

Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) 210 North Office Building, Harrisburg, FA 1/20 www.dos.pa.gov/campalgnfinance • ra-stcampalgnfinance@pa.gov/ERIE COUNTY

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.

Reporting Cycle Name Cycle 1 Cycle 2 Cycle 3 Cycle 9 6th Tuesday Pre-Primary 2nd Friday Pre-Primary 30 Day Post Primary 30-Day Post Special Election	Name of Filing Comr	nittee, Candidate, or	Lobbyist	
6 th Tuesday Pre-Primary 2 nd Friday Pre-Primary 30 Day Post Primary 30-Day Post Special	Friends (HOLDIAN 19	Uitherspead	
	•	•	1	30-Day Post Special

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.

Treasurer, Candidate, or Lobbyist Date

Printed Name

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		ON BEHALF OF CANDIDATE	COMMITTEE 2 LOBBYIST 3.
NAME OF FILING COMMITTEE, CAND	~ Y W) IV/MSO C DOK) a	
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ENI E		STATE PA	ZIP GODE
TYPE OF REPORT N/	AME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. PARTY	DATE OF ELECTION
6TH TUESDAY 1.	City Concil		MO. DAY YEAR
2ND FRIDAY 2. PRE-PRIMARY	DATES OF REPORTING PERIOD O/ / 20 TO	MO. DAY YEAR 102 31 20	FOR OFFICE USE ONLY
30 day 3. Post-primary		/	₹ 0.782
6TH TUESDAY 4.	CASH BALANCE AT END OF REPORTING PERIOD:	\$	
2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD	\$	EGISTRI AM
30 DAY POST-ELECTION	AMENDMENT YES	NO /	M 9: 2
ANNUAL REPORT	TERMINATION YES V	NO	
and what is the sea.		1 1	
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