Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification 83-3710783	Report Filed By (Mark X)	Candidate	Com	mittee	Lobbylst
Name of Filing Committee, Candidate or Lobbyist	The Committee to I	Elect Kim Clear	A COLUMN TO THE PARTY OF THE PA		Production (Virginia)
Street Address	4855 Asbury Rd				
City Erle		State PA	· Zip C	ode 16506	
Type of Report (Place x under report type)					
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	 Appendix 1. (2) (1975) (1975) (1975) 	医对子医疗病 医乳腺性硬化性 医二甲二甲基甲基	O Day Post 7- Ar ction	inual Special 2 nd Pre-Electio	
Date Of Election (MM/OD/YYYY) 11/02/2021	Year	1992650	endment ort	Termination Report	Sh'
Summary of Receipts and From Date	To Date	DAIRE		For Office Use O	KKY
Expenditures 1/1/2021		1/2021			
A: Amount Brought Forward From Last Report	\$ 700	00.12	<u> Mistrice () (K. Franke) (Reskl. A)</u>	o jaga diginda asat sila andra daskesar i na Shalladi sig	erik proce, je i krijeta i tiko i diki potentri po od mestata poli
B:Total Monetary Contributions and Receipts (From Schedule I)	\$ 450	0.00			
C-Total Funds Available (Sum of Lines A and B)	\$ 745	50.12			P-3
D: Total Expenditures (From Schedule III)	\$	0			
E. Ending Cash Balance (Subtract Line D. from Line C)	\$ 745	50.12			Ca.)
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0			-0 -2
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0			75
		Affidavit Section			S
Part 1- If this is a Committee report, treasurer sign has swear (or affirm) that this report, including the atta-				belief true, correct ar	nd complete.
Sworn to and subscribed before me this			∞	<u> </u>	
day of20	- '1		lan X	Hay	
	-	Allan R	Signature of Person Thayer	on Submitting report	
Signature	-		Print	ed Name	
My Commission expires	_	814		882-4951	
MO, DAY YR.		Area C	ode	Daytime Telepho	ne Number
Part II- If this is a report of a Candidate's Authorized					9.409.40.4.40.
I swear (or affirm) that to the best of my knowledge amended.	and belief this politic	cal committee has no	ot violated any provis	ions of the Act of June	e 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this					
	• •		Kind has	1. A Clu	% _
day of20	-			Candidate	<u> </u>
Signature	- [<u>Kimberl</u>		l Name	
My Commission expires	, #	814		881-9270	
MO. DAY YR.		Area C	ode	Daytime Telephon	ne Number

SCHEDULE! Contributions and Receipts

Detailed Summary Page

Filer Identification Number	83-3710783		•••• •••••••••••••••••••••••••••••••••

		1 44.1	A Comparison to the property of the property o
1. Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		syri v⊜r	경에 들어 가는 것이 하는 것이 되었다. 그들은 사람들이 되었다. 그들은
Total for the reporting period	(1)	ę	Principal Colored Library Laborates der kalk kantinasy textogs och vide i 1.000 gas av volumen. Till
Total for the reporting period (۱*٬	7	450.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period ((2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	o
All Other Contributions (Part D)		\$	o
Total for the reporting period (3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		77.90 1245.0	
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, Repo Cover Page, Item B)	ort	\$	450.00

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

	83-371078	0.3			
7-41-412-565	Projective Control			To approximate a vertical	Amount
Full Name of Co Committee	ntriouting			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
				ల బంజులు ●జనుకుత్వాలా చేసినిప్పేకే∳్	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
	way 1 ca. 1 - 2				177 1 52 70 \$1 30
Full Name of Co Committee				Date [MM/DD/YYYY]	\$ \$ \$ \$ \$ \$ \$
House #	Street Address			Date [MM/DD/YYYY]	
City	Total State of the	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cor Committee	ntributing	1 - 65, 27 27 1 2	research de Ariani.	Date [MM/DD/YYYY]	18
House #	Street Address			Date [MM/DD/YYYY]	- S
Gity		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cor Committee	ntributing	per.2000008	Discount State of the Comment of the	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City	48 - 128 FO 4 FO 4	State	Zip Code	Date [MM/DD/YYYY]	4 C 3 C 4 C 4 C
Full Name of Cor Committee	itilbuting	Landson best	Englisherschiere E.C. 3	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$ 1
Full Name of Cor Committee	ntributing	1 000000	1,26,54,73,95,25, 3, 48	Date [MM/DD/YYYY]	\$\frac{1}{2} \cdot \frac{1}{2} \cdot \frac{1}{
House #	Street Address			Date [MM/DD/YYYY]	\$
City	· · ·	State	Zip Code	Date [MM/DD/YYYY]	\$
				7-	
		1	 I a de la prime de la companya de la filipida de la companya de la	•	

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.)

Filèr (dent)fication Number:	83-3710783			
THE PARTY OF THE P				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	t Address		Date [MM/DD/YYYY] \$	
(City)	State	Zip Code	Date [MM/DD/YYYY] \$	·
(Full Name of Contributor	[to 000000 [to	Date of the special special	Date [MM/DD/YYYY] \$	
(Rouse # Stree	t Address	· · ·	Date [MM/DD/YYYY] 5	***************************************
icity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Stree	t Addréss		Date [MM/DD/YYYY] \$,
City	State	Zip Code	Date [MM/DD/XYYY] \$	
Full Name of Contributor.			Date (MM/0D/XXXX)	· · · · · · · · · · · · · · · · · · ·
House# Stree	t Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		-	Date [MM/DD/YYYY] \$	
	t Address		Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] 57	
Füll Näme of Contributor			Date [MM/DD/YYYY] S	
initiani	t Address		Date [MM/DD/YYYY] \$	
	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.

Filer identification	83-3710783			* · · · · · · · · · · · · · · · · · · ·	

Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	ommittee /				
House#	Street Address			Date [MM/DD/YYYY] & \$	
	3 Yo.				
City	\$45.0 \$45.50 \$4.50 \$2.50 \$5.00	State	Zip Code	Date [MM/DD/YYYY]	
		er all sign of the		and and the desired and the second a	
Full Name of	an constitution		Control of Bull Control	Date [MM/DD/YYYY] \$	
Contributing Co	immittee "				
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
Gity	41.346.15.355.1546.45	State	Zip Code	Date [MM/DD/YYYY] (\$	
	·.	4236			
Full Name of				Date [MM/DD/YYYY] \$	-
Contributing Co	mmittee /				
House #	Street Address		· • • • • • • • • • • • • • • • • • • •	Date [MM/DD/YYYY] S	
To the second					
City	Least (1007) 45% 45% 55% 554 6	State	Zip Code	Date IMM/DD/YYYYI \$	
		100 May 15 31 May 15 31 May 15			
Full Name of Contributing Co		,		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] (5)	
	our soldere reterration of	1000			
Full Name of Contributing Co				Date [MM/DD/XYYY] \$	
C. C	A CONTRACTOR			l contraction of the contraction	
House #	Street Address			Date [MM/DD/YYYY] \$	
				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
City //		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				MASS SECTION OF THE PROPERTY AND THE PRO	
Contributing Co	252 3c			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
TANKAN I		(Section 1)			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		-7 C X 57			

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)

Filer Identification Number:	3710783		
FUII Name of Contributor			Date [MM/DD/YYYY] \$
House # Street A			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		1.0 2025 (1995) A 2000 (1991) - 1	Occupation
Employer Malling Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street A	ddress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] S
Employer Name Employer Malling Address /			Occupation
	ren de la companya d		
Full Name of Contributor			Date [MM/DD/YYYY] \$
(House # Street Ar	ddress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] S
Employer Name Employer Mailing Address /	A A A A A A A A A A A A A A A A A A A		Occupation
Principal Place of Business	ik (spin) (s.) 18. skilik (s.) 18. skilik (s.)		
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Ac	ldress		Date [MM/DD/YYYY] \$
CHY	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	1/200 200 200 1 1/200 200 200 200 200 200 200 200 200 200	▼ 2004 offender i de Order 1764	Occupation
Employer Mailing Address / Principal Place of Business	The state of the s		Little Control

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	83-3710783		·	•
A Sweet Handwicks and Company				
Full Name				
House #	Street Address			
CITY		State	Zip Code	Date [MM/DD/YYYY] \$
Réceipt Description	75 (1) 79 (1)		200.00	
are the second				
Full Name				
House #	Street Address			
(City)		State	Zip Code	Date [MM/DD/XYYY] \$
Receipt Description				
Füll Näme	1500 15			
House #	Tarana and an analasa and an analasa an			
	Street Address	NO-singer/a		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
ieros describiros de localida.	ingla Alama Managa			
Full Name				
	Street Address			
City	herse-	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			#1887 as	
Full Name	ANGER			Name of the last o
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Réceipt Description	Andrews Marketter Marketter	Section 2		955 355 375
	22.5 22.60			
Füll Name	234105			AND LIBERTY OF THE PROPERTY OF
	Street Address	F. C. V. L.		
City	4374 Maria Maria Maria	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	(2015年) (2015年) (21)		Name (All Control of the Control of	[127]
图14年18年,1927年,1927年(1927年)	PRO PROPERTY OF THE PROPERTY O			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number 83	-3710783		
ILEMANIA BARAN TIVI	September 2001 - Joseph Golden and American Control	2000 5 - 200 5 1 100 100 7 See 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
4 UNITEMIZED IN-KIND CO	ONTRIBUTIONS REGEIVED VAI	UE OF \$50.00 OR LESS PER CO	NTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTION	S RECEIVED-VALUE OF \$50:01	LTO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
IN-KIND GONTRIBUTION	REGEIVED VALUE OVER \$250	YAAVEROM PARIOGVESS	
STOP SECURITION STATES AND ADDRESS OF THE STATES.		The Assertion	en e
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRII PERIOD (Add and enter amount to on Page 1, Report Cover Page, Item	tals from boxes 1, 2, and 3; a	- I	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer	dentification Number: 83-3710783			
Second.	\$1\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			

Full Name of Contrib	iliof:			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	(889) (889)	State	Zip Code	Date [MM/DD/YYYY]	
Description of Contri	outlon		, A. M		
Full Name of Contrib	itor.			Date [MM/DD/YYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	3
Description of Contri	ution				
(Full Name of Contrib	itor			Date [MM/DD/YYYY]	
House #	Street Address	, , , , , , , , , , , , , , , , , , , ,		Date [MM/DD/YYYY]	
City Description of Contril	int co	State	Zip Code	Date [MM/DD/YYYY]	
Melica pela constitui si	Wildeling on Alexand	.			
Full Name of Contribu				Date [MM/DD/YYY]	
(House #	Street Address			Date [MM/DD/YYYY]	
City. [Description of Contril	muanyese sasasana	State	Zip Code	Date [MM/DD/YYYY]	15
Kalin and State of the State of the State of	Artistic ation in the contract of the contrac				A-1-71
Full Name of Contribu				Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City Description of Contril		State	Zip Code	Date [MM/DD/YYYY]	\$\$ \$25 \$25
pescription or Contri	JULION .				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

File: Identification Number:	
Filer identification Number: 83-3710783	

Full Name of Contributor		Date [MM/DD/XYXX] /\$
House'# Street Address		Date (MM/DD/YYYY) \$
City	State Zip Code	Date [MM/DD/YYYY] (\$)
Employer Name		Occupation
Employer Mailing Address / Principal	A	Description
(Place of Business		of Contribution
(Full Name of Contributor		OPTO CILO/OP/AXXI BASE SE
WEAR LEAST STATE OF THE STATE O		
flouse# Street Address		Pate (MM/OP/YYY) \$
GHY	State Zip Code	Date [MM/QD/XYYX] \$
Employer Name	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Occupation
Employer Mailing Address / Principal Place of Business	And the second s	Description of Contribution
Full Name of Contributor	241.	OSE (MM/OD/MM)
/House # Street Address		Date [MM/DD/YYYY] \$
	E 177 274 E 177 27 2000	
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation 7
Employer Malling Address / Principal	66 65 65 65 65 65	Description
Place of Business		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	y 1	Description
Place of Business		of Contribution

Statement of Expenditures

Filer Identification Number: 83-3710783	

STATE OF THE PARTY.				
To Whom Pa	1(0) / / / / / / / / / / / / / / / / / /			Date [MM/DD/YYYY] \$
Ballago (S.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			第
House #	Street Address	\$		Description of Expenditure
City		I BOXESTON I	14. 电影响力持续基础	
		State	Zip Code	
To Whom Pa	ald W			Date [MM/DD/YYYY] \$
House #	Street Address	\$.		Description of Expenditure
1041210	Paradora de la		1.2-45557 Tar.56	
(EKY)		State	Zip. Code	
To Whom Pa	id			Date [MM/DD/YYYY] S
		<u></u>		
House #	Street Address	1		Description of Expenditure
7010111	E) (4.18.19)	(Peiers)	1の車•並なわかりで大・	
(City		State	Zip Codě	
To Whom Pa	id 🐔			Date [MM/DD/YYY]
	12 27 6 20 4 7 6 20 4 7 6			
House #	Street Address	1		Description of Expenditure
	11 17 18 18 18 18 18 18 18 18 18 18 18 18 18	IVALUE :	Total Control of the Control	
(City		State	Zip Code	
To Whom Pa	d			Date [MM/DD/XXXX] \$ 5
House #	Street Address			Description of Expenditure
			Let Add William Congress	
Gity		State	Żip Code	
To Whom Pai	d			Date [MM/DD/YYYY] S
				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Höuse#	Street Address	4		Description of Expenditure
建 种的。		Display	Levis ability of the second of	The state of the s
City.		State	Zip Code	
To Whom Pal	id S			Date [MM/DD/YYYY] \$
Hollanday 1	#10000 #2 <u>003</u>			
House #	Street Address	4		Description of Expenditure
			I st ⊆e San a jong a jo	
City		State	Zip Code	
To Whom Pal	8			Date [MM/DD/YYYY] \$
House #	Street Address	<i>j</i>		Description of Expenditure
City		L'GAAAR	e st. on the g	
City		State	Zip Code	
LANGE AND THE STATE OF		Edde/Sector	2.00 m m m m m m m m m m m m m m m m m m	, I

SCHEDULE IV

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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do Alexander		83-3710783			
	表现的,我们就是这种一点,这些有效的。这是这个人是这种的是这种的。				
	Haran and Professional Continues Specific (1975) and the first first of the first o				
100					

Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\ \$
Education C				
City		State	Zip Code	
Description of Debt		1 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Name of Creditor	Maries 1			Outstanding Balance of Debt
House #	Street Address	7347 5774 7675	DATE DEBT INCURRED [MM/DD/YYYY]	
		1V2.42		
City		State	Zip Code	
Description of Debt	1946 Sale		Espainite Line, 1900 2	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	S
		15/15 15/16/	[MM/DD/YYYY]	
City	Sale 22	State	Zig	
Description of Debt			Code	2003 2003 2004
Name of Creditor	74 (94) 75 (4)			Outstanding Balance of Debt
House #	 Street Address	1940	DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
(City)		State	Zip	
Description of Debt			Code	
	N ₀ .1.			
Name of Creditor House #		Desper		Outstanding Balance of Debt
(nouse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
Gity	850	State	8 Z (p . 3.28)	
			Code	45. 46.0 4.0
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	*
TERRED VICTOR		St. 12 a		* 0% 1046 0000
Clty		State	Zip Code	
Description of Debt	56 de 18 de	<u> </u>		
neattain an al Albertail is	74 a 6 g			



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@pa.gov

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 The Committee to Elect Kim Clear							
Reporting Cycle Name Cycle 1 Cycle 2 6th Tuesday 2nd Friday Pre-Primary Pre-Primary		Cycle 3 30 Day Post Primary Cycle 4 6th Tuesday Pre-Election		C ycle 4 uesday	☐ Cycle 5 2 nd Friday Pre-Election		
☐ Cycle 6 30 Day Post-Election	Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	Election	•	cle 9 ost-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

 $\frac{1/20/2022}{\text{Date (DD/MM/YYYY)}}$

n R. Thayer

Lastian (City/State/Country)

Printed Name



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Bullding, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-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

Date (DD/MM/YYYY)

1/20/2022

Kimberly A. Clear

Location (City/State/Country)

Printed Name