

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

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Filer Identification // Number			17	ort Filed I ark X)	y Ç	iñdida	iter.		#Commit	EENN - Jr. Ji		Lobb	/ist
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Street Address	23/2/1		114	EAST 31	ST ST	•							
City	ERIE				5t	ate	PA	·	Zip Code	16504			
Type of Report (Place	x under r	eport type)	•										
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		Primary		Election	Pre Ele	CE OF THE	Electi		200	Ora Ffa	200 100 100 100 100 100 100 100 100 100	"" (") J	Election
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Date Of Election (MM/DD/YYYY)		11/02/2021		F	202	1	Amer Repo	idment rt		Termin Report	ation	[
Summary of Receipts	and	From Date	78. S	To Date		$\{p_i,p_i^{k_i}\}$		(* 1. juny)	in original F	or Office Us	e Only		
Expenditures		10/19/20	21		/22/2021		Yu., 181					Madawa Maraka	ija (iko (iki kununin) Malain Salain Salain Salain
A. Amount Brought F	orward F	om Läst Rep	ort,	\$	2476,41		,				<u> </u>	10 71-1 Voly . C	<u> </u>
B. Total Monetary Co (From Schedule I)	n tributio	ns and Recei	pts	\$	250.00							5 - 3 ()	
C: Total Funds Availab (Sum of Lines A and B				S .	2726.41							(*************************************	
D. Total Expenditures (From Schedule III)				Ş	1722.82							13	
E. Ending Cash Balanc (Subtract Line O from	(inac)		244		1003.59					2			
F. Value of In-Kind Co (From Schedule II)				\$	0					工	6 ()	<u>)</u>	
G.:Unpaid Debts and (From Schedule IV)	Obligațio	ns/		\$	0						*1	pira.	
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Part 1- if this is a Commit										a .			
I swear (or affirm) that th	• •	_	ttached s	chedules o	n paper, is	to the	best of n	ny knowled	dge and belie	ef true, correc	t and compl	ete.	
Sworn to and subscribed	before me					شنر	7h	PAD	10	111	MARI	\wedge	
day of	 ~	20		Ĺ		· —	/ / -!	Signature	of Person Su	bmitting repo	ort	ب	
Signati	urė			Γ		<u> </u>	teresa h	1umes	Printed N	ame			
				. '		81	14			64-7428			
My Commission expires_	MO.	DAY	/ R.			_	rea Cod	<u> </u>		Daytime Tele	phone Numb	oer .	
David (Saltinian and Consultable Authorized Complete and Ideas and Ideas about also been													
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.													
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Sworn to and subscribed	before me	this					<i>O,</i>	IN N	2/1		, V.	,	
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Signati	uta			j.		<u>11L</u>	რ Winai	_	Printed Nan				
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My Commission expires_	MO.	DAY YR.				_	rea Cod	٤	_	aytime Telepi	hone Numb	er	

SCHEDULE 1

Contributions and Receipts

Detailed Summary Page

Filer (dentification) Number			
1.Upkemized Contributions and Receipts \$50.00 or Lass per Contributor	ha sin kir Marintan	Signal Bocan	
Total for the reporting period	(1)	\$	(2) は、これでは、これは、これは、これはは、経費の必要が必要がある。これである。これでは、これは、これは、これは、これは、これは、これは、これは、これは、これは、これ
2. Contributions of 550/01 to \$5250.00 (From A and Pair ii)	erane Constant		I
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	250.00
Total for the reporting period	(2)	\$	
3, Contributions Over \$250.00 (From Part C and Part D)	1 3 M	100 mg	
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds: Interest Earlied, Returned Checks, ETC. (From Part E)	Med Yo L. Ma		
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and		5	

Cover Page, Item B)

enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report

250.00

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 i	(folials)(file)(file)				
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Full Name of Con Committee				Date [MM/DD/YYYY]	
Committee					
House #	Street Address		***	Date [MM/DD/YYYY]: 5	
City		State	Zip Code	Date [MM/DD/XXXX] 5	
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Full Name of Com Committee	riouring			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY] \$	
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Committee				100	
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Full Name of Cont Committee				/ Date (MM/DD/YYYY)	
House #	Street Address			Date (MM/DD/YYYY) \$	
City	Professional and approximate	State	Zip Çode	Pate [MM/DD/YYYY] \$	~~~~~
200 PN					-

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.)

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House	e Address	**	A DECTIVITY NO DEVANDADES	
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Full Name of Contributors			<u>TEATHININIPAAAAA</u>	
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Full Name of Convolution			Date MM/PN/AAAA	
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City	April 4	्याः स्ट <u>ाट</u> १%।	A SECTION (SECTION AND SECTION AND SEC	
Full Name of Constibutors		-	RESTRICTION OF THE STATE OF THE	
	er/Address		ESSICILIAN NO VEVASOR	
ecity.	Siate.	Z)p Code	Cat-IMM//DOXXXX	

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.

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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)

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House #1 Street Address			ZETT (LONGIALI) \SS (A) SS (A)
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Employer Name			Occupation
Employed/Valling-Addit-6// Principal PlaceonBusinesses			
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House # Styles Address			DATE IMM/DDYAAAAI) 558
City	State	Zip Code	Pare N(M/GD/AAA
Employe: Name			(Qesupation)
Employer Mailing/Addicts// Principal Place of Austrian			

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

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Receipt (Uescription Full Name				·	
House II Str	ee Address	Stales	Zip Peatle	*PEH-IMMY/DDAXXXVI	S
Receipt Descripting			- CHR		

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

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TOTAL for the reporting period	(1)	\$	**	
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TOTAL for the reporting period	(2)	\$		·
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THE PROPERTY OF THE PROPERTY O	AGRIVADAVAR JETOVA REGRASIOE	atti kirin tara eli i ike		
TOTAL for the reporting period	(3)	\$		
	<u> </u>			
TOTAL VALUE OF IN-KIND CONTRIBU PERIOD (Add and enter amount tota			**	
on Page 1, Report Cover Page, Item 1				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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House 4 Streep Address			SDETERIOM/SPD/AYAY/
COLV.	States	Zip Code 2	Date (MM/DD/XXXX); \$
Paranous no resolution (il il i			K.S.S.
(FOLK)Emicrof (Contribution)			Date [MM/DD/XXXX)
House # Street-Address			SPECETOWN/DISASSANE SE
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Etall Namera (Contributor).			Date (MIN/JOD/XXXX)
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Description of Contribution.			

SCHEDULE II Part G

In-Kind Contributions Received

			VALUE OVER \$250)
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Employer Name 3				Occupation
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Statement of Expenditures

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	PULASKI CLUB	,	11/02/2021 200.00
House# 2114	Street/Additess WALLACE ST		XUEscription (ABXPE) (ITUIC
Chy ERIE	State PA	32]p 16503	ELECTION DAY EXPENSE
To Whom Paid Sa	LISA WINARSKI		11/05/2021 423.59
Hous e# 1140	Street Address EAST 31ST ST		Description of Expenditure
ERIE	State PA	ZID 16504	ELECTION EXPENSES
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House#	Street Adviress		› Description in Expenditure agency
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City	sstate.	Zin Corie	

PA BL 21 W

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

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 Reporting Cycle		didate, or Lobby	ist		
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 1 ☐ Cycle 2 6 th Tuesday 2 nd Friday		6 th T	Cycle 4	
© Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	Cycle 8 2 nd Friday Pre-Special Election		☐ Cycle 9 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

THERESA HUMES

Printed Name

11/29/2021

Date (DD/MM/YYYY)

ERIE, PA, USA

Location (City/State/Country)

DSEB-503S Updated 1/22/2020

J

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 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.

Signature of Candidate

11/29/2021

Date (DD/MM/YYYY)

JIM WINARSKI

ERIE/PA/USA

Printed Name

Location (City/State/Country)

DSEB-503S Updated 1/22/2020