Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	83-3126011		Report Filed By (Mark X)		y C	Candidate		Committee		Lobbyis		
Name of Filing Committee, Candidate or Lobbyist			Committee to Elect Dan Quellet									
Street Address			5213 Deerfield Drive									
City Fairview				Sta			PA Zip Code 16415					
Type of Report (Place						-						
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post				้นองส่วง	ը դոժ <u>։</u>	Friday	6-30 Day	r Doct	7- Annuai	Special 2 nd Friday	Special 30	Day
Pre-Primary Pr	e-Primary			ection	1	lection	l '	rosi	7- Allilua	Pre-Election	Post-Election	
						1			X			
Date Of Election (MM/DD/YYYY)				Year		20	Amendm	ent		Termination		
Summary of Receip	ots and	From Date	To Date		L	20	Report			Report		
Expenditures		01/01/2020		12/31/202		D			PDF	Office Use Only		
A. Amount Brough	t Forward F	rom Last Report	\$	2724.70				· · · · · · · · · · · · · · · · · · ·	·	VE Service	23	
B. Total Monetary (From Schedule I)	Contributio	ns and Receipts	\$	890.80			•			<u> </u>	2	
C. Total Funds Avai			\$	3 2545 FB							スカステ	
(Sum of Lines A and D. Total Expenditu		· · · · · · · · · · · · · · · · · · ·	- \$	3615.50						<u> </u>	29	
(From Schedule III)	 			0						Ø€		
	E. Ending Cash Balance				\$ 3615.50						7	<u> </u>
F. Value of In-Kind	(Subtract Line D from Line C) F. Value of In-Kind Contributions Received				0							<u>⊹</u>
(From Schedule II) G. Unpaid Debts ar	nd Obligatio	ns	- \$								2	8
(From Schedule IV)					2000.00				v			
Part 1- If this is a Com	mittee renor	t. treasurer sien he	re. If th	is is a Car		davit Sec		here		•	•	
I swear (or affirm) tha	t this report,	including the attac	hed sch	edules or	ı paper, i	s to the	best of my k	nowled	ge and belief tr	ue, correct and compli	ete.	
Sworn to and subscrib	ed before me	e this					21	λ	1			.
day of		20		1		_	. JOan	$\gamma \omega$	of Person Subm	IbaTon annu a		
		·		-		Ga	ry Seib	lature (·			
Sign	ature			, I					Printed Name		:	
My Commission expire	My Commission expires 814 833-3176 MO. DAY YR. Area Code Daytime Telephone Number											
D 11 15 15 15 15 15 15 15 15 15 15 15 15					rd=v==-1==				,	The responding regime		
Part II- If this is a repor I swear (or affirm) that amended.	to the best o	ate's Authorized C of my knowledge a	nd belle	f this poi	itical con	ni sign ne nmittee l	re. Tas not viola	ted any	provisions of t	he Act of June 3, 1937	(P.L. 1333, NO.	320) as
Sworn to and subscribe	ul hafara ma	thic	:									
Sworn to and subscribe	to belore like	*.				<		20	7 /2			1
day of		20				_	12	 Sign	nature of Candl	date		
<u>Daniel Quellet</u>								1				
Signature Printed Name 814 823-5395												
My Commission expires	DAY YR.					rea Code				<u>.</u>		
MO. DAY YR. Area Code Daytime Telephone Number												

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number 83-3126011		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
and necessary of the second and necessary of the second interest of		
Total for the reporting period (L)	\$ 0
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)	1	5
Total for the reporting period (2) ;	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) \$	o
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4	\$	890.8
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)	\$	890.8

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 (lumber:	83-3126011							
Full Name		iHeartMEDIA							
House #	Stre	et Address	PO Box 419499	9					
City		Boston		State	МА	Zip Code	02241	Date [MM/DD/YYYY] 01/07/2020	\$ 890.8
Receipt Descrip	ition	Return of u	nused portion - p	prepayme	nt for rad	o advertisin			1. 1
Full Name						***************************************	•		
House #	Str	eet Address							
City			<u></u>	State		Zip Code		Date [MM/DD/YYYY]	_ \$
Receipt Descrip	tion	 			<u></u>	: .	<u>.</u>		1:1
Full Name		<u> </u>			***************************************				
House #	Stre	eet Address			·····				
City			<u> </u>	State		Zip Code	<u> </u>	Date [MM/DD/YYYY]	\$
Receipt Descrip	tion		<u>.</u>	<u> </u>		<u></u>			
Full Name									
House #	Stre	eet Address							
City				State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Descrip	tion		·		<u></u>	<u> </u>	<u>.</u>		
Full Name									
House #	Stre	et Address			-v				
City				State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Descript	ion				<u></u>			· · · · · · · · · · · · · · · · · · ·	1 1
uli Name									
louse #	Stre	et Address							
City				State		Zip Code		Date [MM/DD/YYYY]	\$
eceipt Descripti	on					1	<u> </u>		<u></u>

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.

Name of Creditor Daniel Ouellet						Outstanding Balance of Deb	
louse #	Street Addres	is	DATE DEBT	and the second second	\$	<u></u>	
3224		West 25th Street	[MM/DD		_		
City			1 5 4	01/25/2	101a	_	
City	Erie		State	PA Code	16506	2,000	
Description of C	Jebt Loan to fu	und start of campaign	1 1				······································
Name of Credit		7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				Outstandin	- Polonge of Doka
House #	Street Addres			DATE DEBT I	e constant	S	g Balance of Debt
	100000000000000000000000000000000000000	: Address			/YYYY]	3	
City			5	I 32			
·		en de la companya de La companya de la co	State	Zip Code			
Description of D)ebt						
					٠.		
Name of Credite	or					Outstandir	ng Balance of Debt
House #	Street Addres	55		DATE DEBT I		\$	
			-	[MM/DD	/ΥΥΥΥ]	-	
City			State	Zip	1	-	
Passelution of F	S-14		<u> </u>	Code			
Description of D							
Name of Credito						Outstandin	ig Balance of Debt
Mairie of Clenik	or					}	
House #	Street Addres	35		DATE DEBT II		\$	
		55		DATE DEST II		_1	
House#		55	State			_1	
House #	Street Addres	55	State	[MM/DD/		_1	
House #	Street Addres	SS	State	[MM/DD/		_1	
House # City Description of D	Street Addres	SS	State	[MM/DD/		\$	g Balance of Debt
House # City Description of D	Street Addres		State	[MM/DD/ Zip Code	VYYYY]	\$	g Balance of Debt
House # City Description of D	Street Addres		State	[MM/DD/ Zip Code	VYYYY]	S Outstandin	g Balance of Debt
City Description of D Name of Credito House #	Street Addres		State	[MM/DD/	VYYYY]	S	g Balance of Debt
City Description of D Name of Credito House #	Street Addres Pebt Street Addres			[MM/DD/ Zip Code	VYYYY]	S Outstandin	g Balance of Debt
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City Description of D Name of Credito House # City Description of De	Street Addres Pebt Street Addres	55		DATE DEBT II [MM/DD/	VYYYY] NCURRED VYYYY] NCURRED	Outstandin	
House #	Street Addres Pebt Street Addres	55		DATE DEBT II [MM/DD/	VYYYY] NCURRED VYYYY] NCURRED	Outstandin	g Balance of Debt



Pennsylvania Department of State

Name of Elling Committee. Candidate for Lobbyist

2021 JAN 29 PM 12: 01

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (OPNOTER REGISTRATION www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

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 <u>Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements</u>). 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.

Committee, F	o Elect DAN	Ove llet		
Reporting Cycle Nam	e v			
☐ Cycle 1	Cycle 2	☐ Cycle 3	☐ Cycle 9	1
6 th Tuesday Pre-Primary	2 nd Friday Pre-Primary	30 Day Post Primary	30-Day Post Special Election	ANNUAL
Part I - If this form is suithis form is submitted wis submitted with a reposition or typing moursuant to 18 Pa.C.S. Campaign Finance Repositions	ith a Candidate report, rt by a contributing lob y name below, I herel § 4904, that the info	the candidate must sign byist, the lobbyist must by declare under the rmation contained in	on here. If this report of sign here. penalty of perjury, the accompanying	
Sunghel	rer, Candidate, or Lobl	pyist	1/11/2021 Date	
Gary Se	ib			
•	nted Name	•		
			DSEB-50 4/15/20	



Pennsylvania Department of State

2021 JAN 29 PM 2: 01

Bureau of Campaign Finance & Civic Engagement
210 North Office Bullding, Harrisburg, PA 17120 • 717.787.5280 (Option 4) ERIE COUNTY
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Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate 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 Candidate

Date

Daire | Ouellest

Printed Name