ï	1/69点	LEGIN	40.0	1.1.11112	OHID

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

Filer Identification Number			,	Report Filed By Can (Mark X)		Candida	ite		Commit	88	X	Lobi	oyist			
Name of Filing Committee, Candidate or Lobbyist					Corry Democtaic Party											
Street Address				Ī.,											· · · · · · · · · · · · · · · · · · ·	
City					Albert Woo	od 469	State	uth Street PA		Zip Code 16407						
Type of Report (Plac		report tyr	re)							(13 x 13 x 14 x 14 x 14 x 14 x 14 x 14 x	101					
				li sa si a n			# = 1 7 % **	1.47555								
	2 nd Friday 3- 30 Day Po Primary Primary				luesday Election	\$ 14 a	^d Friday Election	6-30 Day Post Election		7-Annua		Special 2 nd Friday Pre-Election		Special 30 Day Post-Election		
Date Of Election]	Year				Amend	mant	X	Torrel	ination				
(MM/DD/YYYY)	184				Report	Ment		Repor	*******							
Summary of Receipt Expenditures	s and	From Da	ate		To Date			For Office Use Only								
A. Amount Brought	Forward F		/2021 Repor l	t \$	12/31/2021											
B. Total Monetary Co (From Schedule I)	ontributic	ns and Re	ceipts	\$	\$ 4505.95			ERIE COUNTY								
C. Total Funds Availa (Sum of Lines A and				\$	-0- \$ 4505.95			JAN 19 202 VOTER REGISTRATION								
D. Total Expenditure (From Schedule III)	18			\$	\$ -0-											
E. Ending Cash Balan (Subtract Line D from	n Line C)				\$ 4505.95											
F. Value of In-Kind Co (From Schedule II)			ed		-0-											
G. Unpaid Debts and (From Schedule IV)	Obligatio	ns		\$	-0-			<u>-</u>		V-11		····		***		
Part 1- If this is a Co mm	ittee repor	4 transura	- clan h	If 4	lkia ia a Car		ffidavit Sec								··	
swear (or affirm) that	this report.	including t	he atta	ched so	nis is a can hedules or	naper	is to the	indicate અફ hest of mv	In nere.	ne and helie	f true corre	ect and comple	ha			
I swear (or affirm) that this report, including the attached schedules on paper, is to Sworn to and subscribed before me this And any of Angulary 20 20 Signature Signature The Hartman, Notary Hublic								Signature of Person Submitting report Albert M. Wood								
My Commission expires My commission expires My commission expires						r 9. 202	Frinted Name									
Mo. Saynmissyan no					umper 1353914			Area Code Daytime Telephone Number								
Part II- If this is a report I swear (or affirm) that t amended.	of a Candid to the best	l ate's Auth of my know	orized vledge a	Commi and bel	i ttee , candi lief this pol	idate si itical co	nall sign he ommittee l	ere. has not vio	lated any	provisions	of the Act of	f June 3, 1937 (P.L. 133	3, NO.3	20) as	
Sworn to and subscribed	d before me	this •														
day of		20														
day of						_	Signature of Candidate									
Signa	•	.1			Printed Name											
My Commission expiresMO. DAY YR.							A	rea Code		Da	aytime Telep	phone Number	_			
	,															