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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 Number		-4759048		ort Filed E ark X)	3 <b>y</b>	Candid	ate		Committe	ė	X	Lobby	ist
Name of Filing Comm Lobbyist	mittee, Ca	ndidate or	Com	mittee to E	Elect Ja	ack Lee							
Street Address			8620	Honeysu	ckle Di	ivė							
City	Erle					State	PA		Zip Code	16509			
Type of Report (Place	e x under i	report type)							· · · · · · · · · · · · · · · · · · ·				
1-6 <sup>th</sup> Tuesday 2-3 Pre-Primary Pre-	2 <sup>nd</sup> Friday -Primary	3-30 Day Po Primary		Tuesday Election	14 April 1	Friday Election	37 - No. 1	Day Post ion	7- Annual	Special 2 Pre-Elect			l 30 Day lection
				1	Γ			1	X		<u> </u>	Ī	
Date Of Election (MM/DD/YYYY)		11-5-2019	Year		2	021	Ame	ndment ort		Terminal Report	lion		
Summary of Receipt Expenditures	s and	From Date		To Date	)				Foi	r Office Use	Only		
		12-31-2		1	I <b>-</b> 31-21	1							
A. Amount Brought	Forward F	rom Last Rep	ort S		137.14	1		·····					<u> </u>
B. Total Monetary Co (From Schedule I)	ontributio	ns and Receip	its (		500.00	)							
C. Total Funds Availa (Sum of Lines A and			Ş	3	637.14		ERIE COUNTY						
D. Total Expenditure (From Schedule III)	**		}		17.75					A: 21	9099		
E. Ending Cash Balan (Subtract Line D fron			\$		619.39				•			~ 1 1	
F. Value of In-Kind Co (From Schedule II)		ins Received	ţ		0				VOTE	ER REGIS	SIKAIR	MC	
G. Unpaid Debts and (From Schedule IV)	l Obligatio	ins	\$	i	0								
	· · · · · · · · · · · · · · · · · · ·		<del> </del>		Af	fidavit Se	ction					<del></del>	
Part 1- If this is a Comm I swear (or affirm) that i	ilttee repor	t, treasurer sign	here. If i	his is a Can	didate	report, c	andidate	sign here.	tt				
Sworn to and subscribe	d before m	e this	.tacilea s	inedujes of	r haber	, is to the		7	ige and beller	true, correct a	and comple	te.	
day of		20		٠,		_	N	erise	-47	Du-			
				<b>-</b>		<u>D</u>	enise A	Signature Lee	of Person Sub	***************************************	:		
Signa	iture			, I					Printed Nar				
My Commission expires	MO.	DAY Y	R.				14 Area Coc	 le		2-8107 sytime Teleph	one Numbe		
Date II Make to										Tyannia Talapi.	one manue		
Part II- If this is a report I swear (or affirm) that t amended.	or a Candid to the best	of my knowledg	ed Comm e and be	ittee, candi lef this poli	idate si itical co	nall sign h mmittee	ere. has not	violated an	y provisions of	the Act of Ju	ne 3, 1937 (	P.L. 1333	, NO.320) as
Sworn to and subscribed	d before me	e this				_			•	_			
20TH day of JA	. 11. 6.6			٠,		2	7~	ol "	イイ		7		
Rigna Un 9 Signa	Wori ture			,		<u>Z</u>	ack F Le		nature of Cand		)		
My Commission expires	4	1 20	23	, 1			14			9940			
	MO.	DAY YR.				,	Area Cod	le	Day	rtime Telepho	ne Number	i.	

Commonwealth of Pennsylvania - Notary Seal REGINA M ERBIN - Notary Public Erie County

My Commission Expires Apr 1, 2023
Commission Number 1289537

# SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Numb	er 36-4759048					
		Andrea		 		 
1.Uniternized Contribi	itions and Receipts	-\$50.00 or Less per Contributor			 is die .	
		Total for the reporting period	d (1)	\$		

1.Unitemized Contributions and Receipts-550.00 or Less per Contributor	  andras de la companya de la company Companya de la companya de la compa
Total for the reporting period (1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	\$ 
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$ 500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
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	\$ 500.00

#### 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.

rner Identificatio	an wumber	36-47	159048		
	-				Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address	5		Date [MM/DD/YYYY]	<b>S</b>
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address	5		Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	[
Full Name of Co Committee	ontributing		1	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	<b>.</b>
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address	į		Date [MM/DD/YYYY]	\$
City	<u>l</u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MIM/DD/YYYY]	\$
House #	Street Address	· ·		Date [MM/DD/YYYY]	\$
City	l`	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$

# 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.)

Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
					1
House#	Street Address			Date [MM/DD/YYYY]	<u>\$</u>
					1950 6-01 9-04
City	,	State	Zip Code	Date [MM/DD/YYYY/]	8
			42 2 3 2 V 4 3 2 2		
Full Name of Co	ntributor			Date [MM/DD/XXXX]	
House #	Street Address	·····		Date [MM/DD/YYYY]	<b>*S</b>
City	Estimatici antife assentif	State	Zip Code	Date [MM/DD/YYYY]	3.
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	70 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	.Date [MM/DD/YYYY]	\$
- 1					
Full Name of Co	ntributor/			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	S.
					7. 13. V 17. 13. V 18. 14.
Full Name of Co	ntributor			Date [MM/DD/YYYY]	S
					As grant Frankling William
House #	Street Address			Date [MM/DD/YYYY]	\$
				:	(19) (4)
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Williams.			State of the state		
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
gravity goal	200 SOCIONA SA 100 S				
House #	Street Address			Date [MM/DD/YYYY]	\$
					10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
City		State	Zip Code	Date [MM/DD/YYYY]	\$
L			knat sat 3		- d

#### 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:		
<ul> <li>*** *** *** *** *** *** *** *** *** **</li></ul>		

Full Name of Contributing Co	mmilttee			Date [MM/DD/YYYY] \$	;
House #	Street Addres	Š		Date [MM/DD/YYYY] 5	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
elita est sone		ing ried, eugliss a vill Baledagayi			
Full Name of Contributing Co	mmittee			Date [MM/DD/XYYY]   \$	
House #	Street Addres	5		Date [MM/DD/YYYY] \$	
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City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		- Ray Supplied (1)	- Frequency (A), was 10, 00- 41 to 10, 20 M	Date (MM/DD/MYYY)	
Contributing Co	mmittee				ļ
House #	Street Addres			Date [MM/DD//YYYY] \$	
		741.00		Water to	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		Softwillen		Date [MM/DD/AYAY] \$	
Contributing Co	mmittee				
House #	Street Address			Date [MM/DD/YYYY] \$	
					ļ
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				100 min 100 mi	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] (\$	
House#	Street Address	9		Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
72.334.022		S. Harding		1910 1910	
Full Name of Contributing Co	mmittee			Date [MM/DD/XYYY] S	
House #	Street Address	Š		_bate [MM/pb//YYYY] _ 5	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Librar dal		1.00	lakida a talah d		1

# 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:	36-4759048			

Full Na	me of Contributor				Date [MM/DD/WYY]	.   \$
		Joe and Rea P	alermo		11/05/2021	500.00
House #	20 July 20 Sept.	et Address		, <del></del>	Date [MM/DD/YYYY]	\$
	4226	Pre	stwick Drive			
City	Erle		State PA	<b>Zip Code</b> 16508	Date [MM/DD/YYYY]	
Employ	er Name				Occupation Home Build	der
Employ Princip	er Mailing Address al Place of Business				Chanadasa makatakan ak u hiri 194	
Full Näi	me of Contributor	·			Date [MM/DD/YYYY]	
House /	Stree	et Address			Date [MM/DD/YYYY]	Š
City	3. <b>2)</b>	<u>. 8 - 4 (20 (84 84 64 )</u>	State	Zip Code	Date [MM/DD/YYYY]	
Employ	er Name				Occupation	
	er Mailing Address , al Place of Business		-		Description of	
Full Nai	me of Contributor				Date [MM/DD//YYYY]	<b>*</b>
House #	Stree	et Address			Date [MM/DD/YYYY]	<b>8</b>
City	<u>。</u>	<u>Ara Lee Sin</u> e Sanda A	State	Zlp Code	Date [MM/DD/YYYY]	\$   S   S   S   S   S   S   S   S   S
Employ	er Name				Occupation	
Principa	er Malling Address , al Place of Business				Province and a second	
Full Nar	me of Contributor				Date [MM/DD/YYYY]	* <b>\$</b>
House #	Stree	t Address			Date [MM/DD/YYYY]	<b>S</b> .
City	<u></u>	in in a Secreta	State	Zip Code	Date [MM/DD/YYYY]	
Employ	er Name er Mailling Address /		<u> </u>		Occupation	Park d
RLIUCIDS	al Place of Business	5 / 1 / 1 / 1 / 2 / 2 / 2 / 2 / 2 / 2 / 2				

#### SCHEDULE II

# **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

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

Filer Identification Number:	36-475904	18
1: UNITEMIZED IN-KIND GONT	RIBUTIONS RECEIVED VALUE OF \$5	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$
2. IN:KIND:CONTRIBUTIONS R	ECEIVED-VALUE OF \$50,01 TO \$250	OO((FROM PART F))
TOTAL for the reporting period	(2)	\$
3; IN-KIND CONTRIBUTION RE	GEIVED:(VALUE OVER \$250,00 (FROM	VI PARTIGI)
TOTAL for the reporting period	(3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; also enter	\$

#### **PART E**

### **Other Receipts**

#### REFUNDS, INTEREST 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 Number:

Filer identification (	Jumper 30	-47590	148	
Full Name				1
House#	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descripti	ōn i	Letter Liberty A		
Full Name	3 8 1 1 1 1 2 1 2 1 3 1 3 1 3 1 3 1 3 1 3 1			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	<b>ön</b>	the filter Village		
Full Name	San Bause III			
House#	Street Address			
City	Date & Delegation	State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descripti	<b>O</b>			
Full Name				***************************************
House#	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descripti	On .			
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
			12006	
Receipt Descripti				
Full Name	CONTONI CONTONI ASSASSIONE			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Déscripti	ion .			:

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	or ilamaid	9	
Secretary States States	34-475904	75	
· · · ·			

Full Name of Cor	Atributor			Date [MM/DD//YYY]	<b>(</b>
House #	Les control control	<del></del>		Date [MM/DD/YYYYY]	
House #	Street Address				
City	6 35 Co. P. Co. State St	State	Zip Code	Date [MM/DD/YYYY]	₩ <b>4</b> 0 <b>1</b> 0 100
The second of th					
Description of Co			· 		
Full Name of Cor	itributor			Date [MM/,DD/AAAA]	<b>\$</b>
House#	Street Address			Date [MM/DD/YYYY]	
City	i 2 kija optovelske udela i	State	/Zip/Gode	Date [MM/DD/AYAY)	[6] [8]
Description of Co	ontribution				
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House #	Street Address		<u> </u>	Date [MM/DD/YYXX]	
City	To the Mary Congression	State	zip.code	Date [MM/DD/774//]	(S)
Description of Co	ontribution	20 27,800 4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Belling Barriege Aber Annaum 1		
Full Name of Cor	tt ibutor			Date (MM/DD/XXXX)	<b>(\$</b>
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Cöde	Date [MM/DD/YYYY]	<b>5</b>
Description of Co	ontribution	100 (100 to 100	Deling e St. elevatige (		10.00
Full Name of Con	itributor			Date [MM/DD/YYYY]	<b>\$\$</b>
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYYY]	
			Alpeode	Date (Willy DV)	
Description of Co	ontribution		Marie Roll of Paragraph		

#### SCHEDULE II Part G

### **In-Kind Contributions Received**

**VALUE OVER \$250** 

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Filer Identification Number:		
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Full Name of Co	intributor			Date [MM/DD/YYYY]
ny si North	W. S. Epschoo			\$2.00 \$40.00 \$40.00
House#	Street Address			Date [MM/DD/YYYY] \$
City	Accept Adjust 187	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		- <u>現立。明</u> 第1 20		Occupation
Employer Maili	ng Address / Principal	<u></u>		Description
Place of Busine:				of Contribution
Full Name of Co	ntributor			Date IMM/DD/XXXXI
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY]
Employer Name			to the second se	Occupation
	ng Address / Principal			Description
Place of Busines				of .
Full Name of Co		3k3		Contribution
ruii Name oi Co	ntributor:			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			M 14/4/27, R/1 (1)	Occupation
		***	4,24,	
Place of Busines	ng Address / Principal			Description of
				Contribution
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address	<del></del>	······	Date [MM/DD/YYYY] \$
City	<u>la este en prosides de Ma</u>	State	Zip Code	Date [MM/DD/YYYY] \$
				7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Employer Name			<u> </u>	Occupation
Employer Mailir	ng Address / Principal	* f		Description
Place of Busines	<b>8</b>			
				Contribution

# SCHEDULE III Statement of Expenditures

Complete Control of Complete C	 	
Filer Identification Number:		
Filer Identification Number:		
36-4759048		
100-4103040		
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Lead A. Nata J. C. S. L. 1988 (1995) 200 (1994) 1884 (1994)		
The Control of the Co		

To Whom Paid				Date [MM/DD/MYYY]	<b>S</b>
git <u>and Sa</u> n an american Shar	USPS			11/15/2021	17.75
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City	。 上以其字符。但是自然是《公园	State	Zip Code	postage	
To Whom Paid		ROUL S. ANDREWS	acanomics	Date [MM/DD/YYYY]	5.6
	1				
House#	Street Address		•	Description of Expenditu	<b>R</b>
City	- 100 See 100 - 10	State	Z p Code	CONTRACTOR	<u>S. Miller v. Diskinski krast estenggerate</u>
To Whom Paid		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date MM/DD/MYM	\$ <del>7</del>
House #	Associated and the second				84 25
House #	Street Address			Description of Expenditu	
City	Entholistic V. Songarine	State	Zip Code	Commission of American State of the Commission o	<u> Aleksia (148 - 1944) Darak Jawa kembanana</u>
To Whom Paid	43			Date (MM/DD/YYYY)	Ç.
Barra services	Constitution of the consti				36 286
Flouse #	Street Address			Description of Expenditu	
City	Property for the second	State	Zip Code	Control of the Contro	SECTION AND THE SECTION OF THE SECTI
To Whom Paid				Date [MM/DD//YYY/]	\$
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House#	Street Address			Description of Expenditu	
Gity.	. E	State	Zip Code	ing i fell all the all the Nove Was the American Course as the common section of the course as the common as the course as the c	A STATE A LANGUAGE AND A STATE AND A S
To Whom Paid				Date:[MM/DD/YYYY]	<b>S</b>
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	Street Address			Description of Expendicular	
City		State	Zip Code	Table STOR parallel MAN Annual Control	And the second s
To Whom Paid	Y			Date [MM/DD/YWY]	
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City		State	Zip		
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To Whom Paid				/Date [MM/DD/YYYY]	<b>6</b> 2
House #	Street Address			Description of Expanditus	
City		State	Zip		
		The second second	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:		
Filer Identification Number:		
A CONTRACTOR OF THE CONTRACTOR		
	2 ( m) ( P) P ( P) (17) (16)	
	714 FF 12 711CDV	
[20] P. C. Martin, Phys. Lett. 10, 116 (1997); Phys. Lett. B 50, 116 (1997); Phys. Lett. B 50, 116 (1997); Phys. Lett. B 50, 116 (1997).		
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ACCURATION AND ADDRESS OF THE PARTY OF THE P		
and the second s		 

Name of Gredito				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip	
reni Sept. Jugarangan wak	19 - 3. 14 4 5 3 10 - 3. 14 5 5 14 18 1 - 18 6 14 14 14 14 14 14 14 14 14 14 14 14 14		Code	
Description of D	eot			
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D	ant.	I. −tracetite regil	(Albert Manhalan 1999)	<u>Fix-3a-1</u>
Name of Gredito	variation of the second of the			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		Staté	zję.	
Description of D		A CANADA	Code	
Name of Credito			· · · · · · · · · · · · · · · · · · ·	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
	Susa Auntas		[MM/DD/YYYY]	
City		State	Zip Code	
Description of D	<b>i i 1</b>			
Name of Credito				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D				
Name of Credito	Total Control of the			Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of D	ebt.	<u> </u>	2000年   100   10	Jania d



#### **Pennsylvania Department of State**

Name of Filing Committee Candidate or Lobbyist

**Printed Name** 

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

JA1121 man

**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.

Reporting Cycle	Name				
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3 ☐ Cycle 4			☐ Cycle 5
6 <sup>th</sup> Tuesday	2 <sup>nd</sup> Friday	30 Day	30 Day 6 <sup>th</sup> Tuesday		2 <sup>nd</sup> Friday
Pre-Primary	Pre-Primary	Post Primary	Pre-Election		Pre-Election
☐ Cycle 6	☑ Cycle 7	☐ Cycle 8		☐ Cy	cle 9
30 Day Post-Election	Annual Report	2 <sup>nd</sup> Friday Pre-Specia			ost-Special Election
his form is submit s submitted with a	ted with a Candid report by a con	h a Committee rep date report, the car tributing lobbyist, i under the law of ti	ndidate i the lobb	must sign l yist must s	nere. If this repo ign here.
hat the accompar	ying Campaign	Finance Report is	true and	correct.	
Devise	6 Lee	•		1-19.	- 22
Signature of Trea	surer, Candidate	e, or Lobbyist		ate (DD/N	
かないろう	A   11-		m	1-10	on / IERIE

Location (City/State/Country)



### **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/campalgnfinance • ra-stcampalgnfinance@pa.gov

**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** 

Location (City/State/Country)