

Print Form



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

Filer Identificat	ion						Filed E			ndida	u legible.	I 7				1,	1 -6-1-		
Number						jork)		>y	Car	nuia	ite .	X	COM	mittee	•		Lobb	yist	
Name of Filing	Committe	ee, Ca	ndidate c	r			ASLIN		<u>.L</u>		L	<u> </u>	l				.1		.L
Lobbyist Street Address					******	· WICK	nuciiv												
Street Address		٠.			473	7 NO	RTH WA	AYSIDE	E DRIN	Æ.									
City	ERI								Sta	te	PA		Zip C	ode	16505		· · · · · · · · · · · · · · · · · · ·		
Type of Report	Place x u	ınderı	report typ	e)															
1-6 th Tuesday Pre-Primary	2- 2 nd F Pre-Prin		3- 30 Da Primary			th Tue Elec		1	nd Fri - Elec	·	6- 30 Da Election	5 .	7- An	nual	Special 2 Pre-Elec	≀ nd Friday tion	1 '	al 30 D Election	
]]		<u> </u>		Ī						7]	 		
Date Of Election	<u> </u>	<u> </u>	<u> </u>	J	Yea	L]	L			Amendr	nent			Termina	<u>J</u> tion	L		
(MM/DD/YYYY)			11/02/	2021		•					Report				Report	LION		X	
Summary of Re	ceipts an	d	From D	ate		T	o Date	2					<u>,</u>	For	Office Use	Only			
Expenditures						\vdash		lan la											
A. Amount Brou	ight Foru	rard E	rom last	Donort		\$	11,	/30/20	021		·								
						Ţ		0			·								
B. Total Moneta	_	ibutio	ns and Re	eceipts		\$		0									1	21.19	
(From Schedule C. Total Funds A	-				-	\$													
(Sum of Lines A						1		0									1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
D. Total Expend	12					\$		٥										i Si	
(From Schedule E. Ending Cash E	•				-	\$					•					4		11.1	
(Subtract Line D		e C)		5122		7		0										, ,	
F. Value of In-Ki (From Schedule		ibutio	ns Receiv	ed		\$		0										CO Company	
G. Unpaid Debts (From Schedule		igatio	ns			\$		0								•		- 3	
									Affida										
Part 1- If this is a C I swear (or affirm)	ommittee	repor	t, treasure	r sign he	re. If	this i	s a Can	didate	e repo	ort, ca	ndidate sig	n here.	11	- U - C -					
Sworn to and subs				ne attac	nea :	cnea	uies on	pape	r, is te	o tne	1/				1	and comple	te.		
day of			20			•					tem	m	en	M	My	1			
day oi_			20		-							gnature o			nitting report	t	_		
	Signature				•								Printe	ed Nam	e				ļ
My Commission ex	pires									81	4			434-	9609				
	M	IO.	DAY	YR.						A	rea Code	_		Day	time Teleph	one Numbe	er		
Part II- If this is a re	port of a	Candid	late's Auth	orized (omn	nittee	, candi	date s	shall s	ign he	ere.								
I swear (or affirm) amended.												ated any	provisi	ons of 1	the Act of Ju	ne 3, 1937 (P.L. 133	3, NO.32	0) as
Sworn to and subs	cribed bef	ore me	this																
day of			20				à												
				•	•							Sign	ature of	Candi	date				
	Signature			***************************************							 	<u> </u>	Printed	Name			_		
My Commission ex	pires		•			•	•												
Zavinistossat bit	MC).	DAY	YR.	•					A	rea Code	-		Dayt	ime Telepho	ne Number	•		
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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)	\$	
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)	\$	
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	



Pennsylvania Department of State

Name of Filing Committee, Candidate, or Lobbyist

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.

					and in the second state of the second	
Reporting Cycle	Name	San	is de la company Transporte de la company			
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5	
6 th Tuesday	2 nd Friday	30 Day			2 nd Friday	
Pre-Primary	Pre-Primary	Post Primary			Pre-Election	
☑ Cycle 6	☐ Cycle 7	☐ Cycle 8		□ Су	cle 9	
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	l Election	30 Day Po	30 Day Post-Special Election	
this form is submit is submitted with o I declare under pe that the accompai	a report by a cont nalty of perjury (tributing lobbyist, a	the lobb ne Comn	yist must s nonwealth	ign here.	
Vanne	Carly			12/1/20	021	
Signature of Treasurer, Candidate, or Lobbyist			Date (DD/MM/YYYY)		IM/YYYY)	
KIRK McCASI	LIN		E	ERIE, PA	USA	
Pr	inted Name		Location (City/State/Country)		tate/Country)	

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	n Number				and the second s
					Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Cor 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 Identificatio	n Number:				
Full Name of Co	ontributor	,		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor	 		Date [MM/DD/YYYY]	\$
House #	Street Address	·		Date [MM/DD/YYYY]	\$
	Sucet Address				
		l estate a	1 11 11 11 11 11	Data Face Inchange	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
- 0				Face Face Fine States	1.2
Full Name of Co	Intributor			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
					-
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor	'		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		Panto	Zip Code	Date [MM/DD/YYYY]	è
City		State	Zip Code	Date (MIM/DD/1111)	\$
Full Name of Co	unter history			Date [MM/DD/YYYY]	
ruii Name oi Q	intributor			Date (WW/DD/1111)	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					<u> </u>
Full Name of Co	ntributor		······································	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		State	Zip Code	Date [MM/DD/1111]	7
1			r e l	1	E 1

PARTS

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:

A CONTRACTOR OF THE CONTRACTOR					
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
Youse #	Street Address			Table In Dogge	
Tomas I	Succt Augress			Date [MM/DD/YYYY]	- 1 3
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee	i	iii	Date [MM/DD/YYYY]	1
House #	Street Address			Date [MM/DD/YYYY]	
P14.2					
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of				Date [MM/DD/YYYY]	\$
Contributing Co	mmittee				
House #	Street Address		Pagasan and African and Africa	Date [MM/DD/YYYY]	4 (\$
City		State	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Cor	mmittee			Date [MM/DD/YYYY]	S
House #	Street Address			Date [MM/DD/YYYY]	S
		· . I		pare finish political	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	Part of Alla			Date [MM/DD/YYYY]	\$
Contributing Cor	, , " "				
House #	Street Address	T. (1)	1	Date [MM/DD/YYYY]	\$
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Con	nmittee	1		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		in ray in the	utati ewije ie ali z jednosti	200 [1111]	

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:

ull Name of Co	ntributor			Date [MM/DD/YYYY]	\$
louse #	Street Address			Date [MM/DD/YYYY]	\$
		Ctuto	Zip Code	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [mm, DD) TTT	
Employer Name	?	The state of the s		Occupation	
Employer Maili Principal Place					4.44
Full Name of Co				Date [MM/DD/YYYY]	\$
House #	Street Address	····		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Nam	e	<u> </u>	. 1	Occupation	<u> </u>
	ing Address /				
Principal Place Full Name of C				Date [MM/DD/YYYY]	\$
run warre or o					
House #	Street Address			Date [MM/DD/YYYY]	\$
Class	The suit selection	State	Zip Code	Date [MM/DD/YYYY]	s
City		3.00			
Employer Nam	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of		Occupation	1 1
life (all largers allows)	Agranda Willeman France			A Company of the Comp	
Employer Mall Principal Place	ing Address / of Business				
Full Name of C	ontributor			Date [MM/DD/YYYY]	\$
	Street Address			Date [MM/DD/YYYY]	\$
	[급립 <u>조립</u> 은 발부님이 프롤링]				
					[878]
House #				Day free (DD hound)	
House #		State	Zip Code	Date [MM/DD/YYYY]	\$
House #		State	Zip Code	Date [MM/DD/YYYY] Occupation	\$

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 file.

g Filer Identification	Number:			
Full Name			,. .	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion			
Full Name				
House #	Street Address			
City	Andreas a second	Chata		
		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti				934
Full Name		**************************************		
House #	Street Address		707.1-	
City	Step was comment of the Total Comment	State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	on			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
	JII.			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	on			
Full Name			***************************************	
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Descriptio	en e		Code	

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 CONTRI	IBUTIONS RECEIVED-VA	UE OF \$50,00 OR LESS PER CONTRIBUTOR	
THE CHILD OF ANY CONTROL			
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.0	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECI	EIVED-VALUE OVER \$25	1.00 (FROM PART G)	
	(n)	[¢]	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION			
PERIOD (Add and enter amount totals to Page 1. Penert Cover Page I tem E)		iso enter	
on Page 1, Report Cover Page, Item F)			

SCHEDULE 41

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

wer identification Number:				·
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]	\$ "
	7.3474 - A.			
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				
	te La			
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				<u> </u>
rescribtion of contribution				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification	number:				
			W		
F 11 A1	manth-second			Date [MM/DD/YYYY]	\$
Full Name of Co	ntriputor			one familion [1111]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
					[]
Employer Name	<u> </u>	 		Occupation	<u> </u>
				Description	
Employer Mailing Place of Busines	ng Address / Principal			of	
v. susiirci		1		Contribution	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
· iouse #	Street Address				1
4.44.1				Data Shake Inn Jinnas	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	•			Occupation	
Employer Maili	ng Address / Principal			Description	
Place of Busine		·		of	
				Contribution	TA ""
Full Name of Co	entributor	. <u>———</u>		Date [MM/DD/YYYY]	\$
					Agrical Control
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				Occupation	1.
Employer Name				Occupation	
	ng Address / Principal	. 4		Description	
Place of Busine	ss in the second second	A		of Contribution	
raile (marine)				Date [MM/DD/YYYY]	\$
Full Name of Co	UNITERIDUTOF			Pare Tunal and (111)	17
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
77 5 v 322					
Employer Nam	e			Occupation	<u> </u>
Employer Maili Place of Busine	ing Address / Principal	. 1		Description of	
riace of Busine	tapa .	1		Contribution	

Statement of Expenditures							
Filer Identificat	tion Number:		7				
To Whom Pai	ia l			Date [MM/DD/YYYY] \$			
7.54				Date [MM/DD/YYYY] \$			
House #	Street Address	And Pro-residence and the second		Description of Expenditure			
				Description of Experiating			
City		State	Zip Code				
To Whom Pai	d			Date [MM/DD/YYYY] \$			
House #	Street Address		Description of Expenditure				
City		State	Zip Code				
To Whom Pai	d		1	Date [MM/DD/YYYY] \$			
House #	Street Address			Description of Expenditure			
City		State	Zip Code				
To Whom Paid	id var		COME	Date [MM/DD/YYYY] \$			
House #	Street Address			Description of Expenditure			
City		State	Zip				
To Whom Paid	di -		Code	Date [MM/DD/YYYY] \$			
		•		Date [MINN/DD/1111]			
House #	Street Address			Description of Expenditure			
City		State	Zip Code				
To Whom Paid	A			Date [MM/DD/YYYY] \$			
House #	Street Address	Application of the state of the		Description of Expenditure			
City		State	Zip Code				
To Whom Paid	1			Date [MM/DD/YYYY] \$			
House #	Street Address			Description of Expenditure			
City		State	Zip Code				
To Whom Paid	a -	- triangle		Date [MM/DD/YYYY] \$			

Description of Expenditure

House #

City

Street Address

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.

Filer Identification N	umper:			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City		State	Zip	
		The state of the s	Code	
Description of Del)t			
Name of Creditor		4 . 		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$ S S S S S S S S S
		<u> -</u>	[MM/DD/YYYY]	
City		State	Zip	
Description of Oak		()	Code	
Description of Del	4 :			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	, 1 (A)
City		State	Zip	
		State	Code	
Description of Del	it			
Name of Creditor		The second section and All Company	et et linke i den den dent i en linke i ette i men och en miller i den de en litter i det de en litter i det d	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	kara a
City	48.786	State	Zip	
Description of Del	ot .		Code	
	7			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
			[MM/DD/YYYY]	
City		State	Zip	
Description of Dek	nt .		Code	
Name of Creditor	ANT N	·		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
		<u> -</u>	framed post (r.1]	
City		State	Zip	
Description of Del	ot er ese		Code	