

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number Name of Filing Committee, Candidate or	Report Filed E			Committee	X	Lobbyist
Lobbyist Street Address	Committee to El			<u></u>		
	439 West Arling			**** C-1-		
City Erie		State	PA	Zip Code	16509	
Type of Report (Place x under report type)						
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
				X		
Date Of Election (MM/DD/YYYY) 11/8/2011	Year	2021	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date	· ·		For	Office Use Only	
Expenditures 1/1/2021	12	/31/2021				
A. Amount Brought Forward From Last Report	; · \$	1050.73				
B. Total Monetary Contributions and Receipts (From Schedule I)	S	0		-		
C. Total Funds Available (Sum of Lines A and B)	\$	1050.73		ER	IE COUNTY	
D. Total Expenditures	\$	96.00		· A	31 mg	
(From Schedule III) E. Ending Cash Balance	\$	954.73	•	VOTED .	101 mag	
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$	0		ייבות ן-	REGISTRATION	1
(From Schedule II) G. Unpaid Debts and Obligations	s -					
(From Schedule IV)		0				
	(£ Al-!- 1	Affidavit Se				
Part 1- If this is a Committee report, treasurer sign he is wear (or affirm) that this report, including the attachment.	ere. If this is a Can ched schedules of	n paper, is to the	best of my knowled	ge and belief to	rue, correct and comple	ete.
Sworn to and subscribed before me this			\sim \sim		1 [
day of20	- '1		Nather	<u>n </u>	Moran	
	}		Signature	of Person Subm	pitting replort	<u>)</u>
Signature	_ ا ا		(1)	Printed Nam	ie , ,	^
My Commission expires	_		P117		26.004	
MO. DAY YR.		,	Area Code	Øay	ytime Telephone Numb	per
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 of20	- 1	. (Jm H	MM	urn	
	_ ,		/ Jessign	nature of Candi A HOA	m-kunco	<u>) </u>
Signature	· []			Printed Name		
My Commission expires	<u>-</u>	-	G14 Area Code	Davi	54-1710 time Telephone Number	
inc. val 10	—					

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number 47-4877192		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	_	
Total for the reporting period (1)) \$	5 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	<u> </u>	
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)) 5	0
3. Contributions Over \$250:00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	, \$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)) \$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	1:	
Total for the reporting period (4)) \$	
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, Report Cover Page, Item B)	\$	0

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

Filer Identification	47-487719	12			
Magna y s					Amount
Full Name of Co				Date [MM/DD/YYYY]	
					0
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					<u> </u>
		-		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	. \$
				,	1 :
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	T. 11			Date [MM/DD/YYYY]	.\$
House #	Street Address			Date [MM/DD/YYYY]	\$
	Street radies				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			.		
Full Name of Cor	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					, 4
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
5 5 5 T		tere i l	The state of the s	ı	

PART 8 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.)

	 التكام المستجر المستجر المستجر المستجر	
Filer Identification Number: 47-4877192	 	

Full Name of Contributor			Date [MM/DD//WVV]	S 0
House # / Street Address			Date (MM/DD/YYYY)	8
City	State	Zip Code	Date [MM/DD/AMM]	\$
Full Name of Contributor			Date [MM/DD/AV/Y/]	.
House # Street Address			Date [MM/DD/W/Y/]	\$
City	State	Zip Code		\$
Full Name of Contributor			Date [MM/DD/XXXX]	
House:# Street Address			Date [MM/DD/\\\Y\]	.\$
city	State	Zip Code	¿Date [MM/DD//YYYY]	
Full!Name of Contributor			*Date([MM//DD/////M])	
House # Street Address			Date [MM/DD//XXXI]	
City	State	Zip Code	Date MM/DD/:///M	
Full Name of Contributor .			Date (MM/DD//VVM)	
House # Street Address			Date [MM/DD//Y///]	
City	State	Zip Code .	Date (MM/DD/A/A/A	
Füll Name of Contributor			Date [MM/DD/11/11]	
House# Street Address				
City	State	Zip:Code	Date [MM/DD/YYYY]	.5

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 Number: 47-4877192				
DIPONITE NODSCRIPTION AND AND AND AND AND AND AND AND AND AN			MOESSE (MIM/OD/MYSM)	2
Full Name of Contributing Committee				0
House # Street Address			Date [MM/DD//YYYI])	S
GIŸ (State	Zip Code	Date [MM/DD/XYYY]	S
Full Name of Contributing Committee		1977年至北京的大学的大学的	Date [MM/DD/WW]	
/House # Street Address			/Däte [MM/DD/YYYY]	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
City	State	Zip Code	Date (MM/DD/AYM)	5
Full Name of Contributing Committee	g のできるが、その後7月		Date [MM//DD///YYY]	
House # Street Address			Date [MM/DD/YYYY]	\$
Gtty.	State	-Zip Code		\$
EulliName of Gonmittee			(Date IMM/DD/MMI)	
Housewa Street Address				•
GHÝ*	State	Zip Code	The state of the s	*
Full Name of Contributing Committee				\$
House # Street Address				\$ 7
City	State	Zip Code		
Full:Name:of Contributing:Gommittee			Date [MM/DD/YYYY)]	
House:# Street Address				\$.5
City	State	Zip Code	Date [MM/DD/XYYM]	

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)

Eller Identification Number:				
	A7_A977192			
	4/-40//132			
The state of the s		 	 	

Full Name of Contributor			Date
House:# Street Address			*Date:[MM/DD/YYYY] \$
GIN .	State:	Zip Code	-Date [MM/DD/WYY] \$
Employer Name			Occupation
Employer:Mailing Address / Principal Place of Business			To A contract of London (Contract)
Full Name of Contributor		- 	-Pate[MM/DD/YYYY] \$
House:W Street:Address			Date [MM/DD//YYYY] \$
City	State	Zjp Code	(Date [MM/DD/YYYY] \$
Employer Name	par-2013/2/2/2/3d		(Groupation)
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
Full Name of Contributor House # Street Address			Date (MM/DD/YYYY) \$.
House# Street Address	State	Zip Code	Date:[MM/DD/YYYY] \$,
House # Street Address City. Employer Name		Zip Code	Date (MM/DD/YYYY) \$.
City Employer Name Employer Malling Address:/ Principal Riscerof Business:		Zip Code	Date (MM/DD/YYYY) \$. Date (MM/DD/YYYY) \$.
House# Street Address City Employer Name Employer Mailing Address://		Zip Code	Date [MM/DD/YYYY] \$. Date [MM/DD/YYYY] \$. Occopation Date [MM/DD/YYYY] \$.
City Employer Name Employer Malling Address:/ Principal Riscerof Business:		Zip Code	Date [MM/DD/YYYY] \$. Date [MM/DD/YYYY] \$. Date [MM/DD/YYYY] \$.
House # Street Address City Employer Name Employer Malling Address / Principal Placetof Business (Full: Name of Contributor		Zip Code Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City Employer Name Employer Mailing Address / Principal Rigger of Business Full: Name of Contributor House # Street Address	State		Date [MM/DD/YYYY] \$. Date [MM/DD/YYYY] \$. Date [MM/DD/YYYY] \$.

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.

	47-4877192				
Full Name					
and the second	eet Address				
City		State	Zip	Date [MM/DD/YYYY] 5	
			Code		
Receipt Description.					
Full Name	A COLOR				
House # Str	eet Address				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Receipt Description					
Full Name					
	eet Address				
CITY		State	Zip	Date [MM/DD/YYYY] 5	
			Code		
Receipt Description			,		
Full Name					
House # Str	eet/Address			No construction and the second	
City		State	Zip Code	Date [MM/DD/XYYY] 5	
Receipt Description	#		1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	[編章後]	
Füll Name	<u>. </u>	·			
House # Str	eet/Address		<u></u>		
City ·		State	Zip	Date [MM/DD//YYY] \$	
		3 3	Code		
Receipt Description					
Fulli Na me					
	det Address		NOTE OF THE PROPERTY OF THE PR	EDERGIMM/DD/AVVVIII (ES	
City/ conservation in the		State	Zip Code	Date [MM/DD//YYYY] \$	
Receipt Description					

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: 47-4877	192		
41. UNITEMIZED IN KIND CONTR	BUTTONS RECEIVED-VA	LUE OF \$50.00 0	OR LESS PER CONTRIBUTUR
TOTAL for the reporting period	(1)	\$	o
		**************************************	EDONA DA DITCH
2 IN-KIND CONTRIBUTIONS/REG	JEIVED-VALUE OF \$300	1110323000(1)	ACTION AND ASSESSMENT OF THE PROPERTY OF THE P
TOTAL for the reporting period	(2)	\$	0
**************************************		nioni EROM PAR	RIT(G))
			RTG)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUTE	ONE DI IRING THIS REDO	RTING 5	
PERIOD (Add and enter amount totals f			
on Page 1, Report Cover Page, Item F)			0

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Numbers 47-4877192			

######################################			Date [MM/DD/YYYY]	
roll varie of contributor			S	0
House:#1 Street:Address			Date [MM/DD/YYYY]	\$
Cibi .	State	Zip Gode	Date [MM/DD/YYYY]	\$ <u> </u>
GHY.				
Description of Contribution	, , , , , , , , , , , , , , , , , , , ,		_	
Full Name of Contributor			Date [MM/DD/YYYY]	<u> </u>
House #/ Street Address			Date [MM/DD/WYY)	
City	State	Zip Code	Date [MM/DD/YYW/]	\$
			ip	
Description of Contribution				
Full:Name of Contributor			Date MMM/DD/A4WM	\$
House# Street Address			Date [MM/DD/M/M]	\$
		1		
(City.	State:	Zip Cade	Date [MM/DD/XXXVI]	5
Description of Contribution				
Full Name of Contributor	*		Date MW/DD/AAAA	-
and the second second			1	1
House# Street Address		—	Date [MM/DD/XXXX]	•
(City)	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
/Full/Name/of Contributor			Date [MM/DD/XXXVI]	5
House # Street Address	.		Date [MM/DD/AYAM]	\$
		Tel Sol Well		
City	State	Zip Code	Date MM/DD/MXX	
Description of Contribution	A STATE OF THE STA	And a second state of the second state of		

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

to an extraction of the second contraction o		
最近的打发设备。1945年的1945年,1945年,1945年,1945年,1945年,1945年,1945年,1945年,1945年,1945年,1945年,1945年,1945年,1945年,1945年,1945年		
##F1184/FINEETELLEGGGCCT#################################		
Filer identification Number: 47-4877192		
######################################		
NOW AND		
ENTERIOR DE CONTRACTO DE CONTRA		
######################################		
■ 18.50 全部 19.50 公司 19.50 全部 19.50 公司 19.50 全部 19.50 全部 19.50 电子	 	

and the second s	1	Date [MM/DD/XYYX]
Full Name of Contributor		0
House # Street Address		Date [MM/DD/YYYX] \$
City	State Zip Gode.	Date [MM/DD/YYYY] \$
		Qccupation
Employer Name		34.5 West 5.7 (4.7 (4.7 (4.7 (4.7 (4.7 (4.7 (4.7 (4
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address	A CONTRACTOR OF THE CONTRACTOR	Date [MM/DD/YYYY] \$
, City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	formations to transport that it	Occupation
Employer Malling Address / Principal Place of Business	The second secon	Description of Contribution
Full Name of Contributor:		Date [MM/DD/YYYY] \$
House # Street Address		Date IMM/DD/YYYM] \$
City	State "Zip Code	Date [MM/DD/YWY] \$
Employer Name	1 100 mm of the contract of th	:Occupation // γ
Employer Mailing/Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House# Street Address		Date [MM/0D/YYYY]
City	State Zip,Code	Date [MM/DD/XYXY] 5
Employer:Name		Occupation
Emplöyer Mälling Address / Principal Place of Business		Description cof. Contribution

SCHEDULE III Statement of Expenditures

	7
Filer Identification Number: 47-4877192	- 1
47-4877192	- 1

manufacture of the second seco				Date (MM/DD/WYY)
To Whom Paid	Citizens Bank			monthly 96.00
House# 1	Street Address	Citizens Place		Description of Expenditure
City Providence	10000000000000000000000000000000000000	State RI	Zip Code 02903	bank statement and dormant acct fees
To Whom Paid		(-a-restrict assess)	100000000000000000000000000000000000000	Date(MM/DD/YYYY) \$
House#	Street Address			Description of Expenditure
City		State	Zip	
To Whom Paid			Code	Date(MM/DD/YWW) \$
	and the section of the section of			Description of Expenditure
House #	Street Address	10745487628448	20	
City		State	Code	
To Whom Paid				Date(MW/DD//YYY) \$
House #/	Street Address		· · · · · · · · · · · · · · · · · · ·	Description of Expenditure
City		State	Zip Code	1000 10
To Whom Paid			(errore provider too)	Date [MM/DD/YYYY] \$
House:#	Street Address	<u>,, , , , , , , , , , , , , , , , , , ,</u>		Description of Experiditure
City	[PERSONAL STREET, STRE	State	Zip Code	
To Whom Paid		1950-1900 NOO-1		Date IMM/DD/YYYYI \$
House #	Street Address			Description of Expenditure
City		State	Zip Code:	
To:Whom Paid				Date [MM/DD/YYYY] \$
Hause #	Street Address	,		Description of Expenditure
Gity	Policie province	State	Zip Code	
Fro Whom Pald	80 L	1500 - 151 - 101		Date:[MM/JDD/YYYY] \$
House #	Street Address		To any object to convert	Description of Expenditure
City		State	Zip 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.

Filer Identification Number: 47-4877192		
47 4977103		
47-46//172		

Name of Creditor		·		Outstanding Balance of Debt
House# Str	reet Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	0
Description of Debt	189.) 2.6.1 2.6.1 2.6.1 2.6.1	pm,-964, <u>382/9</u> 6684	[**A1231-4:25**F68*]	
Name of Creditor				Outstanding Balance of Debt
	reet Address		DATE DEBT INCURRED " [MM/DD/YYYY]	
Cley		State	Zip Code	
Description of Debt		1.006.0507.008	ропорования (
Name of Grediton			THE PROPERTY AND ASSESSED.	Outstanding Balance of Debt
[6000000000000000000000000000000000000	reet Address	i Region Co	DATE DEBTINCURRED [MM/DD/YYYY]	
City	The second secon	State	Zip************************************	
Description of Debt		Drafts Bur Age		[435.88]
Name of Creditor				Outstanding Balance of Debt
House # St	reet Address		DATE DEBT INCURRED	\$
City		State	Zip	
Description of Debt			Code	
Name of Creditor				Outstanding Balance of Debt
House # St	reet Address		DATE DEBT INCURRED [MM/DD/AYYY]	\$
Gity	, e	State	Zip Code	
Description of Debt			(Code	
Name of Greditor				Outstanding Balance of Debti
House # St	reet Address		DATE DEBT/INCURRED	S
City		State	Zip Code	
Description of Debt		P. S.		PERCE

ERIE COUNTY

31 2022

VOTER REGISTRATION

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.

	Committee, Can	didate, or Lobby	ist		
Reporting Cycl Cycle 1 6 th Tuesday Pre-Primary	e Name Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	☐ 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 30 I		"	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 Treasyrer, Candidate, or Lobbyist

Printed Name

Date (DD/MM/YYYY)

Location (City/State/Country)

DSEB-502R Updated 1/22/2021



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 **ERIE COUNTY**

JA 1 31 2009

VOTER REGISTRATION

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

Printed Name

Date (DD/MM/YYYY)

Ene, Pot 16509

Location (City/State/Country)