Zip Code		11/05/2021 Description of Expenditum FUNDRAISER Date [MM/DD/YYYY] 11/05/2021 Description of Expenditum CAMPAIGN SHIRTS Date [MM/DD/YYYY] 11/05/2021 Description of Expenditum CAMPAIGN MAGNETS Date [MM/DD/YYYY]	\$ 324.36 ure \$ 63.60 ure \$ 308.68	
House # City To Whom Paid House # City To Whom Paid City To Whom Paid	Street Address KIRK McCASLIN Street Address KIRK McCASLIN Street Address	State	Zip Code		11/05/2021 Description of Expenditum FUNDRAISER Date [MM/DD/YYYY] 11/05/2021 Description of Expenditum CAMPAIGN SHIRTS Date [MM/DD/YYYY] 11/05/2021 Description of Expenditum CAMPAIGN MAGNETS Date [MM/DD/YYYY] 11/05/2021	\$ 324.36 ure \$ 63.60 ure \$ 308.68	

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.

Name of Credit				Outstanding Balance of Debt
House #	Street Address	at Address DATE DEBT INCURRED [MM/DD/YYYY]		\$
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City	And the state of t	State	Zip	
Description of I			Code	
Name of Credit	or and	" , i -	<u>,</u>	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
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City		State	Zip	- :::
	Tahè .		Code	
Description of [peni			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		Į	[MM/DD/YYYY]	
13, 8 To 1	s October 1 sept 1			1. 1
City		State	Zip Code	
Description of C	Debt	<u></u>		
Name of Credit	or Maria	<u> </u>		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		<u></u>	[MM/DD/YYYY]	
City		State	Zip	
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Description of [DATE DEBT INCURRED	\$
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Description of I	tor	State	DATE DEBT INCURRED [MM/DD/YYYY]	\$
Description of I Name of Credit House #	Street Address		DATE DEBT INCURRED	\$
Description of I Name of Credit House # City Description of I	Street Address Debt		DATE DEBT INCURRED [MM/DD/YYYY]	\$
Description of I Name of Credit House # City	Street Address Debt		DATE DEBT INCURRED [MM/DD/YYYY] Zip Code	\$
Description of I Name of Credit House # City Description of I	Street Address Debt		DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED	\$
Description of I Name of Credit House # City Description of I	Street Address Debt		DATE DEBT INCURRED [MM/DD/YYYY] Zip Code	Substanding Balance of Debt
Description of I Name of Credit House # City Description of I	Street Address Debt Street Address		DATE DEBT INCURRED [MM/DD/YYYY] Zip Code DATE DEBT INCURRED	Substanding Balance of Debt