

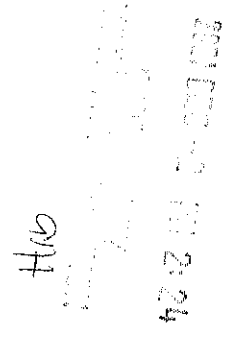
Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		JIM WINARSKI COMMITTEE TO ELECT				
Street Address		1140 EAST 31ST ST				
City	ERIE	State	PA	Zip Code	16504	

Type of Report (Place x under report type)

1. 6 th Tuesday Pre-Primary	2. 2 nd Friday Pre-Primary	3. 30 Day Post Primary	4. 6 th Tuesday Pre-Election	5. 2 nd Friday Pre-Election	6. 30 Day Post-Election	7. Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		11/02/2021	Year		2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/19/2021	11/22/2021	
A. Amount Brought Forward From Last Report	\$	2476.41	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	250.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2726.41	
D. Total Expenditures (From Schedule II)	\$	1722.82	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1003.59	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part I- 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 _____ 20____

Signature

My Commission expires _____ MO. _____ DAY _____ YR.


Signature of Person Submitting report

Theresa Humes

Printed Name

814

Area Code

864-7428

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) as amended.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____ MO. _____ DAY _____ YR.


Signature of Candidate

Jim Winarski

Printed Name

814

Area Code

806-7228

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	
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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)	\$	250.00
Total for the reporting period	(2)	\$

3. Contributions Over \$250.00 (From Part C and Part D)
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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)	\$	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 Number											
										Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #			Street Address				Date [MM/DD/YYYY]		\$		
City			State		Zip Code			Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #			Street Address				Date [MM/DD/YYYY]		\$		
City			State		Zip Code			Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #			Street Address				Date [MM/DD/YYYY]		\$		
City			State		Zip Code			Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$			
House #			Street Address				Date [MM/DD/YYYY]		\$		
City			State		Zip Code			Date [MM/DD/YYYY]		\$	
Full Name of Contributing 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.)

File No. and Election Number	
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Full Name of Contributor					Date (MM/DD/YYYY)	
THOMAS SCULLY					10-03-2021	250.00
House #	529	Street Address			Date (MM/DD/YYYY)	
		W 6TH ST				
City	ERIE	State	PA	Zip Code	16507	
Full Name of Contributor					Date (MM/DD/YYYY)	
House #		Street Address			Date (MM/DD/YYYY)	
City		State		Zip Code		
Full Name of Contributor					Date (MM/DD/YYYY)	
House #		Street Address			Date (MM/DD/YYYY)	
City		State		Zip Code		
Full Name of Contributor					Date (MM/DD/YYYY)	
House #		Street Address			Date (MM/DD/YYYY)	
City		State		Zip Code		
Full Name of Contributor					Date (MM/DD/YYYY)	
House #		Street Address			Date (MM/DD/YYYY)	
City		State		Zip Code		
Full Name of Contributor					Date (MM/DD/YYYY)	
House #		Street Address			Date (MM/DD/YYYY)	
City		State		Zip Code		

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.

Filer Identification Number	
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Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	
Full Name of Contributing Committee				Date (MM/DD/YYYY)	\$
House #		Street Address		Date (MM/DD/YYYY)	\$
City		State		Zip Code	

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	
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Full Name of Contributor				Date (MM/DD/YYYY)		
House #		Street Address	Date (MM/DD/YYYY)			
City		State	Zip Code	Date (MM/DD/YYYY)		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)		
House #		Street Address	Date (MM/DD/YYYY)			
City		State	Zip Code	Date (MM/DD/YYYY)		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)		
House #		Street Address	Date (MM/DD/YYYY)			
City		State	Zip Code	Date (MM/DD/YYYY)		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor				Date (MM/DD/YYYY)		
House #		Street Address	Date (MM/DD/YYYY)			
City		State	Zip Code	Date (MM/DD/YYYY)		
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business						

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.

File # (Batteries/Number)									
Full Name									
House #	Street Address								
City					State	Zip Code	Date (MM/DD/YYYY)		\$
Receipt Description									
Full Name									
House #	Street Address								
City					State	Zip Code	Date (MM/DD/YYYY)		\$
Receipt Description									
Full Name									
House #	Street Address								
City					State	Zip Code	Date (MM/DD/YYYY)		\$
Receipt Description									
Full Name									
House #	Street Address								
City					State	Zip Code	Date (MM/DD/YYYY)		\$
Receipt Description									
Full Name									
House #	Street Address								
City					State	Zip Code	Date (MM/DD/YYYY)		\$
Receipt Description									
Full Name									
House #	Street Address								
City					State	Zip Code	Date (MM/DD/YYYY)		\$
Receipt Description									

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**

Enter identification number	
-----------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period (1)	\$	

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$500 TO \$2500 FROM PART (F)		
TOTAL for the reporting period (2)	\$	

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$2500 FROM PART (F)		
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)	\$	
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File Identification Number	
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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							
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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							
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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							
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SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

File Identification Number	
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Full Name of Contributor					Date (MM/DD/YYYY)	
House #	Street Address			Date (MM/DD/YYYY)		
City		State		Zip Code	Date (MM/DD/YYYY)	
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business					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)	
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business					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)	
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business					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)	
Employer Name					Occupation	
Employer Mailing Address / Principal Place of Business					Description of Contribution	

SCHEDULE III
Statement of Expenditures

File Identification Number	
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To Whom Paid	PRINTING CONCEPTS				Date (MM/DD/YYYY)	10/27/2021	\$	1,099.23
House #	4982	Street Address	PACIFIC AVENUE		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16506	MAILER		
To Whom Paid	PULASKI CLUB				Date (MM/DD/YYYY)	11/02/2021	\$	200.00
House #	2114	Street Address	WALLACE ST		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16503	ELECTION DAY EXPENSE		
To Whom Paid	LISA WINARSKI				Date (MM/DD/YYYY)	11/05/2021	\$	423.59
House #	1140	Street Address	EAST 31ST ST		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16504	ELECTION EXPENSES		
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date (MM/DD/YYYY)		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				



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 • ca-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"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input checked="" type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> 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



Pennsylvania Department of State


Bureau of Campaign Finance & Civic Engagement

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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.


Signature of Candidate

JIM WINARSKI

Printed Name

11/29/2021

Date (DD/MM/YYYY)

ERIE/PA/USA

Location (City/State/Country)

DSEB-S03S

Updated 1/22/2020