		_		
eset	Form	ţ	Pri	int Form
	* a.a. 2.*			

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		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Lobbyist Friends of Robert Yates				· · · · · · · · · · · · · · · · · · ·	
Street Address	5075 Tramariac Lane	!	, , , , , , , , , , , , , , , , , , ,			
City Erie	· · · · · · · · · · · · · · · · · · ·	State PA	Zip Code	16505		
Type of Report (Place x under report type)				<u> </u>	.i	
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Primary Primary		2 nd Friday 6-30 Day Po e-Election Election	ost 7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
Date Of Election (MM/DD/YYYY)	Year	Amendmen Report		Termination Report	\boxtimes	
Summary of Receipts and From Date Expenditures	To Date		For (Office Use Only		
1/31/2021 A. Amount Brought Forward From Last Repor	1/31/2 t \$ 800	100000000000000000000000000000000000000		J. Brand Comment		
B. Total Monetary Contributions and Receipt (From Schedule I)	**					
C. Total Funds Available (Sum of Lines A and B)	\$ 800.	.73 :	ERIE (COUNTY	·	
D. Total Expenditures (From Schedule III)	800	.73		1 9099		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 0		VOTER REC	•		
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0	,		NOTIVATION		
G. Unpaid Debts and Obligations (From Schedule IV)	\$ o					
Part 1- If this is a Committee report, treasurer sign h	ere. If this is a Candida	Affidavit Section ate report, candidate sign he	re.	······································		
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this				ue, correct and comple	te.	
day of20		Back san	ure of Person Subm	itting report	<u></u>	
Signature			Printed Name			
My Commission expires MO: DAY YR.		Area Code		18-6635 time Telephone Number	er	
Reart II-lif this is a paper of a Candidate's Authorized Committee, candidate shall sign here.						
I swear (or aftim) that to the best of my knowledge amended?			d any provisions of t	he Act of June 3, 1937 ((P.L. 1333, NO.320) as	
Sworn to and subscribed before me this		Cope	MALJA	tes		
		Ross	Sphature of Candid	late YHTES		
Signature My Commission expires		8/4	Printed Name	19-7750	2	
MO. DAY YR.		Area Code	Dayt	ime Telephone Numbe	<u> </u>	



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	Report Filed B	v Candida	ate	Committee		Lobbyist
Number	(Mark X)	, Januara				-0.23,
Name of Filing Committee, Candidate or						
Lobbyist	Friends of Robert	rates				
Street Address	5075 Tramarlac L	ane.				
City Erie	1	State	PA	Zip Code	16505	
		· ·	.,,			•
Type of Report (Place x under report type)						
	t 4- 6 th Tuesday	5- 2 nd Friday	1	ost 7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
Poto Of Florities	Vana		Amendmen	_	Termination	<u> </u>
Date Of Election (MM/DD/YYYY)	Year		Report		Report	
Summary of Receipts and From Date Expenditures	To Date			For	Office Use Only	
1/31/2021	. 1/3	31/2022				
A. Amount Brought Forward From Last Repo	rt S	22	30° 1 - 170 - 1	<u> </u>	<u> </u>	<u>in the Community of th</u>
800.73						
B. Total Monetary Contributions and Receipt (From Schedule I)	ts S	0		_		
(From Schedule I) C. Total Funds Available	\$			ER	IE COLINTO	
(Sum of Lines A and B)		800.73			with A	
D. Total Expenditures \$						
(From Schedule III) 800.73						
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	VOTER REGISTRATION			
F. Value of In-Kind Contributions Received	\$		- TOTATION			
(From Schedule II)		0				
G. Unpaid Debts and Obligations	174 \$	0				
(From Schedule IV)						
Part 1- If this is a Committee report, treasurer sign	hara If this is a Carr	Affidavit Se		ere		
I swear (or affirm) that this report, including the att	ached schedules on	paper, is to the	best of my know	 wledge and belief t	rue, correct and compl	ete.
Sworn to and subscribed before me this						
day of20	• 1			•		
		_	Signat	ure of Person Subr	nitting report	
Signature	— r	_		Printed Nan		
Signature	, ,			THICCH NEI	••	
My Commission expires	<u> </u>	_	Area Cod-		utima Talanhana Mu	uor.
MO. DAY YE	τ.	i	Area Code	νa	ytime Telephone Numb	el .
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 knowledg	e and belief this poli	tical committee	has not violated	dany provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
amended.						
Sworn to and subscribed before me this						
day of20	day of 20 ' i					
	<u> </u>			Signature of Candidate		
			-			
Signature	Signature Printed Name					
My Commission expires		_				<u> </u>
MO. DAY YR.		•	Area Code	Day	time Telephone Numbe	er
	· · · · · · · · · · · · · · · · · · ·					

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts:\$50.00 or Less per Contributor		
Total for the reporting period (1)) \$	4 1
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)	\$	
Total for the reporting period (2)) \$	
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)) \$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		V/V///////////////////////////////////
Total for the reporting period (4)) \$	
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)	t \$	

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

					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	* 9 32 44
City	[本等基礎] 建金金	State	Zip Code	Date [MM/DD/YYYY] \$	ALC ALC
Full Name of Co	ontributing	ASS. 20 2	[80.75] s. s. statistatis s. s.	Date [MM/DD/YYYY] \$	Š
Committee					* 0 10 10 10 10 10 10 10 10 10 10 10 10 10
House #	Street Address			Date [MM/DD/YYYY] \$	
					(1) (1)
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	intributing	[25,4,6,60,36]	(8) ASS (3 4. 24 八	Date [MM/DD/YYYY] \$	n
Committee		•			
House #	Street Address			Date [MM/DD/YYYY] \$	
				<u> </u>	
City	10 mm	lectars"	7:47-21240		[0 2 2 2 2 2 2 2 2 2
		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing		(東京大学会社) (東京大学) (1997年) (1997	Date [MM/DD/YYYY] \$	
Committee				1995510 (MACES) 149 M	
House #	Street Address			Date [MM/DD/YYYY] \$	
				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
City	内置映 显示。在1930年	State	Zip Code	Date [MM/DD/YYYY] \$	
14. No. 1					요. 1987년 1987년 - 전
Full Name of Co	intributing	意以思想。21°。	Page Strate Res	Date [MM/DD/YYYY] S	생 쩧
Committee					(#3) 031 031 031 031 031
House #	Street Address			Date [MM/DD/YYYY] \$	33 33 33
nouse #	Street Address			Date [MIM/DD/1111] 3	
		Library would	leter of a feet of a		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	CALCALINATE CONT			Date [MM/DD/YYYY] \$	(4) (5)
Committee				Date IMIMAN DIVILLI 3	
House #	Street Address			Date [MM/DD/YYYY] \$	
	1.6亿亿亿级增长。在1.0亿多亿分价。例				
City		State	Zip Code	Date [MM/DD/YYYY] \$	替 数
		Jule	LID COUR	Dare IMIMADALITITIES 3	** **
		Section Association			<u></u>

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

Full Name of Contributor			(Date:[MM//DD/xxyxy]) ; S	
HOUSE# Street Address			¿Date (MM//DD/AYYY) (\$2	
Oity	State	Zip (code	Date (MIXI/PD/XXXX) S	-
RUII/Name of Contribution			adate[[MM/DD/AWAM]] \$	•
House # Street-Address			(Date[jviMypd//xxyxi]), S	
City	State	-Zip@ods	Date(MM/JDD/AAAA) S	
Full iNeme of Contributor			*Datel(MM/DD/\\\\)	
Streat/Addices			(Data[MW/DD//WW/] . S	
Cty	State	Zip Code	Poate[MM/DD/AAAA]). \$	
(Full Name of Contillium)		<u> </u>	(Date[MM/DD//MM]) \$	
House# StreetrAddress			Date[MM/DD///////] S	
(Cray	State	/∡ip(€ode) ±	(Date[[MM/DD/AAAAA]]. S	
Halli Nameloi (Contributo).			Date (MM/JOD/M/Y/)	
House#/ StreetAddress			¿Date[[MM/DD/AYAYA]* S.	
City	State	Zip Göde/	Date(MM/DD//AYA)(* (\$	
(full Nameo) (Contributor)			Poate([VIMX/po//vvvvi]), \$	
Mouse# Street/Address			#DateIMM//DD//Y/Y/I/I	
ery .	State	iZip Code	DateIMW/DD/MMM1	

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.

Eller Identification Number:				
Full Name of Contributing Committee			Date: MM/DD/XYXY	
House # Street Address				
Gity	State	Zip Code	Date (MIVI/DD/AYAA)	
Rull Nameois Contributing Committee			(Patë ([XIIX/(DID/(AAXXX)])	
House# Street Address			Date [MM/DD/AYAM]	
City	State	Z/Ip.Gode	(Date [MIN/JDD/YYYYY)]	
Rulli Name of Contributing Committee			Date [MM/DD/AMM]	
(Hiouse/# . Strieet/Address			Date [MM/DD/YYYY] S	
<u>City</u>	State	Zipieode	Date [MIN/DD///////]	
(Authylame.of. Conudbuding.Committee			aDates[MIM//DD/AYAYA]	
House: Street Address	V-2- Acces VII-legislar ≠ N((Pate [MM//DD///A/A/I])	
(City) (Full-Name)(i)	#State	Zip code	Pate IMM/DD/XXXXI	
Contributing Committee			Date/[MIX/JDD/AAAA/]	
# Street/Address	Lord terridoner/abbes	Law reconstrict that accordingly	@Date [MIM//DD/AMM4] { \$	
City	State 3	Zipieode	Date IMM/DD/AWVI	
Full Name of Contributing Committee			Daté [MM/DD/AMA)] : S	
House # Street Address Gity	(MECO-2002-M/Gepta/)	Columnate House Columnate	Date [MM/DD///////]	
(Gity)	State/	Zip:Code	Date (MM/DD/AYAY)	

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.	
a Rull'Name sof Contributor.	Date (MM/DD/XXXX) \$5.
House'#: Street'Address	Date[IMM/DD/XXXX] \$\$
	Code Date [MM/JDD//XYYY] S
EmployerName	(Occupation)
lanployerivelling/Address// Painelpelliaeceorevelness	ENHOUGH CONTRACTOR OF THE CONT
FalliName of Contributor.	Date [MM/DD/AYY)] \$
(House#). Street/Address	Date MM/,DD/,YWY
	(Code) [Date [MIM/DD/AWAM] SS
(Employer Name	Occupation (
tamployarı/vetiling/setikass// Bulunipali/Rhae-ofilalisiness	I the comment of the state of t
Full-Name of Contributor o	(Date(IMIM/DD/AWAY) (1)
(#lousia::: Streat/Additiess	;DatelMM/QD/XXXMI : \$
	(Code [Date([VIM/DD)/AYAY] 5
BimployerNamev	Occupation
(Simpleyen Veilling Address)/ Prilingeal Rhaseof/Busliness	L sexum administration and a sexum and a s
#FUIPMarce of Contributor.	(Datel[MM//Db///Ys/Yi) S
House## Street/Address	iDate(MM/DD/AYAM)(4) (5)
SELECTION OF THE PROPERTY SELECTION OF THE P	Code Date [MM/DD/(Y/A)] \$5
Employe#Neme	(Occupation)
lamployer Mailing Address // Principal Place of Business	A supposition of the sufficient

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:				
Full Name House # Str Gity Receipt: Description	eet Address	State (Zip Code	Date [MM/DD/YYYY]
(dity) Receipti Description	eet Address	State	Zip code	Date (MM/DD/MYM) \$1
Glay Receipt Description	ect/Additess	State	Zip Gode.	(Date (MM/DD/WWW)) \$
idty Recelpt Description	gerAddress	State	ZIp (Code	Date (MM/bb/Ayyy)
Givy Reselpt Description		State :	ZIP Gode	Date[MM/DD/YYYY] \$2
Ital Name House # Str Gity Receipt Description	ear/Address	State 194	Zip. Gode	Space [MM/DD/MYYY] SS

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer dentification Number				
AE UNITEMIZED IN KIND CON	ITRIBUTIONS RECEIVED VA	BUTE OF \$50000 OR LESS P	ERCONICRIBUTOR	
TOTAL for the reporting period	(1)	\$		
2. INSKIND CONTRIBUTIONS	DEGENVES WANTE NEGENIA	isteoresis avany/ED/arv/Hrv/i		
TOTAL for the reporting period	(2)	\$		
3: IN-KINDIGONTRIBUTIONIR	ECEIVED VALUE OVER \$250	DOO(GROMIPARITG)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTED (Add and enter amount total				
on Page 1, Report Cover Page, Item	F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

			·	
File Identification Number				
Full Name of Contributor		 .:	©Bite [MM/DD/YYYY] } \$	
House# Street Address			Date [MM/DD/YYYY] \$	
GITY	State	Zip Code	Date (MM/DD/YYYY) 355	
Description of Contribution				
Ptill Name; of Contributor (Date(IM/M/DD/AYAY/I) \$\$	
House'# Street:Address			@Date(IMIW/dd/AYAYA) \$	
Cisy	State	Zip Code	@Date:[MM//DD/XYYM]); \$	
Description of Contribution				
aojudithoojosmeMlu	SPECIAL UNIVERSITY .		Date MM/DDAAAAA	
	9			
House# Street/Address		LIPEN VIRALINESS AND	adate(IMIV/dd///////); (\$)	
(ety)	-State	Zip Code	adate [MIV/DD/AYYM]) \$	
Desadation of Contribution				
active than experience of the state of the s			*Date [[VIM/IDD/YYYYM] 15.	
House# Street Address			[Date [MM/DD/MYYV]] S.	
Giv.	State	/Zip.Code	Date [MM//DD/YYYY]) \$5.	-
Description of Contribution				
Apull (Pameso) (Contributor	Accessed to Access		Date-HVIM/DD/YYWY)	
Fouser; Street Address			Date [MM//DD//YYYY)]	
Civ	State	ZipiCode	(Date [MM//DD/AYYY)]) (S	

Description of Contribution

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer dentfication Number:	
Full Name of Contributor	Date MM/DD/YYYY \$\)
House:# Street-Address	Date:[MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$7
Employer Name	Occupation
lemployer Mailing Address / Principal) (Place of Business	Description of Contribution
Full/Nameof/Contributor	(Date MM//DD/YYYY) \$
House#Address	Date [MM//DD//Y/Y/Y] \$
Glty State Zip;Gode	iDate [MIM//DDY/YYYY]
Employer Name Figure 1992 (Mailling Additions / Pulmane)	Occupation Description
iamployer/Mailing/Address//Pitingpal Placero/Business	(ci) (contribution)
Remain (Industrial Properties of Contributors)	Date(IMM)/DD/XYXXXI]
House::: Street/Address	Date [MM/DD/YYYY]] \$
State Zip:code	Date[MM/DD//YYYY] \$
lämplöyerMemie IsinployerMeiling/Address//ipiindpel	Recorpation Description
Place of Business	of Convibration
Felli Name of Contributor	*Date:[MM//DD/AYAY4] ** \$\$
Street-Address	{Date [MM//DD/XXXXI] \$
State Zip.Code	Date IMM/DD/AYAYI
(Employer/Natina Employer/Nating Address/APrincipal): ∑	Occupation Description
Palace of Business	iot Gontalaution

Statement of Expenditures

Filer Identification Number	
,我就是是我们是我们是我们的人,我们就是一个人的人,我们就是一个人的人的人的人,我们就是一个人的人的人的人的人的人的人,我们就是一个人的人的人的人的人的人的人	
本在中国中国的国际企业,但是一个国际的国际企业,但是一个国际的国际企业,但是一个国际的国际企业,但是一个国际的国际企业,但是一个国际的国际企业,但是一个国际的国际	

To Whom Paid				のはつきを作るとなるとは、ACEのACEのACEのACEのACEのACEのACEのACEのACEのACEの	_
	Friends of Dylanna			Date [MM/DD/YYYY] \$ 500.00	
House #	Street Address 517	7 Shawnee Dr.	Produce to the state of the sta	Description of Expenditure	
City Erie		State PA	Zip Code 16505	Donation to Primary campaign	
To Whom Paid	Friends to Elect Kirk M	cCaslin		#Date [MM/DD/AYYY] \$ 200.00	
House #	Street Address 47:	37 N. Wayside Dr.		Description of Expenditure	
(Gity) S. I Erie		State PA	Zip Gode ;; 16505	Donation to McCaslin campaign	
Townom Paid		Ryan McGregor campaign)		Dates (MM/DD/YYYYY) \$ 100.73	
House#	Street Address 95 (Orchard Beach Dr.		Description of Expenditure	
ČÍLY North East	-	State PA	Zip i 44 Code 45 16428	Donation to Ryan McGregor campaign	
(fo:Whom:Paid				pate(MM/DD/AYYM) \$	
House#	Street Address			Description of Expenditure	
(Gity)		State	Zip) Code		
To Whom Paid				adate (MIN/DD/AYYY); 35	
House#	Street Address			Description of Expenditure	
(enty)		State	Zip Gode		
Iro.Whom Paid	Next three teachings are an all			(Date:[MMYDD/XYYY)] \$	
House#	Street Address			Description of Expenditure	
लिइ)		State	Zip. Gode		
ToWhomPaid	To Character with a Secretar State of the			Date I MIM/DD/AYYYX \$!	
House:#	Street Address			Description of Expenditure	
eity.		State	∡ip ,code :		
/Io/WhomRaid				Date MM/DB/AYAY 3 5	
House/#	Street Address			Description of Expenditure	
(Gity)		State	Zip Gode	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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.

· 《公司》(1986年)(1	.质			
Name of Creditor				Outstanding Balance of Debt
House #	eet-Address	DATE:	DEBTINCURRED IM/DD/YYYY]	S
City,		There is a proper of the constitution of the c	Zip	
Description of Debt -		JIGUE TO THE TOTAL	Code .	
Name of Greditor				The second secon
ACCORDING TO THE RESIDENCE OF	eet Address			Outstanding Balance of Debt
			M/dd//yyyyj	
Chy	Security Marca Property	State	Zip (3) Code	
Description of Debt 3		(10-50-7-020/19-page) - 1-1-4	felintex (Rective Surgerose)	Selfent L
(Namerof Recultor				Outstanding Balance of Debt
Houser# Stre	eet Address		DEBITINGURRED M/DD/MYYYI	
Gity.		Control and the control of the contr		
(Description of Debt.		Slate	Zip (Code)	
NameofCreditor				Outstanding:Balance;of:Debt
	et-Address		DEBTINGURRED	S earth goalance or peop
		With a service of the	M/DĐ/MMMI	
Gity Description of the little		State	Zip Code	
Desdiption of Debt				
Name of Greditor	et Address	I WEST TATES		Outstanding Balance of Debt
TOUSEH: Street	et:Address		DEBITINGURRED MV/DD//YYYYI)	\$\$\\ \$\\
City 1		State	Zip Code:	
Description of Debt.			sode as	
Nameo Ageditor			TO THE	Outstanding Balance of Debt
House # Stree	l et:Address			<u> </u>
Gity Description of Debt		State Z	Zip Gode	
Description for Description				



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**

THE AT SHEP

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.

	e of Rober	ndidate, or Lobby of Yates	ist		
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	☐ Cycle 4 6 th Tuesday Pre-Election		☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special Election		☐ 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.

Signature of Treasurer, Candidate, or Lobbvist

Date (DD/MM/YYYY)

Barbara A. Makarowski

Printed Name

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 ERIE COUNTY

TED A 1 2007

VOTER REGISTRATION

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

Printed Name

Date (DD/MM/YYYY)

Location (City/State/Country)