

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

|   |     |   |                    |   |   |          |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |
|---|-----|---|--------------------|---|---|----------|----|----|----|-----|-----|------|----|----|----|--|--|-----|-----|------|----|----|------|--|
| FILER IDENTIFICATION NUMBER   |     | REPORT FILED ON BEHALF OF   |                    | CANDIDATE   | COMMITTEE <input checked="" type="checkbox"/> | LOBBYIST |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST<br><i>Committee to Elect Maurice "Mo" Troop</i>   |     |   |                    |   |   |          |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |
| STREET ADDRESS<br><i>2109 June St.</i>  |     |   |                    |   |   |          |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |
| CITY<br><i>ERIE</i>   |     |   | STATE<br><i>PA</i> |   | ZIP CODE<br><i>16510-</i>                     |          |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |
| TYPE OF REPORT (CHECK ONE)  |     | NAME OF OFFICE BOUGHT BY CANDIDATE  |                    | DISTRICT NO.  | PARTY   |          |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |
| 1. 6TH TUESDAY PRE-PRIMARY<br>2. 2ND FRIDAY PRE-PRIMARY<br>3. 30 DAY POST-PRIMARY<br>4. 6TH TUESDAY PRE-ELECTION<br>5. 2ND FRIDAY PRE-ELECTION<br>6. 30 DAY POST-ELECTION <input checked="" type="checkbox"/><br>7. ANNUAL REPORT |     | <i>City Council</i>   |                    |   | <i>DEMOCRAT</i>                               |          |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |
|   |     | DATES OF REPORTING PERIOD<br><table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>10</td><td>19</td><td>21</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>11</td><td>22</td><td>21</td></tr> </table> |                    | MO.   | DAY   | YEAR     | 10 | 19 | 21 | MO. | DAY | YEAR | 11 | 22 | 21 | DATE OF ELECTION<br><table border="1" style="display: inline-table;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>11</td><td>02</td><td>2021</td></tr> </table> |  | MO. | DAY | YEAR | 11 | 02 | 2021 |  |
| MO.   | DAY | YEAR  |                    |   |   |          |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |
| 10  | 19  | 21  |                    |   |   |          |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |
| MO.   | DAY | YEAR  |                    |   |   |          |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |
| 11  | 22  | 21  |                    |   |   |          |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |
| MO.   | DAY | YEAR  |                    |   |   |          |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |
| 11  | 02  | 2021  |                    |   |   |          |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |
|   |     | CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>237.83</i><br><br>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i>   |                    | FOR OFFICE USE ONLY<br><div style="text-align: right; font-size: small;">           2021 DEC -2 PM 3:16<br/> <i>ST</i> </div> |   |          |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |
|   |     | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/><br>TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                    |   |   |          |    |    |    |     |     |      |    |    |    |  |  |     |     |      |    |    |      |  |

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT 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]*  
 SIGNATURE OF PERSON SUBMITTING REPORT  
**DEIDRE TATE**  
 PRINTED NAME  
 814 AREA CODE 602-3675 DAYTIME TELEPHONE NUMBER

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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.

*X* *Maurice "Mo" Troop*  
 SIGNATURE OF CANDIDATE  
**MAURICE "MO" TROOP**  
 PRINTED NAME  
 814 AREA CODE 602-5375 DAYTIME TELEPHONE NUMBER



**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](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

**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 Statements. 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"/> <b>Cycle 1</b><br>6 <sup>th</sup> Tuesday<br>Pre-Primary | <input type="checkbox"/> <b>Cycle 2</b><br>2 <sup>nd</sup> Friday<br>Pre-Primary | <input type="checkbox"/> <b>Cycle 3</b><br>30 Day<br>Post Primary                      | <input type="checkbox"/> <b>Cycle 4</b><br>6 <sup>th</sup> Tuesday<br>Pre-Election | <input type="checkbox"/> <b>Cycle 5</b><br>2 <sup>nd</sup> Friday<br>Pre-Election |
| <input checked="" type="checkbox"/> <b>Cycle 6</b><br>30 Day Post-Election        | <input type="checkbox"/> <b>Cycle 7</b><br>Annual Report                         | <input type="checkbox"/> <b>Cycle 8</b><br>2 <sup>nd</sup> Friday Pre-Special Election | <input type="checkbox"/> <b>Cycle 9</b><br>30 Day Post-Special Election            |   |

**Part I** – If this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full 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 Statement is true and correct.**

Signature of Treasurer, Candidate, or Lobbyist

DEIDRE TATE

Printed Name

12/01/2021

Date (DD/MM/YYYY)

ERIE PA USA

Location (City/State/Country)



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**Part II** - If this is submitted with a statement in lieu of full report by a Candidate's Authorized Committee, candidate sign here.

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Statement is true and correct.**

X Maurice Troop

Signature of Candidate

12/01/2021

Date (DD/MM/YYYY)

MAURICE "MO" Troop

Printed Name

ERIE PA USA

Location (City/State/Country)

