

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 ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Friends of Dean Carlson					
STREET ADDRESS 4665 Tulane Avenue					
CITY Erie		STATE PA	ZIP CODE 16506-1519		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
	1. 6TH TUESDAY PRE-PRIMARY				NO. DAY YEAR
	2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>				05 20 2025
	3. 30 DAY POST-PRIMARY				
	4. 6TH TUESDAY PRE-ELECTION				
	5. 2ND FRIDAY PRE-ELECTION				
	6. 30 DAY POST-ELECTION				
7. ANNUAL REPORT					
DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR	
		01 01 2025 TO		05 05 2025	
CASH BALANCE AT END OF REPORTING PERIOD:		\$ 54.17			
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 2025 MAY 12 PM 2:23 ERIE COUNTY VOTER REGISTRATION					

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	
DAY OF	20
SIGNATURE	
MY COMMISSION EXPIRES	
MO. DAY YR.	

SIGNATURE OF PERSON SUBMITTING REPORT Nadine Carlson	
PRINTED NAME	
814	397-1604
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 Dean Carlson	
PRINTED NAME	
814	340-8204
AREA CODE	DAYTIME TELEPHONE NUMBER



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				
Friends of Dean Carlson				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input checked="" 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 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.

Nadine Carlson
Signature of ~~Treasurer~~ Candidate, or Lobbyist
Nadine Carlson
Printed Name

05/06/2025
Date (MM/DD/YYYY)
Erre, PA, USA
Location (City/State/Country)



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

Part II - If this is submitted with a statement in lieu of full report by a Candidate's Authorized Committee, candidate 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.

Dean Carl
Signature of Candidate

05/06/2025
Date (DD/MM/YYYY)

Dean Carlson
Printed Name

Enz, PA, USA
Location (City/State/Country)