

TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
						MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.							
2ND FRIDAY PRE-PRIMARY	2.							
30 DAY POST-PRIMARY	3.							
6TH TUESDAY PRE-ELECTION	4.							
2ND FRIDAY PRE-ELECTION	5.							
30 DAY POST-ELECTION	6.							
ANNUAL REPORT	7. <input checked="" type="checkbox"/>							

  

DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		1	1	22	TO	12	31	22

  

<p><b>CASH BALANCE AT END OF REPORTING PERIOD:</b> \$ <u>1266.07</u></p> <p><b>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</b> \$ _____</p>	<p><b>AMENDMENT REPORT?</b> YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p><b>TERMINATION REPORT?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
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DATE OF ELECTION		
2023 JAN 27 AM 11:30		

AFFIDAVIT SECTION

### PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

<p>I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.</p>	
<p>SWORN TO AND SUBSCRIBED BEFORE ME THIS</p> <p><u>27th</u> DAY OF <u>January</u> 20<u>23</u></p> <p><u>Barbara J. McLean</u></p> <p>Commonwealth of Pennsylvania - Notary Seal          My Commission Expires <u>March 23, 2024</u>          Erie County, PA DAY _____ YEAR _____          My commission expires March 23, 2024          Commission number 1114860</p>	<p><u>Kirk McCaslin</u></p> <p>SIGNATURE OF PERSON SUBMITTING REPORT</p> <p><u>KIRK McCASLIN</u></p> <p>PRINTED NAME</p> <p><u>B14</u> <u>434-9609</u></p> <p>AREA CODE DAYTIME TELEPHONE NUMBER</p>

### PART II

If statement is filed on behalf of a Member, Pennsylvania Association of Municipalities's Authorized Committee, Candidate must sign here.