

COMMONWEALTH OF PENNSYLVANIA
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 NUMBER | | REPORT FILED ON BEHALF OF | | CANDIDATE <input checked="" type="checkbox"/> | COMMITTEE <input type="checkbox"/> | LOBBYIST <input type="checkbox"/> | | | | | | | | | | | |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST DEBRA WURST | | | | | | | | | | | | | | | | | |
| STREET ADDRESS 7 NORTH WASHINGTON STREET | | | | | | | | | | | | | | | | | |
| CITY NORTH EAST | | STATE PA | | ZIP CODE 16428-3315 | | | | | | | | | | | | | |
| TYPE OF REPORT (CHECK ONE) | NAME OF OFFICE SOUGHT BY CANDIDATE | DISTRICT NO. | PARTY | DATE OF ELECTION | | | | | | | | | | | | | |
| | | | | MO. | DAY | YEAR | | | | | | | | | | | |
| 6TH TUESDAY PRE-PRIMARY | North East Borough Council | Ward 2 | D | 11 | 2 | 21 | | | | | | | | | | | |
| 2ND FRIDAY PRE-PRIMARY | | | | FOR OFFICE USE ONLY | | | | | | | | | | | | | |
| 30 DAY POST-PRIMARY | | | | <div style="text-align: center;"> ERIE COUNTY OCT 21 2021 VOTER REGISTRATION </div> | | | | | | | | | | | | | |
| 6TH TUESDAY PRE-ELECTION | | | | | | | | | | | | | | | | | |
| 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | |
| 30 DAY POST-ELECTION | | | | | | | | | | | | | | | | | |
| ANNUAL REPORT | | | | | | | | | | | | | | | | | |
| DATES OF REPORTING PERIOD: <table border="1" style="display: inline-table;"><tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr><tr><td>06</td><td>18</td><td>21</td></tr></table> TO <table border="1" style="display: inline-table;"><tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr><tr><td>10</td><td>18</td><td>21</td></tr></table> | | | MO. | DAY | YEAR | 06 | 18 | 21 | MO. | DAY | YEAR | 10 | 18 | 21 | CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u> | | |
| MO. | DAY | YEAR | | | | | | | | | | | | | | | |
| 06 | 18 | 21 | | | | | | | | | | | | | | | |
| MO. | DAY | YEAR | | | | | | | | | | | | | | | |
| 10 | 18 | 21 | | | | | | | | | | | | | | | |
| AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | | | | | | | | |

AFFIDAVIT SECTION

PART I -
 If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

18 DAY OF October 2021

Debra Wurst
 SIGNATURE

MY COMMISSION EXPIRES 12 31 21
 MO. DAY YR.

Debra M Wurst
 SIGNATURE OF PERSON SUBMITTING REPORT

DEBRA WURST
 PRINTED NAME

814 725 5962
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER



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

ERIE COUNTY

OCT 21 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"/> 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 checked="" type="checkbox"/> Cycle 5 2 nd Friday Pre-Election |
| <input 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 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.

Debra Wurst
Signature of Treasurer, Candidate, or Lobbyist

10/18/2021
Date (DD/MM/YYYY)

DEBRA WURST
Printed Name

NORTH EAST, PA USA
Location (City/State/Country)