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

Filer Identification			or lead and				Longer and some of the second
Number		Report Filed I (Mark X)	By Candida	ite	Committee		Dobyist
Name of Filing Committee, Ca Lobbyist	indidate or	Committee to e	elect Edward Wilso	on		Additional days is trapped, and Additional Property of the Additional Prope	Partition to Control of Asserting Assert
Street Address		914 Reed St.		* **	· · · · ·		
City Erie	1254 J		State	Pa	Zip Code	16503	
Type of Report (Place x under	report type)					<u> </u>	
1-6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary	"F" (Aut 12, 2, 2, 2, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	4- 6th Tuesday Pre- Election	5- 2 nd Friday. Pre- Election	6-30 Day Post	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
					The state of the s	A SA COMMENT	
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report	
Summary of Receipts and	From Date	To Date		Therefore a project of the control o		A STATE OF THE STA	
Expenditures				400-	FOR	Office Use Only	
A. Amount Brought Forward F	10/19/21 From Last Report	\$	11/22/21 	And the second s			12 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -
B. Total Monetary Contributio	ins and Receipts	\$	3,000.00			1 degree (1) degree (1	
C. Total Funds Available (Sum of Lines A and B)		\$	3249.47				and See Total Con- Con- Con- Con- Con- Con- Con- Con-
D. Total Expenditures		\$	494.96				14. 1.3 23
(From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C)		\$ \$	2754.51				POR LOS ANDRES
F. Value of In-Kind Contribution (From Schedule II)	ins Received	\$				ga ga	10-10-10-10-10-10-10-10-10-10-10-10-10-1
G. Unpaid Debts and Obligation (From Schedule IV)	ins	\$					<u>්</u>
	SEE G. Commission (See Section 1997)	<u> </u>	Affidavit Sec			72.	· · · · · · · · · · · · · · · · · · ·
Part 1- If this is a Committee report I swear (or affirm) that this report,	t, treasurer sign here	e. If this is a Can	ididate report, car	ndidate sign here.	bolioffer)	
Sworn to and subscribed before me		Cu sumuu,	T paper, is to the	Dest of the knowled	7	ле, соггесс ана совтрте	re.
day of	20	• •	I	5 am	KULL		
		 -		Signature (of Person Submi	tting report	<u> </u>
Signature				1	Printed Name	/	
My Commission expires MO.	DAY YR.		S	rea Code	H G Dayt	ime Telephone Numbr	 er
Part II- If this is a report of a Candio	date's Authorized Co	ammittee cand	lidate shall sign he	200			
I swear (or affirm) that to the best amended.	of my knowledge and	d belief this poli	itical committee h	re. ias not violated any	provisions of th	ne Act of June 3, 1937 ((P.L. 1333, NO.320) as
Sworn to and subscribed before me	e this			91	1		
day of	20	1		C Nu Sign	ature of Candida		******
Cignoture		1.	_	EIJOURIC	13 WIL	چی	<u> </u>
Signature		, 1	5	- 1 <i>-</i> 1	Printed Name	1110-7115	7
My Commission expires MO.	DAY YR.		<u>_</u>	rea Code		49-2617 me Telephone Number	
				ea couc	oujui	He reseptions (with the	



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 Reporting Cycle	Committee, Can a Name	didate, or Lobby		MILE STATE OF THE	
□ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election
Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	Election	_	cle 9 st-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

Date (DD/MM/YYYY)

Ancy A FEENEY

Printed Name

Location (City/State/Country)



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

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

29-11-21

Date (DD/MM/YYYY)

EDWAYS WILSON

ENIE

Printed Name

Location (City/State/Country)

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		. J	
Total for the reporting period	(1)	\$	A CONTRACTOR OF THE CONTRACTOR
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	1 C 4 mes	Andrew Comment	
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)	2 (2000)	\$	According to the second of the
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)	\$	The state of the s
Total Monetary Contributions and Receipts during this reporting period (Add and	t	\$	

Cover Page, Item B)

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				
	Constitution of			Α	mount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
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House #	Street Address			Date [MM/DD/YYYY] \$	
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House #	Street Address			Date [MM/DD/YYYY] \$	
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City		State	Zip Code	Date [MM/DD/YYYY] \$	· · · · · · · · · · · · · · · · · · ·
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Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee	Company of the compan			 	
House #	Street Address	***		Date [MM/DD/YYYY] \$	
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City		State	Zip Code	Date [MM/DD/YYYY] \$	
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Committee				Date [MM/DD/YYYY] \$	
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House #	Street Address			Date [MM/DD/YYYY] \$	
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Committee	MINOUII &			Date (MinN-DA 11 C.)	*
House #				Date [MM/DD/YYYY] \$	····
nouse #	Street Address			Date [MM/DD/YYYY] \$	
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City		State	Zip Code	Date [MM/DD/YYYY] \$	
4 (1.444) d - Mis4-10				[3.4] [3.6]	

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	on Nümber:				
Full Name of C	ontributor			Date [MM/DD/YYYY] \$	
House #					
House #	Street Address	ı		Date [MM/DD/YYYY] \$	
City:		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor		W	Date [MM/DD/YYYY]5	
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House #	Street Address			Date [MM/DD/YYYY] =\$	
edty Es		State	Zip code		
		State.	41 9 = 00 = 3	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor -			Date [MM/DD/YYYY] \$	
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House#	Street Address		140	Date [MM/DD/YYYY] \$	
	The second secon	Transmitted and the same	- American State and Vol The state of the	Valuation Valuation (Valuation (Valuati	
City is		State	Zip Code	Date [MM/DD/YYYY] \$	_
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House #	Street Address		M	Date [MM/DD/YYYY] \$	
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	Minorion (Date [MM/DD/YYYY] \$	ı
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City		State	Zip Code	Date [MM/DD/YYYY] \$	_
Full Name of Co	intributor	TOWN THE SAME	Formula and the state of the st	Date (MM/DD/YYYY) \$	
	H. C.			7-5 (California) 2-6 (California) 2-6 (California) 2-6 (California) 2-6 (California) 3-6 (California) 3-6 (California)	_
Gouse#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

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.

Full Name of Committee Committee		Date [MM/DD/YYYY] \$	
Committee	ee to elect John Loomis	10/27/21 3.000	
House # Street Addre	255	Date [MM/DD/YYYY] \$	·
5706	Jones Lane		
sety	State Zip Code	Date [MM/DD/YYYY) \$	
Erie	Pa 16505		
Full Name of		Date [MM/DD/YYYY] \$	
Contributing Committee			
House # Street Addre	REF	Day INMA DRAWAY FO	
	NA CONTROL OF THE CON	Date [MM/DD/YYYY] \$	
Gity#E		A Committee of the Comm	
	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			
Contributing Committee		Date [MM/DD/YYYY] \$	
		STOCKETTERS - ST	
House # Street Addre	55	Date (MM/DD/YYYY) \$	 -
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City	State Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of		Date [MM/DD/YYYY] \$	
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City of	State Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of		Date [MIM/DD/YYYY] \$	
Contributing Committee			
House # Street Addres	55	Date [MM/DD/YYYY] \$	——·-
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City	State Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of	System statistication by the state of the st	Date [MM/DD/YYYY] \$	
Contributing Committee			
House # Street Addres	S	Date [MM/DD/YYYY] \$	
	AND STATE OF THE S		
Elby	State Zip Code	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	= 4 p<00 = 4 p	Problem Made	
		Principal Control Cont	

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 Contributor			Date [MM/DD/YYYY] \$
House # Street Addres			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name Employer Malling Address / Principal Place of Business			Occupation
Full Name of Contributor	management of the second of th		Date [MM/DD/YYYY] \$
House# Street Addres			Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor	acc)		EDate (MM//DD/YY/YY)
House # Street Address			Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$ Occupation
Employer Mailing Address / Principal Place of Business			Coccupation:
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Gode	Date [MM/DD/YYYY] \$
			Occupation
Employer Mailing Address / Principal Place of Business			

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	ber Artistander German (1997)
Full Name	
	The control of the co
House#	Street Address
City	State Zip Date [MM/DD/YYYY] \$
	Code
Receipt Description	
Full Name	
House #	
	Street Address
City - 1 1	State Zip Date [MM/DD/YYYY] S. Code Li
	Code
Receipt Description	
Full Name	
House #	Street-Address
City	State Zip Date [MM/DD/\YYY] \$ Code
Receipt Description	
Full Name	
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A Company of the Comp	
City	State Zip Date [MM/DD/YYYY] \$
Receipt Description	
Full Name	
House #	Street Address
City	
And the second s	State Zip Date [MM/DD/YYYY] \$ Code
Receipt Description	
Receipt Description	
Full Name	
House #	Street Address
City	The Transfer of Control of Contro
	State Zip Date [MM/DD/YYYY] \$ 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 CONTRIBUTIONS RECEIVED-VALUE OF \$5	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
A THE WAR CONTRIBUTION OF DESCRIPTION OF A CONTRIBUTION OF A CONTR	70 (F20) 4 PAPER
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	OU (FROM PARILE)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	VI 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)	\$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

COMMUNICATION AND A COMMUNICATION ASSESSMENT		VALUE OF \$30.01 TO ;	7200
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Full Name of Con	avakitear 1		Date [MM/DD/XXXXII] \$
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	Street Address		Date [MM/DD/YYYY] \$
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City	-Stat	te Zip Gode	Date [MM/DD/YYYY] \$
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House #	Street Address		Date [MM/DD/YYYY] \$
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City#	Stat	te Zip Code	Date [MM/DD/YYYY] \$
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House #	Street Address		Date [MM/DD/YYYY] \$
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Description of Co	intribution.		12. O.7 2000
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Full Name of Cont	tributor		Date [MM/DD/YYYY] \$

House #

City

Description of Contribution

Street Address

State

Zip Code

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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Signature of the state of the s	J., y.,		A Common of the		
Employer Name				Occupation	
Employer Mailing Ad	dress / Principal		···	Description	
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Full Name of Contribu	itor			Date [MM/DD/YYYY] \$	
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House #	Street Address	W. ** . II		Date [MM/DD/YYYY] \$	
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Employer Name Employer Mailing Add Place of Business Full Name of Contribution House # City Employer Name	dress / Principal			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation	
Employer Name Employer Mailing Add Place of Business Full Name of Contribution House # City Employer Name Employer Mailing Add	dress / Principal			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description	
Employer Name Employer Mailing Add Place of Business Full Name of Contribution House # City Employer Name	dress / Principal			Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation	

Statement of Expenditures

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Filer Identification Number:				
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TRANSPORTER TO THE PROPERTY OF				
The second secon				

To Whom Paid				Date [MM/DD/YYYY] \$	
	Edward Wilson			11/8/21 494.	96
House #	Street Address	Reed St.		Description of Expenditure:	omise o je
914	ACCOUNTS OF THE PROPERTY OF TH				
City Erie		State Pa	ZIP 16503	repayment of campaign loan	
To Whom Paid				Date [MM/DD/YYYY] \$	
1 / 1				American State of the Control of the	
House#	Street Address			Description of Expenditure	
Gity.		State .	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
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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	lumber:		
Name of Creditor			Outstanding Balance of Debt
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Name of Creditor	An Ar		Outstanding Balance of Debt
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Name of Creditor			Outstanding Balance of Debt
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