

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number Name of Filing Comm			Report Flied By Candidate Culture (Condidate Condidate C			Committee			
Lobbyist Street Address	2011 A. 2011 A. 40		(4.13.1) C	OMMITTE ' 		WINARSKI		<u> </u>	
City	ERIE	And Andrew	7.5.6	140 & 3181	State	PA	Zip Code	16504	
Type of Report (Place	x under (eport type)		1000		10 1000		
1.6th Tuesday 2.2	Friday	3-30 Day	Post 4	6 th Tuesda	y 5- 2 nd Frida	6-30 Day Po	st: 7- Annual	Special 2 Friday	Special 30 day
		Primary		e-Election	C 1 2 C 2 C 3 C 3 C 3 C			Pre-Election	/ Past-Election
Date Of Election (MM/QD/YYYY)			X 	ear		Amendment Report		Termination Report	
Summary of Receipts	and	From Dat	B	√To Da	te (For	Office Use Only	
Expenditures	14 W 16 16 16 16 16 16 16 16 16 16 16 16 16	6/8/2	21	\$5500 E	10/18/21			A CONTRACTOR	
A: Amount Brought Fo				\$	3596.91		<u>(1986), 1982 (1984)</u>		
B. Total Monetary Cor (From Schedule I)		ns and Reci	eipts .	\$	500.00	1			
C. Total Funds Availab (Sum of Lines A and B				\$	4098.91]	ERIE COUNTY		
D. Total Expenditures (From Schedule III)			Torr ()	\$	1620.50			7 22 2021	
E. Ending Cash Balanc (Subtract Line D from F. Value of In-Kind Co	Line C)			\$	2476.41	_		i 22 zuzi REGISTRATION	
(From Schedule II) G. Unpaid Debts and (\$	0		VOILK	VEGISTRATION	
(From Schedule IV)	, oi gario			\$	0			<u> </u>	
Part 1- If this is a Commit	tee report	treasurer si	ien here	if this is a r :	Affidavit S	ection andidate sign beca			
I swear (or affirm) that th	is report,	ncluding the	attache	d schedules	on paper, is to th	best of my knowl	edge and belief to	ue, correct and comple	ete.
Sworn to and subscribed	before me	this				1	1/		
day of		20		.1	-	////// Signatur	e of Person Submi	UUO Itting report	
Signatu	IFP			ſ	· -	HERESA HUME		<u></u>	_
•	,,			, 1	1	314		7428	
My Commission expires_	MO.	DAY	YR.		<u>-`</u>	Area Code		time Telephone Numb	er
Part II- If this is a report o	f a Candid	ate's Author	ized Con	nmittee, can	didate shall sign	nère,			
I swear (or affirm) that to amended.	the best o	f my knowle	dge and	belief this p	olitical committe	has not violated a	ny provisions of ti	ne Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed i	before me	this				7 .'.	11/	<i>D.</i>	-
day of		20		1		JM 1	gnature of Candid	arski	<u>-</u> _
Signatu	Signature Printed Name								
-	•			. !	1	314	Printed Name 806-72	228	
My Commission expires	MO.	DAY Y	₹.			Area Code		me Telephone Numbe	r
			~						

SCHEDULE 1

Contributions and Receipts

Detailed Summary Page

Filer identification Number		
1.Unitemized Contributions and Receipts \$50.0	00 or Less per Contributor	

1. Unitermized Contributions and Receipts-\$50,00 or Less per Contributor	ergene ge Zink (Plange)	30	
Total for the reporting period	(1)	\$	o
2. Contributions of \$50.01 to \$250.00 (From:		ryi naisi Karangan	
Contributions Received from Political Committees (Part A)	,,,,,	\$	O
All Other Contributions (Part B)		\$	0
Total for the reporting period	(2)	\$	o
3. Contributions Over \$250.00 (From Part Cland Part D)			
Contributions Received from Political Committees (Part C)		\$	500.00
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	500.
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	16 16 S	4 4 W	
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and		Ŝ	

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 (dentification Num	16er	1			_
		-			Amount
Full Name of Contrib Committee	uting		·	Date [MM/DD/YYYY] 5	
	100	_			
House #	Street Address		"	Date [MM/DD/YYYY] 5	
City		State	Zip Gode	Date [MM/DD/YYYY] 5	
	29.2 (m) 14. (422.4 m) 15.			7 (A.)	
Full Name of Contrib Committee	And the Court of t			Date [MM/DD/YYYY]	
	36: V20: 11				
House #	Street Address		,	Date [MM/DD/YYYY] 4 3	
100					
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contribi	iera en la			<u> </u>	
Committee (Date [MM/DD/YYYY] \$	
House #	Street Address			130	
7	311 EE 1 AUGU ESS			*Date [MM/DD/YYYY] \$	
City			Principal Activity		
		State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contribu	tings:	ACCEPTANCE.	以及"特惠的规则	Date (MM/DD/YYYY) 25	
Committee				120 C	
House #	Street Address	<u> </u>		Date [MM/DD/YYYY] \$5	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
City	18 28 25 27 189 - 5100 31	State	Zip Code	Date [MM/DD/YYYY] \$	
				Service Control of the Control of th	
Full Name of Contribu	ting		and the second s	Date [MM/DD/YYYY] S	
Committee				\$ 100; \$/150	
House #	Street Address			Date [MM/DD/YYYY] S	
				Date [MM/DD/YYYY] \$	
City	1000,40040-40 /g/a_1	State:	Zip Code	Date [MM/DD/YYYY] S	
(a.) (b.) (b.) (c.) (c.) (c.) (c.) (c.) (c.) (c.) (c.)		12 State 1 A			
Full Name of Contribut	ting			Date [MM/DD/YYYY] S	
17504 TO 1800 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AND THE STATE OF T	~			
House#	Street Address			Date [MM/DD/YYYY] 5	
(1904) (1904) (1904) (1904) (1904) (1904) (1904) (1904)		France A		24.0	
CHV		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 (VANS) is a composite to the compos				
Full Name of Contributor #				
HOUSE M. SHEGITATH 7415			PETCHWWYODY AREA	
FOUNTING OKCONTACTOR	Stale.	Alacod?		
			EDITE HANDAND PARAMET	
	Ne normali	ANAPORANEE VOLUM	Apare (MIX/Appyyyea)	
Cilyo Tanna da santalahan:	\$ 019	rzipzedele.	DETERIORINA DANAMA PETERIORINA DIVAMANIA	
		W	Pate MM/ADD/ANAM	1
House's Street Address	State	72(β)(codβ) (1	DATEIMIN/ODYMAXII	<u> </u>
FUI! Name of Contributor.			DECE (MIN/PDVAVAVA)	
House#1 Street Address			SOFIE (WW\DD\\\\\\)	
-Crity	State	Zip Gode	PER SAGANGEN MINISTER	
Full Name of Contributor,				
House# Style=CADdress	_			
City	State	-Zip GößE	Cetel(NITATion value)	\$ <u> </u>
Full Name of Co) tributor.			Darci (MM/ADDAASAA)	5.7
Street And ress	· · · · · · · · · · · · · · · · · · ·	-	OHE IMMIDIZATED	
CIRY	SATES	Z prode	PER STANDONNO STEELS	

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.

Full Name of a second sees of the second secon	ERIE REFOCUSED PAC		09/13/2021	500.00
House 4 101	STATE STREET, S	UITE 323	Pate (MMY/DD/Y/XX)	
ERIE	State PA	Zib Code 16501	(DETAIL(MIN)/DDV/ANAXA)	
Full Name of the Control of the Cont		_	*E************************************	
	et Address		SPECIMINAGE SAVELS	
City	State	71]1(461)=%;	Spare (MM/DD/NYO)	
Full Name of Contribution Contribution Contribution	orders manufact		DATE (IVIM/ODAAAA)	
	(Address		ogste(INIM\\DD\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
City #	State	Zip Codi	Date (MM/DD/MM)	
Contributing committee	tanulas		-Date\\MM\/DD/\XXX/j\	
Green		Zip Cbbe	¿Date (MIM/DD/XXXX) S	
Füll Namerofa	States		Pate (MM/DD/AVA/)	
Contributing Committee House 45 Street	7AG0##		Oatel(MW/DD/XXXV)	
City.	Steta	ZDE CENT	EDETE (MINNODAYAA)	
full-Name of the second			STATE (MINADDANANA SA	
Contributing Committee:	Affilies	***	apata (MIMAPDAYAAA)	
City 7	*State*	Z/b/Code		
			Date MM/DD/AVAV	

Filer identification Number :

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)

TO ART WHIST TO A COMPAN			
Full Chine on congilations			SEF CALLYNON GOOD
Poitse #2			ADPACE IMINIVATORA VANTERAL
City 3	SHC.	#Sib/Code	DETERMINIVO DA GAMILIA
Employer verifing/ serves // Entipipal Place on Business			Ges () patient
Full Nameror Contributes			ADENCE IMICO/ADDAAGE CONTRACTOR
House # Street/Addic			*Dera IMM/DD/AXAXA \$7.
XGIV.	27.4.C	//ip:Code	UDELECTIVITY OF TVENT OF THE COLUMN TO THE C
Employer Name: Employer Mallb: Avdx+: 7/	833	····	Østupation:
Principal Place of Business, (SEI) FBILName of Continuos			SECTION VOLVANA ALLA SAL
Hbuser: Street Addit			#Pate(MM/OD/Mo/A) 55
GIV &	State	Z(p:@òde.a/	ADBIR IMM/OD/AAAAA
employa Name Employe (Malline/Address//			Occupation
Principal Place of Business 5 2 2 2 FOIL Name of Contributors			ZOBIGE (IMIN/MED/AGAGA)
HDUSE # Street Adding			COULT IN INVIOUS VANALUES SE
Gity.	3-Je(Zić Code	Syc-Agu/MICI/-576-0
Employer Name & Employer Mailing Address/			Ciscupation
Edinfelationogenians			

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.

a Allera de Caracteria de Cara					
Hoose (#) 500	74-WAMPICES	Nate:	Z/h		
PEULINAMES			COCE COCE		
House's St.	343,004,453	Sinte	Agorie Agorie	TOTAL (MINADOMANA) X	
Full Name House # Str Gity Receipt Description	SESTADUTESS	Stare	ZID GGOB	KOEKHIMIN/ODVIVOONI	
Full-Name House # Sur City Receipt Once/public	e V. Voli re s	State.	ZIÖ CCSBE NY	PERENTANDO A CARCAR S	
Hibbsex St. City Receipts Description	Cl-Adites;	SGP	Zijî RGSGÊ	MOSTE IN TOTAL AND THE	
Haose # St.		State:	azib Coda	FORTZ-(IMM/Jony/YYM)	

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

	<u> </u>	ILLED GOMMANT I ACL		
TANK TENNING TO THE PRINT HIS DESCRIPTION OF	in midelves (addivide) AV	[0]:(o):17.104-050[1](4:3-5.13f1(de	Nantile(Borto):	
TOTAL for the reporting period	(1)	\$		
E. S. S. Albidina of high metal colors	c = V/=10-4V/(bU1=(b)=/=1=010)	\$1102-7-507001 01-1 10 (XHEAL S IR5)/		
TOTAL for the reporting period	(2)	\$		
A Service of the distribution of the desired of the	alviachánine originásió	HELOX (FILTO) V P. Y. X. (FILTO) (FILT		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTI	ONS DURING THIS REPO	RTING \$		
PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

FRICAL CHOICE (UNIT AND			***	
W-MINTERPROPERTY OF THE OWNER.				
iul) Name of Contributor.			ipate(IMM/pb/AAAA/)	
House # StreepAdaress			Z I MOSAVOOVMM) ETKOE	
CITY TO THE PARTY OF THE PARTY	State	L Jahos (1)	EPSTEE (MOV/DD/MXXX) = 557	
Oestubulimoreomiabulion		Transcriberral Sections:	[5022]	~
TEURNAMICIO (CORTIGO DE CO			ADRIGIMMY, DIEVANAMENT	
Höuse #: Strab Address		~	EDESTE IN INVISIONAL AS	
CIV	.State≇	(2)) (20) (3 <u>8)</u>	Oate (MM/DD/XXXX)	
D Bei la (Onta (Galtalantion)		84-11-200-1-201-201-201-201-201-201-201-20		· · · · · · · · · · · · · · · · · · ·
Scaling microscopic Control (100)			S (NAVAVOR/NWA)	
Hovee # Street Address		··	10966/IMM/SDVAWAY S	`
CITY 5	State.	Zipzeoilew.	Date [MM//DD/AYAYA]	
Description of Contributions		·		
Full Nameror Contributor a			Date (MM/QD/XXXX)	
House # Strant/Address			Date [MM/DE/AA774]	
	State.	Zip cs(re-	South IMM/DD/NAVA 1	
Desemption of contributions				
FM/ Name or contributo.			PETCH (MDV/EDVANAMA) SE	
House # Street Address		`	PATE (MIX/XOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
The state of the s	State	Zip:Gode	Date MM/OD/AXAM	
Description:of/contr(busion)	oder to the state of the state			

SCHEDULE II Part G

In-Kind Contributions Received

		VALUE OVER \$250	
reiniolymaterianistics (
Eull Name (a) contribétei			CRESTON WAS SALVED SERVICE SER
	teet Address		EFIT PIMININAD DVANARAIRS
CITY	State.	Zip code	STETCH IN INVASION AND AND AND AND AND AND AND AND AND AN
(EmployerName)			Cocupation S.
Employes Mailing AEUR : Raceologisticas	s//rdint/pall		OPERIDEON CONTROL CONT
Aill Name of Controls to			Date (MM/DD/A)AAA
House v	eet Address		Date (MIN/DD/(/A//)
City	State	: Zip Cone	Date MM/DD/XXXX
Employer Name			:Occupation:
Employer Mailing Audres Place of Bitsines	7//Frincipal		Description : 1 or Tone/burble
FOUR VEGT AN AGON (USO RO)			Date MW/Elo/2011
House's	let Audrets	***	Spatral WWA Draw Andrews 1.1.
Cly .	State	r2ip Code	*Date_IMM/Go/AAAA1
Employer Name			Pircupation
simployer Mailing Address Place of Business	:VEAING[):EI		Desoripioni.s. (g) (contribution)
Full Name of contributor			PORTE INIMADO ANAMESTA
	et Address		SCHOOL MINING PROPERTY AND A SCHOOL OF THE S
Criv	Figite	Zip Göde	EPHTHIMM/OD/AGAGIPES ST
Employer Name			Occupation
Employer Mailing Address Place of Business	7 Principal		Bescription Grant Button

Statement of Expenditures

TOWNSHIP TO THE			Bacinie/Oparoa	
PAT	TRICK J DIPAOLO, MEMORIAL SCH	L FUND	7-1-2021	100.00
House #	P.O. BOX 3073		(Beso intlone or sypenditu	M. d.
ERIE	State PA	7 16508	ADS	
STOWNOW Paid Mass	Y TRINITY ZABAWA) to be seen to the second	PETETIMINULESVANAVA	150.00
H50380# 2220	REED ST		07-21-2021 Perceptions (580 enaction	
CCION D				
ERIE	S(a)	ZIII G6d 16503	HOLE SPONSOR-ADV	
To Wholk Pally	ISH FALCONS #610		Pate MIM/ 6D/2444	125.00
House (1)	EAST 3RD ST		(Description of expendico)	
GIN ERIE	State PA	2lb coue: 16507	HOLE SPONSOR - ADV	
To Whom Paids	WINARSKI		SOSTERIMMYDDYAAYAIS	
		· · · · · · · · · · · · · · · · · · ·	09-15-2021	532.00
1140	EAST 31ST ST		Description of Expenditur	
City ERIE	State PA	218 26de 16504	ŻABAWA PROMO REIMBU	RSEMENT
To Whom Paid.	WINARSKI		Date (MN/2007ASAS) = 10-12-2021	713.50
140	EAST 31ST ST		(Pergayton alexanendron	The second second
CINV ERIE	State PA	218 code (C) 16504	DESANTIS SIGNS AND FAI	LCONS REIMBURSE
To Whom Paid			REDUCTION OF YARARA	
	Edy Addi (E.S.		#96-ceription(o) Expenditure	
City	Sure	ZIP Code		
To Whom Paid			REDGINGVEF/AA GES	
5.17.17.16.4 (\$24.54.24.14.)	ervaduless Estation		Description of Excenditur	
- GRV)	SAG	Code(4)	The state of the s	
TG/WhomyPald			SDETE INIVIDOYAA AA FEE	
	int Address		Description of Εκρυήσηνη:	
GRY.		74[1] [6-1]		

SCHEDULE JV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

A TEMERACINE MENTAL PROPERTY OF	
(Teliplociagnellino)	द्वार्यस्य प्रतिप्रस्थातिक स्टब्स्
House#	re Address Consideration (Mining Delta (Min
Giv	State 3 210 3
Qualifold (inst	
Namesous seditor (House a) Street	(SAEGRAS) (SAEGRASS
CIRY	
Description of Debt	States Zijo Zijo Zijo Zijo Zijo Zijo Zijo Zijo
Memor deditor	និ ំ ព្រះប្រជាជ្រុំខេត្តដែលខុស្តិតមក្សនៈវិសិ
House # Stree	(//ddic45) D/A1/10 AETONIQURRIED: (5.5) (MIX//pte//px/p) 2.5
C(V)	States: Zip C
Oeretleribinakoeb.	To in the indicate of the indi
	Addicas Scientific Debation Scientific Debatio
City	State Code
Description of Debi	
Name of equipment	VANHTERS TO A TENEDRO TO COMPANY TO A TENEDRO TO A TENEDR
	IMIA/55/XVXVI
Cest petion of District	State Zip Gode L
Name of Craditors	· · · · · · · · · · · · · · · · · · ·
House's Street	Address Date Dept incurred Significant
Gity	Stare 219 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Description of Debit :	

Pennsylvania Department of State

ERIE COUNTY

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

1111 22 2021

VOTER REGISTRATION

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 DSE8-502), 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 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	€ ^{¢h} T	Cycle 4 Tuesday Election	Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 0 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	· · · · · · · · · · · · · · · · · · ·		rcle 9 post-Special Election

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

10/21/2021

Date (DD/MM/YYYY)

Theresa Humes

Erie / PA / Erie

Printed Name

Location (City/State/Country)

DSEB-502R Updated 1/22/2021

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

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

10/21/2021

Date (DD/MM/YYYY)

Jim Winarski

Erie / PA / Erie

Printed Name

Location (City/State/Country)

DSEB-502R Updated 1/22/2021