

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

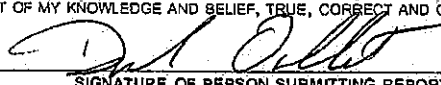
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

| | | | | | | | | | |
|--|--|---|--|--------------------|-------------------------------------|-------------------------------------|--------------------------|----------|--------------------------|
| 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 DANIEL OUELLET | | | | | | | | | |
| STREET ADDRESS 3224 West 25th Street | | | | | | | | | |
| CITY Erie | | | | STATE PA | | ZIP CODE 16506 - 2332 | | | |
| TYPE OF REPORT (CHECK ONE) | | NAME OF OFFICE SOUGHT BY CANDIDATE | | | DISTRICT NO. | PARTY | DATE OF ELECTION | | |
| 6TH TUESDAY PRE-PRIMARY | | 1. Millcreek Township Supervisor | | | 32 | R | MO. DAY YEAR | | |
| 2ND FRIDAY PRE-PRIMARY | | 2. | | | | | | | |
| 30 DAY POST-PRIMARY | | 3. | | | | | | | |
| 6TH TUESDAY PRE-ELECTION | | 4. | | | | | | | |
| 2ND FRIDAY PRE-ELECTION | | 5. | | | | | | | |
| 30 DAY POST-ELECTION | | 6. | | | | | | | |
| ANNUAL REPORT | | 7. <input checked="" type="checkbox"/> | | | | | | | |
| | | DATES OF REPORTING PERIOD | | | TO | | | | |
| | | MO. DAY YEAR | | | MO. DAY YEAR | | | | |
| | | 1 1 24 | | | 12 31 24 | | | | |
| | | CASH BALANCE AT END OF REPORTING PERIOD: \$ <2,000.00> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0 | | | | | | | |
| | | AMENDMENT REPORT? | | YES | NO | <input checked="" type="checkbox"/> | | | |
| | | TERMINATION REPORT? | | YES | NO | <input checked="" type="checkbox"/> | | | |
| FOR OFFICE USE ONLY | | | | | | | | | |

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 | | SIGNATURE OF PERSON SUBMITTING REPORT | |
| DAY OF 20 | |  | |
| SIGNATURE | | DANIEL OUELLET | |
| MY COMMISSION EXPIRES | | PRINTED NAME | |
| MO. DAY YR. | | 814 823-5395 | |
| | | 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 | | SIGNATURE OF CANDIDATE | |
| DAY OF 20 | | | |
| SIGNATURE | | PRINTED NAME | |
| MY COMMISSION EXPIRES | | AREA CODE DAYTIME TELEPHONE NUMBER | |
| MO. DAY YR. | | | |



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure

500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

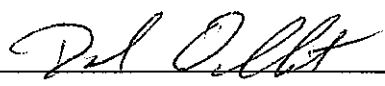
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

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 | | | | |
|---|--|--|--|---|
| Daniel Ouellet | | | | |
| 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 type="checkbox"/> Cycle 6 30 Day Post-Election | <input checked="" 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
Daniel Ouellet

Printed Name

1/20/2025

Date (MM/DD/YYYY)
Erie, PA USA

Location (City/State/Country)