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					
KULBER		REPORT FILES ON SEHALF OF	CAMMONTO	1. Сомпаттер	LOSSY13Y 3.
NAME OF FILING COMMITTEE, CA		DINARSKI		<u> </u>	
STREET ADDRESS	1140 E.	31 Stra	- 6	· . · · · · · · · · · · · · · · · · · ·	
CITY 2	Erie	STATE DA		1650 F	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY		OF ELECTION DAY YEAR
OTH TUESDAY PRE-PROMARY	Evil County Counci	1 4	LD	il	02 2021
2ND FRIDAY PRE-PRIMARY	DATES OF MO. DAY YEAR REPORTING PERIOD O Q 08 21 TO	10 18 21		ruk U	FFICE USE ONLY
POST-PRIMARY	CASH BALANCE AT END	<u>.</u> 0	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
6TH TUESDAY PRE-ELECTION	OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S	\$	<u></u> !	TER!	ERIE
2ND FRIDAY X	OUTSTANDING DEBTS OR LIABILITIE AT THE END OF REPORTING PERIO	s		OCT 22 2021 VOTER REGISTRATION	ERIE COUNTY
30 CAY. POST-ELECTION 7.	AMENDMENT YES	NO X		2021 TRATI	YLND
ANNUAL REPORT	TERMINATION YES	NO X		8	`
	AFCID.	AVIT SECTION			
statement is filed on	behalf of a Political Committee or Ca behalf of a Candidate, the Candidate behalf of a Contributing Lobbylst, the ME AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIAI PIPTY DOLLARS (\$250.00) AND THIS REPORT IS, TO T	must sign here. Lobbyist must sig	n here.		
	CRISED BEFORE ME 7HQ	HE BEST OF MY KNOWLED	GE AND BELIE	F, TRUE, CORRECT A	NO COMPLETE.
DAY OF	20			ON SUBMITTING REI	
	SIGNATURE)INARSKI	
MY COMMISSION EXPIR		8/4 AREA CODE	8	OG. 722	8 IUMBER
ART II - statement is filed on	behalf of a <u>Candidate's Authorized Co</u>	mmittee, Candida	ite must s	ign here.	
I SWEAR (OR AFFIRM) TH JUNE 3, 1937 (P.L. 1	HAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS 333, No. 320) AS AMENDED.	POLITICAL COMMITTEE HA	AS NOT VIOLAT	ED ANY PROVISIONS	OF THE ACT OF
Sworn to and subsc	RIBED BEFORE ME THIS				
OAY OF	20		SIGNATURE (OF CANDIDATE	
	SIGNATURE		PRINTE	D NAME	
my commission expir	MO. DAY VR.	AREA CODE	DAY	TIME TELEPHONE N	UMBER
	Department of State A. Russell			-	

Department of State • Bureau of Commissions, Elections and Legislation 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280



ERIE COUNTY

UCT 22 **202**1 Unsworn Declaration in Lieu of Sworn Statemer **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.

Reporting Cycle	Name					
☐ Cycle 1 6 th Tuesday Pre-Primary	Cycle 2 2nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	☐ Cycle 4 6 th Tuesday Pre-Election		Cycle 5 2 nd Friday Pre-Election	
Cycle 6 O Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special Election		☐ Cycle 9 30 Day Post-Special Election		

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.

10/21/2021 ignature of Treasurer, Candidate, or Lobbyist Date (DD/MM/YYYY)

Jim Winarski

Printed Name

Erie / PA / Erie

Location (City/State/Country)

DSEB-502R Updated 1/22/2021



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	Date (DD/MM/YYYY)	
Printed Name	Location (City/State/Country	

DSEB-502R Updated 1/22/2021