



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

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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 Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements). 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.

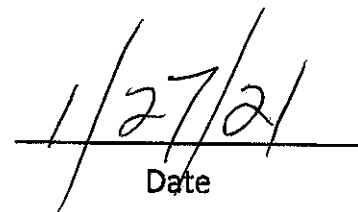
Name of Filing Committee, Candidate, or Lobbyist			
John T. Loomis / Sheriff			
Reporting Cycle Name			
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 9 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.

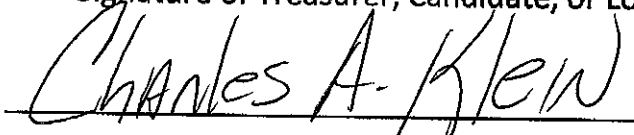
By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.



Signature of Treasurer, Candidate, or Lobbyist



Date



Printed Name

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		COMMITTEE TO ELECT JOHN T. LOOMIS SHERIFF.		
Street Address		C/O 5706 JONES LANE		
City	State	Zip Code		
ERIE	PA.	16505		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1-1-20	12-31-20	
A. Amount Brought Forward From Last Report	\$	1,769.20	2021 JAN 27 PM 1:26 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	40,249.93	
C. Total Funds Available (Sum of Lines A and B)	\$	42,019.13	
D. Total Expenditures (From Schedule III)	\$	9,024.85	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	32,994.28	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2,200.00	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

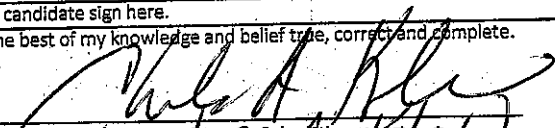
Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.


 Signature of Person Submitting report
 CHARLES A. KLEIN
 Printed Name
 814
 Area Code
 450/7664
 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.

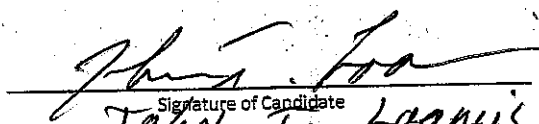
Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.


 Signature of Candidate
 JOHN T. LOOMIS
 Printed Name
 814
 Area Code
 451-6064
 Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		CTE JOHN T. LOOMIS, SHERIFF	
1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor			
Total for the reporting period		(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	0
Total for the reporting period		(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	40,249.93
Total for the reporting period		(3)	\$
4. Other Receipts - Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period		(4)	\$ 40,249.93
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)		\$	

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						CTE JOHN T. LOOMIS, SHERIFF		Amount		
Full Name of Contributing Committee						(None)		Date [MM/DD/YYYY]	\$	
House #	Street Address							Date [MM/DD/YYYY]	\$	
City					State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$	
House #	Street Address							Date [MM/DD/YYYY]	\$	
City					State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$	
House #	Street Address							Date [MM/DD/YYYY]	\$	
City					State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$	
House #	Street Address							Date [MM/DD/YYYY]	\$	
City					State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$	
House #	Street Address							Date [MM/DD/YYYY]	\$	
City					State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$	
House #	Street Address							Date [MM/DD/YYYY]	\$	
City					State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$	
House #	Street Address							Date [MM/DD/YYYY]	\$	
City					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.)

Filer Identification Number: CTE JOHN T. LOOMIS, SHERIFF					
Full Name of Contributor: (None).				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor:				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor:				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor:				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor:				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor:				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor:				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$	

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						CTE JOHN T. LOOMIS, SHERIFF.							
Full Name of Contributing Committee						(None)						Date [MM/DD/YYYY]	S
House #		Street Address								Date [MM/DD/YYYY]	S		
City		State		Zip Code						Date [MM/DD/YYYY]	S		
Full Name of Contributing Committee												Date [MM/DD/YYYY]	S
House #		Street Address								Date [MM/DD/YYYY]	S		
City		State		Zip Code						Date [MM/DD/YYYY]	S		
Full Name of Contributing Committee												Date [MM/DD/YYYY]	S
House #		Street Address								Date [MM/DD/YYYY]	S		
City		State		Zip Code						Date [MM/DD/YYYY]	S		
Full Name of Contributing Committee												Date [MM/DD/YYYY]	S
House #		Street Address								Date [MM/DD/YYYY]	S		
City		State		Zip Code						Date [MM/DD/YYYY]	S		
Full Name of Contributing Committee												Date [MM/DD/YYYY]	S
House #		Street Address								Date [MM/DD/YYYY]	S		
City		State		Zip Code						Date [MM/DD/YYYY]	S		
Full Name of Contributing Committee												Date [MM/DD/YYYY]	S
House #		Street Address								Date [MM/DD/YYYY]	S		
City		State		Zip Code						Date [MM/DD/YYYY]	S		

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: CTE JOHN T. LOOMIS, SHERIFF					
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Full Name of Contributor: ERIC COUNTY PSA. CONFERENCE 2019				Date [MM/DD/YYYY]: 3-6-2020	\$ 39,749⁹³
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					

Full Name of Contributor: NO SHAVE FUNDS RAISER				Date [MM/DD/YYYY]: 12-2-2020	\$ 500⁰⁰
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					

Full Name of Contributor:				Date [MM/DD/YYYY]:	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					

Full Name of Contributor:				Date [MM/DD/YYYY]:	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					

\$ 40,249.93

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.

Filer Identification Number:	CTE JOHN T. LOOMIS, SHERIFF.
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Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	S
Receipt Description							

None

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

Hier Identification Number	CTE John T. Loomis, Sheriff
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1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2 IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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None

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:

CTE JOHN T. LOOMIS, SHERIFF

Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution						
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution						

None

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	CTE JOHN T. LOOMIS, SHERIFF
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

None

SCHEDULE III
Statement of Expenditures

Filer Identification Number: **CTE JOHN T. LOOMIS, SHERIFF.**

To Whom Paid		CTE JULIE SLOMSKI		Date (MM/DD/YYYY)	2/1/20	\$	100⁰⁰
House #	Street Address		Description of Expenditure				
City	State	Zip Code	CAMPAIGN DONATION.				
To Whom Paid		CTE BOB MERSKI		Date (MM/DD/YYYY)	2/9/20	\$	100⁰⁰
House #	Street Address		Description of Expenditure				
City	State	Zip Code	CAMPAIGN DONATION.				
To Whom Paid		BLENDED SPIRIT RANCH.		Date (MM/DD/YYYY)	3/8/2020	\$	550⁰⁰
House #	Street Address		Description of Expenditure				
City	State	Zip Code	7401 MCCRAY ROAD FAIRVIEW PA. 16415 DINNER EVENT/DONATION				
To Whom Paid		SYMBOL ARTS.		Date (MM/DD/YYYY)	5/13/20	\$	5860⁰⁰
House #	Street Address		Description of Expenditure				
City	State	Zip Code	6083 SOUTH 1550 EAST. OGDEN UT. 84405				
To Whom Paid		FENTON		Date (MM/DD/YYYY)	6/26/20	\$	85⁰⁰
House #	Street Address		Description of Expenditure				
City	State	Zip Code					
To Whom Paid		AJO FUNDS		Date (MM/DD/YYYY)	7/20/20	\$	200⁰⁰
House #	Street Address		Description of Expenditure				
City	State	Zip Code					
To Whom Paid		EMBROIDY SHOPPE.		Date (MM/DD/YYYY)	9-25/20	\$	520⁰⁰
House #	Street Address		Description of Expenditure				
City	State	Zip Code					
To Whom Paid		FIRST NATIONAL BANK		Date (MM/DD/YYYY)	10/20/20	\$	1860
House #	Street Address		Description of Expenditure				
City	State	Zip Code	NEW CHECKS				

743360

SCHEDULE III
Statement of Expenditures

Filer Identification Number: CTE JOHN T. LOOMIS, Sheriff.

To Whom Paid		UPS STORE.			Date [MM/DD/YYYY]	\$	9/25
House #	Street Address		707 W. 38 th ST.		Description of Expenditure		
City	ERIE	State	PA	Zip Code	16508	5 SIN S	
To Whom Paid		ERIE POLICE ATHLETIC LEAGUE			Date [MM/DD/YYYY]	\$	1,500 ⁰⁰
House #	Street Address		BUREAU OF POLICE.		Description of Expenditure		
City	ERIE	State	PA.	Zip Code	16507	CHARITY DONATION.	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			

1,591.25

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:	<i>CTE JOHN T. LOOMIS, SHERIFF.</i>
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Name of Creditor: <i>JOHN T. LOOMIS, CANDIDATE</i>					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	State	Zip Code	\$	
	<i>2921 W. 32ND ST.</i>	<i>2012</i>	<i>PA</i>	<i>16506</i>	<i>2,200⁰⁰</i>	
City	<i>FAIR</i>					
Description of Debt: <i>START UP CONTRIBUTION.</i>						

Name of Creditor:					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	State	Zip Code	\$	
City						
Description of Debt:						

Name of Creditor:					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	State	Zip Code	\$	
City						
Description of Debt:						

Name of Creditor:					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	State	Zip Code	\$	
City						
Description of Debt:						

Name of Creditor:					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	State	Zip Code	\$	
City						
Description of Debt:						

Name of Creditor:					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	State	Zip Code	\$	
City						
Description of Debt:						