Reset Form

Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

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

| Filer Identification 36-4759048 | Report Filed B (Mark X) | y Candida | ite X | Committee | | | Lobbyist | | | | | |
|---|---|--|---------------------------|------------------|--|--|-------------|-------------|--|--|--|--|
| Name of Filing Committee, Candidate or Lobbyist | Jack F Lee, Jr | | | | | | | | | | | |
| Street Address 8620 Honeysuckle Drive | | | | | | | | | | | | |
| City Erie | J | State | PA | Zip Code | 16509 | | | | | | | |
| Type of Report (Place x under report type) | | | | | | | | | | | | |
| 1-6 th Tuesday 2- 2 nd Friday 3-30 Day Pos Pre-Primary 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 Pre-Electio | il 2 nd Friday Special : ection Post-Ele | | | | | | |
| | | · | | X | | | | | | | | |
| Date Of Election (MM/DD/YYYY) 11-5-2019 | Year | 2021 | Amendment Report | | Terminatio | ñ | | | | | | |
| | | | 200 | | and the same of | ingen a | السا | | | | | |
| Summary of Receipts and From Date Expenditures | To Date | | | ror | Office Use O | uny . | | | | | | |
| 12-31-20 1-31-21 A. Amount Brought Forward From Last Report \$ | | | | | | | | | | | | |
| B. Total Monetary Contributions and Receipt | | 0 | | | | | | | | | | |
| (From Schedule I) | 1.5 | 0 EDIT 0.00 | | | | | | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 0 | ERIE COUNTY | | | | | | | | | |
| D. Total Expenditures (From Schedule III) | \$ | \$ 0 AN 21 mm | | | | | | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 0 | VOTER REGISTRATION | | | | | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0 | CERREGISTRATION | | | | | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 0 | | | | | | | | | | |
| | | Affidavit Se | ction | | | | ***** | | | | | |
| Part 1- If this is a Committee report, treasurer sign I swear (or affirm) that this report, including the att | | | | ige and belief t | rue, correct an | nd complet | e. | | | | | |
| Sworn to and subscribed before me this | | _ | • | | _ | | | : | | | | |
| 20TH day of JANIAARY 20 22 | | | | | | | | | | | | |
| Person M. Entri | _ | ىل | Signature ack F Lee Jr | of Person Subn | - 0 | | | | | | | |
| Signature | ا , | | | Printed Nan | | | | | | | | |
| My Commission expires 4 1 20 | _ | _ | 14 | | -9940 | | | | | | | |
| MO. DAY YE | - | • | Area Code | Da | ytime Telepho | ne Numbe | ır | | | | | |
| 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, NQ.320) as amended. | | | | | | | | | | | | |
| Sworn to and subscribed before me this | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| day of20 | - | Signature of Candidate | | | | | | | | | | |
| Signature | - [[` | | Printed Name | | | | | | | | | |
| My Commission expires | | | | | | | | | | | | |
| MO. DAY YR. | | | Area Code | Day | time Telephon | ie Number | | | | | | |



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

21 1092

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.

| Name of Filing Committee, Candidate, or Lobbyist | | | | | | | | | |
|--|---|---|--------------------|------------------------------|--|--|--|--|--|
| Reporting Cycle | Name | | | | | | | | |
| ☐ Cycle 1 6 th Tuesday Pre-Primary | □ Cycle 2 2 nd Friday Pre-Primary | ☐ Cycle 3 30 Day Post Primary | 6 th Tu | Cycle 4 uesday lection | ☐ 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 | - | cle 9 st-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 Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

JACK F. LEE, JR

Location (City/State/Country)

Printed Name