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

			(141	ote: Ir						e. It sno	uld be type					
Filer Identificat Number						ort Filed ( ark X)	Ву	Candida	ate		Committe	e	X	Lob	byist	
Name of Filing Committee, Candidate or Lobbyist			Foust for Controller													
Street Address					4331	Neptune D	Prive							•		
City	Erie	2	<u>111, 96 w 8 6 6 9</u> 9	<u> </u>			İ	State	PA	····	Zip Code	16506				
Type of Report	(Place x u	nderı	eport typ	oe)							1 1				····	
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary			and the second	Tuesday Election	4 10 10 10 10 10 10	5- 2 <sup>nd</sup> Friday Pre- Election		ay Post	7- Annual		Special 2 <sup>nd</sup> Friday   Special 30 Pre-Election   Post-Elect		网络沙丘 化邻苯甲酰氯酚甲甲基			
			Agran Salah		,7 mp		Γ				$\nabla$		<u> </u>	¥ (4 % 4)		
Date Of Election (MM/DD/YYYY	the analysis of the second		<u> </u>		Yea		970 	<u> </u> D3O	Amend Report	and the first of the first		Termin Report				
Summary of Re	ceipts an	d	From Da	ate		To Date	e :				l Fo	r Office Us	e Only	a Johan C	nega yak	140 mm
Expenditures			1/1/	/2020		of the second	Party Sprin	1/2020								
A. Amount Brou	ight Forw	ard F	rom Last I	Report		,	8230.7	<b>'1</b> .		<u> 1941 - 1948 - 1948</u>	(2) (3) (3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	<u> Alger fan gûnd</u>	ect <sup>aria</sup>	P3	<u> </u>	
B. Total Moneta (From Schedule	1)	butio	ns and Re	eceipts	3	;	0							120		
C. Total Funds Available (Sum of Lines A and B)				्र	•	8230.7	1	2021 JAN 26 FRIE CO								
D. Total Expenditures (From Schedule III)			\$	\$ 408.45		COUNTY ATION										
E. Ending Cash Balance (Subtract Line D from Line C)			\$	\$ 7822.26												
F. Value of In-Kind Contributions Received (From Schedule II)			\$	\$ 0												
G. Unpaid Debts and Obligations (From Schedule IV)			Ş	\$ 0												
								ffidavit Se				•				
Part 1- If this is a C I swear (or affirm)											ge and belief t	true, correc	t and comple	te.		
Sworn to and subs											^					
day of_			20					5	well	ller	Passe	sale				
									Sue Ellus Pasquale  Signature of Person Submitting report ue Ellen Pasquale							
NAT.	Signature				-   -				C EIICHT G	square	Printed Nar	ne				
My Commission ex	coires				81			814 833-0536								
MO. DAY YR.			A			Area Code Daytime Telephone Number										
Part II- If this is a re	eport of a	Candid	ate's Auth	orized C	Comm	ittee. cand	idate s	hall sign h	ere.	,						
I swear (or affirm) amended.										olated any	provisions of	the Act of J	une 3, 1937	(P.L. 13	33, NO.320)	as
Sworn to and subs	cribed befo	ore me	this							\	1 7	9				
day of20			1				<u>Vyv</u>	10	:							
	Signature			<del></del> .				<u>Ку</u>	le Foust		ature of Cand		<del></del>			
	•					, 1		81	Λ		Printed Name 218-3					
My Commission ex	pires MO		DAY	YR.	-				rea Code	<del></del>			none Number	 r		

## SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		
	oust for Controller	Ī
The second secon		- 1

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
1. Ontermized Contributions and Receipts-550.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0.00
All Other Contributions (Part B)		\$	0.00
Total for the reporting period	(2)	\$	0.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0.00
All Other Contributions (Part D)		\$	0.00
Total for the reporting period	(3)	\$	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		다 (주) 당 (건)	
Total for the reporting period	(4)	\$	0.00
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, Rep Cover Page, Item B)	port	\$	0.00

#### 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

	<b>FOUST TO</b>	r Controller		,	
- market of the					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
Commerce					
House #	Street Address			Date [MM/DD/YYYY]	\$
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City	And the second of the second o	Para		The salph honors	
		State	Zip Code	Date [MM/DD/YYYY]	\$
	**************************************				
Full Name of Co Committee	intributing			Date [MM/DD/YYYY]	\$
House #	Street Address	<del></del>	Altria de la companya	Date [MM/DD/YYYY]	\$
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		l'accient	L man	= i To Tak In Diboon	
City	•	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co				Date [MM/DD/YYYY]	\$
Committee				1	
House #	Street Address	<del></del>		Date [MM/DD/YYYY]	\$
				Pare Training - Francis	(ACI) Banara
City		State	Zip Code	Date [MM/DD/YYYY]	Ş
Full Name of Co Committee				Date [MM/DD/YYYY]	<b>-5</b>
House #	Street Address			Date [MM/DD/YYYY]	
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City		State	Zip Code	Date [MM/DD/YYYY]	50 P F <u>2</u> 0
City		Slate	Zip Code	Date Innahon Litin	\$ . - 1
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					AL SE
House #	Street Address	<del>, , , , , , , , , , , , , , , , , , , </del>		Doto [MAN/DD/VVVV]	
	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	<u> </u>	M. 541 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
Full Name of Cor Committee	otributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
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- Company	San		The same of the sa	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				<u> </u>	

#### 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.)

Filer Identification Number:			
Foust for Controller	Foust for Controller		

Full Name of Co	a stella itar			Date [MM/DD/YYYY] \$	
ruii nances	Milliaro			Date [MM/DD/YYYY] \$	J
					1
House #	Street Address	é	27, f + 1 - 1148/ <sub>1-3</sub> m	Date [MIW/DD/YYYY] \$	
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City		State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Co	antributor .	Profession (1995)	Cana a rate a care a	Date [MM/DD/YYYY] - \$	
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House #	Street Address	,	·	Date [MM/DD/YYYY] \$	
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City	位等ができませんができません。	State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Co	ntributor	Kasasa a teori	Security March Classes of Control Management	Date [MM/DD/YYYY] \$	
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House #		- L	*******		
House #	Street Address	1		Date [MM/DD/YYYY] \$	,
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City	Page 11 may 1 may	State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Co	entributor	Min. 2002230.11	[20] [20] [20] [20] [20] [20] [20] [20]	Date [MM/DD/YYYY] \$	
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<u> </u>	Face	•	**************************************	A CALL OF THE CONTROL	
House#	Street Address	1		Date [MM/DD/YYYY] \$	1
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Full Name of Co	ntributor		N. C. S.	Date [MM/DD/YYYY] \$	
	10 m				ļ
House #	Street Address			Date [MM/DD/YYYY] \$	
	7.00 - 100 -	1		Pare Inion RAS DE DE A	1
		A Comment of the Comm			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	Atributor			Date [MM/DD/YYYY] \$	
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House #	Street Address	(	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
		I		**************************************	.
		TREEE SAI	1782年7月4年27年三月4月 (日		
City		State	Zip Code	Date [MM/DD/YYYY] \$	1
。 第2条数据数					Ţ

#### 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 Identificatio	on Number: Foust for Controller		·	
The Salat Sala				
Full Name of Contributing Co	ommittee .		Date [MM/DD/YYYY] 5	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	Smiliter	Para to Manager and a	Date [MM/DD/YYYY] \$	
		<u>,                                      </u>		
House#	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ammittee		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee .		Date [MM/DD/YYYY] .\$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Cor	mmittee *		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Con	mmittee		Date [MM/DD/YYYY] \$	
House #	Street Address		Date [MM/DD/YYYY] 5	<u>,                                     </u>
City	State	Zip Code	Date [MM/DD/YYYY] \$	<del></del> i

#### PART D

# **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:			
Foust for Controller	•		
	· · · · · · · · · · · · · · · · · · ·		
Full Name of Contributor		Date [MM/DD/YYYY] \$	

Full Name of Co	ontributor			become the kine of the Appl
				Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	120 1 10 1 10 1	State	Zip Code	Date [MM/DD/YYYY] \$
	1000 000 0000			
Employer Name	<b>e</b> :	1		Occupation
Employer Mailir		1		
Principal Place o	(2) (2) (2) (2) (2) (2) (2) (3) (3) (3) (3) (3) (3) (3) (3) (3) (3			
Full Name of Co	intributor			Date [MM/DD/YYYY] \$
House #	Street Address	- Maria		Date [MM/DD/YYYY] .\$
City		State	Zip Code	Date [MM/DD/YYYY] 5
			LIPCOUL	Date [www/DD/1111]
Employer Name		25574.5		Occupation
Employer Mailin				
Employer Mailin Principal Place o				
Full Name of Co	regardine programme a grazia i diferenti ne programme i dispeti i dispeti i dispeti			Date [MM/DD/YYYY] \$
House #	Street Address			The state would be stated to the state of th
Paris Paris				Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
- Name				
Employer Name	entroperation of the control of the second s			Occupation
Employer Mailing Principal Place of		•		Process 200 (200 (200 (200 (200 (200 (200 (20
Full Name of Con	and the second of the second o			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
	-			
Employer Name			Professional to the sec.	Occupation
Employer Mailing Principal Place of		***************************************		
Antigodist Control at the Association of the control and the control at the contr	All the distributions of the second of the s			

#### **PART F**

# **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 Nun	nber: Foust for Controll	er		
	· · · · · · · · · · · · · · · · · · ·	-		
Full Name			······································	
House #	Street Address		1944	
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address		, at.,	100
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Füll Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
			· · · · · · · · · · · · · · · · · · ·	
Full Name				
House #	Street Address		<u> </u>	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	-			
Full Name				
House#	Tes a constant			
	Street Address	In Environment		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name			<del></del>	
House#	Street Address			
City	TAREET AUGIESS	State	[[元]] [[元]] [[元]	Date [MM/DD/YYYY] \$
		- Adde	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		** ** ** ** **************************	The second of th	1 12.24
Control and Control State Control Cont	Car 11 - No.	<del> </del>		

#### SCHEDULE!

# **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: Foust for	r Controller		
1. UNITEMIZED IN-KIND CONTRI	IBUTIONS RECEIVED-VALL	JE OF \$50.00 (	OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	0.00
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.01₹	FO \$250,00 (F	FROM PART F)
TOTAL for the reporting period	(2)	\$	0.00
3. IN-KIND CONTRIBUTION RECEI	IVED-VALUE OVER \$250.0	IO (FROM PAR	RŤG)
TOTAL for the reporting period	(3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)		1 ' 1	0.00

#### SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:		
Foust for Controller		

Full Name of Contributor				Date [MM/DD/YYYY]	1 004.00
Full (Marine Cr.	utor			Date [MM/DD/1111]	<b>8</b>
House #	Street Address	7,65		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	<b>3</b>
Description of Contri	lbution				
Full Name of Contrib	uttor.			Date [MM/DD/YYYY]	<b>\$</b>
House#	Street Address			Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	
	-			<u>्रेक्टिकेट विकास विकास के लाउन के अपने का अपने का स्थाप</u>	
Description of Contril		497-1207-1	ECO problement of the control of the		(C. 1800.0)
Full Name of Contribu	utor			Date [MM/DD/YYYY]	<b>\$</b>
			1		
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	bution	N. Taranasa 18 - San			
Full Name of Contribu	Tene			Date [MM/DD/YYYY]	\$
Euri year	AVA		ŀ	Date [MiN/DD/3-17-1	\$
House #	Street Address			Date [MM/DD/YYYY]	<b>5</b>
City	<u>  180-299988-08-20-38</u> 1	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contrib	bution			7	
70 Ex 61 12 14 14 14 14 14 14 14 14 14 14 14 14 14	ALTO DESCRIPTION				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address		1	Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
e de la control		Color Berger (Sept. 1972)	The state of the s	<u> </u>	
Description of Contrib	ution				

# SCHEDULE II Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

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Filer Identification Number:	1			
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<ul> <li>Control (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)</li></ul>	1			

Full Name of Cont	ributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing Place of Business	Address / Principal			Description of Contribution
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	Technical Association and Control of the Control of	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			[ATT ] 200	Occupation
Employer Mailing Place of Business	Address / Principal			Description of Contribution
Full Name of Conti	ibutor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
*City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing / Place of Business	Address / Principal		·	Description of Contribution
Full Name of Contr	ibutor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	100 mm and	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			· Annual Magagament	Occupation .
Employer Mailing A Place of Business	Address / Principal	2010		Description of Contribution

# Statement of Expenditures

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Filer Identification Number:			
Foust for Controller			
The state of the s			

To Whom Paid		Date [MM/DD/YYYY] \$				
	United Way of Erie Co	ounty		01/26/2020	35.00	
House # 420	Street Address W 6th Street Suite 200			Description of Expenditure		
176. en 12.		State	Zip			
<b>Gity</b> Erie		2020 Annual Dinner				
To Whom Paid	First National Bank			Date [MM/DD/YYYY] \$	40 I	
	THIS THE CONTROL OF T			02/26/2020	78.45	
House # 4140	Street Address E S	State Street		Description of Expenditure		
<b>City</b> Hermitage	1	State PA	Zip Code 16148	check reorder	und der und der der der <u>der State der der der der der der der der der de</u>	
To Whom Paid				Date [MM/DD/YYYY] \$	er i	
100 (100 (100 (100 (100 (100 (100 (100	Harborcreek Baseball	Club		7/20/2020	295.00	
House # 7214	Street Address Gru	ubb Rd c/o Whisperin	g Woods	Description of Expenditure	4	
City Erie		State PA	Zip Code 16506	sponsored hole for golf outing	n filosofie (1994 - 1994) en	
To Whom Paid		- Rashbanda ada na	(MCP controped 280)	Date [MM/DD/YYYY] \$		
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House #	Street Address			Description of Expenditure		
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To Whom Paid		##: _ ##2 , ##\$ ( ] \$ ; # T = E ;	Trace says with the	Date [MM/DD/YYYY] \$	V.	
House #	Street Address		<del></del>	Description of Expenditure		
City	•	State	Zip			
			Code		<u> </u>	
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Description of Expenditure		
City		State	Zip Code			
To Whom Paid		Promphision of		Date [MM/DD/YYYY] \$	A	
House #	Street Address			Description of Expenditure	T Compatible of Compatibility of States (Compatibility of States (Compatibility of States (Compatibility of States	
City		State	Zip Code	Agreement, a sometime, second to transcripts, that the transcripts agree	tanan kunder ere i sankar erangi yezhet ere a sa sa sa	
To Whom Paid				Date [MM/DD/YYYY] \$		
House #	Street Address	Description of Expenditure				
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City		State	Zip	A CONTRACTOR OF THE CONTRACTOR	om och med seg gjärtaren köre injälle in 1901/240	
	0		Code			

#### **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.

		 	 	cha9	pc.iou.
Filer Identification Number:	Foust for Controller			-	_
		 	 	****	

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
		- Harris	
City		State Zip Code	
Description of Debt		12 - C - 200	. Tuesd
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	•
City		State Zip Code	
Description of Debt		5.33-5-6-1	PART
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt			2023 - 1
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT-INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt			
Name of Creditor	San years		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt			



April 6, 2020

# Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements

#### Summary:

The Pennsylvania Department of State requested, and Governor Wolf granted, a temporary waiver of the notarization requirement in the Campaign Finance Reporting Law for campaign finance reports and campaign finance statements filed by political committees, candidates for public office, and contributing lobbyists. Independent expenditures that are required to be filed by the 2nd Friday Pre-Primary Report (Cycle 2) deadline, are covered by the waiver. In the event that a special election reporting deadline falls within Cycle 2, the notarized cover page requirement will also be waived.

The following alternative filing process is in effect in the meantime:

- Filers must sign and date their report or statement cover sheet. Their signature
  acknowledges, by unsworn statement subject to the penalties of 18 Pa.C.S. § 4904
  relating to unsworn falsification to authorities, that the statements contained in the
  filed report or statement are accurate. The Pennsylvania Electronic Transactions
  Act allows either a physical signature or a typed name to comply with the Act's
  requirements.
- For filers who file on paper, the department will accept emailed reports for the duration of the emergency. This complies with statewide quarantine requirements; relieves filers of the need to travel to post offices, private delivery service offices or the department's drop box in Harrisburg; and eliminates paper documents that would otherwise require processing in person at the department. Instead, documents will be reviewed remotely and processed by department staff who are currently teleworking. Please email the reports to: <a href="mailto:RA-stcampaignfinance@pa.gov">RA-stcampaignfinance@pa.gov</a>



### 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/021 JAN 26 AM 10: 18

# Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See <u>Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements</u>). 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 and only so long as the waiver referenced above is in effect. This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

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☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle 9
6 <sup>th</sup> Tuesday Pre-Primary	2 <sup>nd</sup> Friday Pre-Primary	30 Day Post Primary	30-Day Post Special Election
Part I - If this form is sub this form is submitted wi is submitted with a repor By signing or typing my pursuant to 18 Pa.C.S.: Campaign Finance Repo complete.	th a Candidate report, to the contributing lobber to the contributing lobber to the contributing lobber to the contribution of	the candidate must sign by ist, the lobby ist mus by declare under the partion contained in	n here. If this repor t sign here. penalty of perjury the accompanying
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Signature of Treas	er, Candidate, or Lobb	yist	Date
Sur Ellen Parque	rle		
/ Prir	nted Name		



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ERIE COUNTY VOTER REGISTRATION

**Part II** - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.