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Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification	n	W. S. C. S. C.	1 1		Candid	idate		Committee		∇	Lobbyist		
Number	mmittae Ca	udidata au	(Mark X)					<u> </u>			<u> </u>	1	
Name of Filing Committee, Candidate or Lobbyist Friends of John Groh													
Street Address 603 Montpelier Ave													
City Erie State					PA	PA Zip Code 16505							
Type of Report (Pl	ace x under i	eport type)		*********	V. V. ****	10.1 (10.51.10)				A Company of the Company	Market No.	Augustus, sellen i vija je	
1-6 th Tuesday 2	- 2 nd Friday	3-30 Day Post	4-6th	Tuesday	5- 2"	^d Friday	6- 30 D	ay Post	7- Annual	Special 2 nd	Friday	Special 30 D	ay
	Pre-Primary	Primary		lection	ľ	Election	1	-	}	Pre-Electic		Post-Electio	-
Date Of Election			Year				Amend	ment		Termination	on .	K Z	
(MM/DD/YYYY)							Report			Report			
Summary of Recei	ipts and	From Date	Ī	To Date	e E	<u>i doja</u> nica		** (* 4-24	For	Office Use O	nly		
Expenditures	•	<u> </u>	_				4				,		
			-										
A. Amount Brougi	ht Forward F	rom Last Report	\$		665.78)		**		•		دے	
B. Total Monetary	/ Contributio	ns and Receipts	\$				1			•	٥	2	
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C. Total Funds Ava			\$	•	665.70)					2020	#	
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D. Total Expenditures \$ 665.70)	WOTER REG								
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				\$			≥-< •						
(From Schedule II)				Ì			AM 9: 54 ISTRATION						
G. Unpaid Debts and Obligations S													
(From Schedule IV	/}		0,00										
						ffidavit S							
Part 1- If this is a Cor	nmittee repor	t, treasurer sign he	re. If t	nis is a Car	ıdidəte	report, c	andidate sî	n here.					
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Sig	gnature		-					-70 0	Printed Nam	e			
My Commission expires					7264			,					
MO. DAY YR. Area Code Daytime Telephone Number													
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall 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 of Candidate													
- JOHN H GROH													
Signature Printed Name													
My Commission expi	res		_			_							
	MO.	DAY YR.				_	Area Code	_	Dayt	ime Telephone	e Number		

Statement of Expenditures

Filer Identification Number:	
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Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (1)216 F4B -4 MM 9: 54

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

ERIE COUNTY VOTER REGISTRATION

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.

Name of Filing Committee, Candidate, or Lobbyist									
FRIENDS OF JOHN GROH									
Reporting Cycle Nam									
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle 9						
6 th Tuesday Pre-Primary	2 nd Friday Pre-Primary	30 Day Post Primary	30-Day Post 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. 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.									
Robert Ump Signature of Treasu	LelM rer, Candidate, or Lobb	vist	1/30/2021 Date						
ROBERT UMPI	<u> E</u> 8 Y	,,,,,	vate						

Printed Name



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Signature of Treasurer, Candidate, or Lobbyist

20 2021

Date

JOHN H GROH

Printed Name



Pennsylvania Department of State

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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.

Signature of Candidate

Printed Name

OSEB-502R 4/15/2020