

# 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
Name of Filing Committee, Candidate or Lobbyist	COMMITTEE TO ELECT JIM WINARSKI				
Street Address	1140 E 31ST ST				
City	ERIE	State	PA	Zip Code	16504

Type of Report (Place x under report type)

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

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	6/8/21	10/18/21	
A. Amount Brought Forward From Last Report	\$	3596.91	<p>ERIE COUNTY</p> <p>OCT 22 2021</p> <p>VOTER REGISTRATION</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	500.00	
C. Total Funds Available (Sum of Lines A and B)	\$	4096.91	
D. Total Expenditures (From Schedule III)	\$	1620.50	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2476.41	
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.

*Theresa Humes*  
Signature of Person Submitting report  
THERESA HUMES  
Printed Name

814 864-7428  
Area Code 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.

*Jim Winarski*  
Signature of Candidate  
JIM WINARSKI  
Printed Name

814 806-7228  
Area Code Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period	(2)	\$	0
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	500.00
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	500.
<b>4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	0
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)		\$	500.00

## 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]	\$		
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 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)	
Full Name of Contributor				Date (MM/DD/YYYY)	
House #		Street Address		Date (MM/DD/YYYY)	
City		State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributor				Date (MM/DD/YYYY)	
House #		Street Address		Date (MM/DD/YYYY)	
City		State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributor				Date (MM/DD/YYYY)	
House #		Street Address		Date (MM/DD/YYYY)	
City		State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributor				Date (MM/DD/YYYY)	
House #		Street Address		Date (MM/DD/YYYY)	
City		State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributor				Date (MM/DD/YYYY)	
House #		Street Address		Date (MM/DD/YYYY)	
City		State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributor				Date (MM/DD/YYYY)	
House #		Street Address		Date (MM/DD/YYYY)	
City		State	Zip Code	Date (MM/DD/YYYY)	

## 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.

Bar Identification Number	
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Full Name of Contributing Committee	ERIE REFOCUSED PAC				Date (MM/DD/YYYY)	09/13/2021	\$	500.00
House #	101	Street Address	STATE STREET, SUITE 323		Date (MM/DD/YYYY)		\$	
City	ERIE	State	PA	Zip Code	18501	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)		\$
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)		\$

### All Other Contributions

**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)**

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 Identification Number	
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Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
Receipt Description					

Full Name					
House #		Street Address			
City		State		Zip Code	
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**

<b>File Identification Number</b>	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED A VALUE OF \$500 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED A VALUE OF \$500.01 TO \$250,000 FROM EMPLOYEE</b>		
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTIONS RECEIVED A VALUE OVER \$250,000 FROM EMPLOYEE</b>		
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 #																				Date (MM/DD/YYYY)			
Street Address																				Date (MM/DD/YYYY)			
City																				State			
Zip Code																				Date (MM/DD/YYYY)			
Description of Contribution																				Date (MM/DD/YYYY)			

  

Full Name of Contributor																				Date (MM/DD/YYYY)			
House #																				Date (MM/DD/YYYY)			
Street Address																				Date (MM/DD/YYYY)			
City																				State			
Zip Code																				Date (MM/DD/YYYY)			
Description of Contribution																				Date (MM/DD/YYYY)			

  

Full Name of Contributor																				Date (MM/DD/YYYY)			
House #																				Date (MM/DD/YYYY)			
Street Address																				Date (MM/DD/YYYY)			
City																				State			
Zip Code																				Date (MM/DD/YYYY)			
Description of Contribution																				Date (MM/DD/YYYY)			

  

Full Name of Contributor																				Date (MM/DD/YYYY)			
House #																				Date (MM/DD/YYYY)			
Street Address																				Date (MM/DD/YYYY)			
City																				State			
Zip Code																				Date (MM/DD/YYYY)			
Description of Contribution																				Date (MM/DD/YYYY)			

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

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				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							
To Whom Paid		PATRICK J DIPAOLO, MEMORIAL SCHL FUND			Date (MM/DD/YYYY)	7-1-2021	100.00
House #	Street Address	P.O. BOX 3073			Description of Expenditure		
City	ERIE	State	PA	Zip Code	16508	ADS	
To Whom Paid		HOLY TRINITY ZABAWA			Date (MM/DD/YYYY)	07-21-2021	150.00
House #	2220	Street Address	REED ST			Description of Expenditure	
City	ERIE	State	PA	Zip Code	16503	HOLE SPONSOR-ADV	
To Whom Paid		POLISH FALCONS # 610			Date (MM/DD/YYYY)	07-26-2021	125.00
House #	431	Street Address	EAST 3RD ST			Description of Expenditure	
City	ERIE	State	PA	Zip Code	16507	HOLE SPONSOR - ADV	
To Whom Paid		LISA WINARSKI			Date (MM/DD/YYYY)	09-15-2021	532.00
House #	1140	Street Address	EAST 31ST ST			Description of Expenditure	
City	ERIE	State	PA	Zip Code	16504	ZABAWA PROMO REIMBURSEMENT	
To Whom Paid		JIM WINARSKI			Date (MM/DD/YYYY)	10-12-2021	713.50
House #	1140	Street Address	EAST 31ST ST			Description of Expenditure	
City	ERIE	State	PA	Zip Code	16504	DESANTIS SIGNS AND FALCONS REIMBURSE	
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			

**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.

Filer Identification Number	
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Name of creditor					Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				
City		State	Zip	Code		
Description of Debt						

Name of creditor					Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				
City		State	Zip	Code		
Description of Debt						

Name of creditor					Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				
City		State	Zip	Code		
Description of Debt						

Name of creditor					Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				
City		State	Zip	Code		
Description of Debt						

Name of creditor					Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				
City		State	Zip	Code		
Description of Debt						

Name of creditor					Outstanding balance of debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				
City		State	Zip	Code		
Description of Debt						



**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](http://www.dos.pa.gov/campaignfinance) • [ra-stccampaignfinance@pa.gov](mailto:ra-stccampaignfinance@pa.gov)

ERIE COUNTY

OCT 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 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 Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input checked="" type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-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

**Theresa Humes**

Printed Name

**10/21/2021**

Date (DD/MM/YYYY)

**Erie / PA / Erie**

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](http://www.dos.pa.gov/campaignfinance) • [ca-stcampaignfinance@pa.gov](mailto: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

Printed Name

Erie / PA / Erie

Location (City/State/Country)

DSEB-502R

Updated 1/22/2021