

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	83-371078	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	The Committee to Elect Kim Clear							
Street Address	4855 Asbury Rd							
City	Erie	State	PA	Zip Code	16506			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/5	Year	2019 2020	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	10/22/19	11/25/19	<p style="text-align: center;">ERIE COUNTY VOTER REGISTRATION</p> <p style="text-align: right;">2019 DEC -4 PM 2:10</p>
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 8258.14	
C. Total Funds Available (Sum of Lines A and B)		\$ 8508.14	
D. Total Expenditures (From Schedule III)		\$ 5291.12	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 3217.02	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0	

Part I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 4th day of December 2019

Nicole Inan
Signature

My Commission expires 07 31 2023
MO. DAY YR.

Allen R. Thoyer
Signature of Person Submitting Report

Allen R. Thoyer
Printed Name

814 882-4957
Area Code Daytime Telephone Number

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 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 4th day of December 2019

Nicole Inan
Signature

My Commission expires 07 31 2023
MO. DAY YR.

Kimberly Clear
Signature of Candidate

Kimberly Clear
Printed Name

814 881-9270
Area Code Daytime Telephone Number

Notary Seal
 Commonwealth of Pennsylvania - Notary Public
 Nicole Inan, Notary Public
 Erie County
 My commission expires July 31, 2023
 Commission number 1292344
 Member, Pennsylvania Association of Notaries

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	83-3710783	
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	250
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)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	0
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	250

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:	83-3710783
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
Rebecca and Evan Adair					10/25/19	250.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
537	Colleen Dr.					
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Eric	PA	16505				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		

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 Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City	State			Zip Code		Date [MM/DD/YYYY]	\$

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.

Filer Identification Number	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	

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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

**PART E
Other Receipts**

REFUNDS, INTEREST 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	
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Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

Description of Contribution	
------------------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

Description of Contribution	
------------------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

Description of Contribution	
------------------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

Description of Contribution	
------------------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

Description of Contribution	
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SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	<i>INVEST</i>
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number: **83-37107 83**

To Whom Paid: **USPS** Date [MM/DD/YYYY]: **10/27/19** \$: **55.00**

House #: **2711** Street Address: **Legion Rd** Description of Expenditure:
City: **erie** State: **PA** Zip Code: **16504** **Stamps for Mailing**

To Whom Paid: **Golden Corral** Date [MM/DD/YYYY]: **10/27/19** \$: **19.06**

House #: **0950** Street Address: **Peach St** Description of Expenditure:
City: **erie** State: **PA** Zip Code: **16508** **Breakfast w/ Union Retiree**

To Whom Paid: **Sue's Notary** Date [MM/DD/YYYY]: **10/24/19** \$: **17.00**

House #: **1353** Street Address: **w. 38th st** Description of Expenditure:
City: **erie** State: **PA** Zip Code: **16508** **Notarized Election Finance Report**

To Whom Paid: **erie County - 1** Date [MM/DD/YYYY]: **10/24/19** \$: **35.00**

House #: **140** Street Address: **w. 6th st** Description of Expenditure:
City: **erie** State: **PA** Zip Code: **16510** **Mailing lists**

To Whom Paid: **Desanti's Signs** Date [MM/DD/YYYY]: **11/1/19** \$: **2644.27**

House #: **540** Street Address: **w. 18th st** Description of Expenditure:
City: **erie** State: **PA** Zip Code: **16502** **Mailing**

To Whom Paid: **LAMAR** Date [MM/DD/YYYY]: **10/28/19** \$: **875.00**

House #: **225** Street Address: **oliver rd** Description of Expenditure:
City: **erie** State: **PA** Zip Code: **16509** **Billboard**

To Whom Paid: **ACT BLUE** Date [MM/DD/YYYY]: **11/6/19** \$: **3.75**

House #: Street Address: **P.O. Box 441146** Description of Expenditure:
City: **Somerwilke** State: **MA** Zip Code: **02144** **Use of Davarim website**

To Whom Paid: **Kristin Bowers** Date [MM/DD/YYYY]: **11/10/19** \$: **1000**

House #: **4125** Street Address: **Hoyt St.** Description of Expenditure:
City: **erie** State: **PA** Zip Code: **16510** **Creation of Mailers**

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.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	83-3710783
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To Whom Paid	The Oasis	Date [MM/DD/YYYY]	11/5/19	\$	569.54
House #	3122	Street Address	W. Lake Rd	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16505
Election Day Results					

To Whom Paid	ERIE Insurance	Date [MM/DD/YYYY]	11/28/19	\$	70.50
House #	100	Street Address	Insurance Place	Description of Expenditure	
City	ERIE	State	PA	Zip Code	16530
Insurance for Venue					

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

