

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

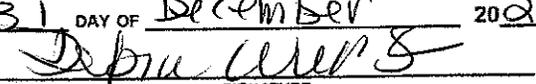
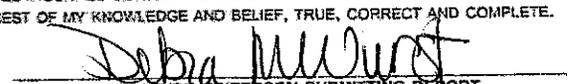
FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>																																
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST DEBRA WURST																																				
STREET ADDRESS 7 NORTH WASHINGTON STREET																																				
CITY NORTH EAST	STATE PA	ZIP CODE 16428 - 335																																		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION																																
				MO.	DAY	YEAR																														
<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY	North East Borough Council	WARD 2	D	11	2	21																														
<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY				FOR OFFICE USE ONLY																																
<input type="checkbox"/> 30 DAY POST-PRIMARY				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>11</td><td>22</td><td>21</td> <td>12</td><td>31</td><td>21</td> </tr> <tr> <td colspan="3">DATES OF REPORTING PERIOD</td> <td colspan="3"></td> </tr> <tr> <td colspan="3">CASH BALANCE AT END OF REPORTING PERIOD: \$ 0</td> <td colspan="3"></td> </tr> <tr> <td colspan="3">TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0</td> <td colspan="3"></td> </tr> </table>			MO.	DAY	YEAR	MO.	DAY	YEAR	11	22	21	12	31	21	DATES OF REPORTING PERIOD						CASH BALANCE AT END OF REPORTING PERIOD: \$ 0						TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0					
MO.							DAY	YEAR	MO.	DAY	YEAR																									
11							22	21	12	31	21																									
DATES OF REPORTING PERIOD																																				
CASH BALANCE AT END OF REPORTING PERIOD: \$ 0																																				
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0																																				
<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION	ERIE COUNTY JAN 12 2022 VOTER REGISTRATION																																			
<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION																																				
<input type="checkbox"/> 30 DAY POST-ELECTION																																				
<input type="checkbox"/> ANNUAL REPORT																																				
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																				
TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																																				

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.

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.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 31 DAY OF December 20 21  SIGNATURE MY COMMISSION EXPIRES 12 31 21 MO. DAY YR.	 SIGNATURE OF PERSON SUBMITTING REPORT DEBRA M WURST PRINTED NAME 814 7255900 AREA CODE DAYTIME TELEPHONE NUMBER
---	--

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 _____ PRINTED NAME _____ AREA CODE DAYTIME TELEPHONE 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

JAN 12 2021

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.

Name of Filing Committee, Candidate, or Lobbyist				
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 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input checked="" type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<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.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Debra Wurst
 Signature of Treasurer, Candidate, or Lobbyist

01/10/2022
 Date (DD/MM/YYYY)

DEBRA WURST
 Printed Name

NorthEast PA USA
 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/campaignfinance • ra-stcampaignfinance@pa.gov

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

Date (DD/MM/YYYY)

Printed Name

Location (City/State/Country)