

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		Friends of Daria Devlin							
Street Address		3948 State Street							
City		Erie		State		PA		Zip Code	
								18508	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		5/19/2021		Year		2021		Amendment Report	
								<input type="checkbox"/>	
Summary of Receipts and Expenditures		From Date		To Date		For Official Use Only			
		2/12/2021		6/7/2021					
A. Amount Brought Forward From Last Report		\$		1998.58					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$		100.00					
C. Total Funds Available (Sum of Lines A and B)		\$		1498.58					
D. Total Expenditures (From Schedule II)		\$		3.50					
E. Ending Cash Balance (Subtract Line D from Line C)		\$		1495.08					
F. Value of In-Kind Contributions Received (From Schedule II)		\$		0					
G. Unpaid Debts and Obligations (From Schedule IV)		\$		0					
Affidavit Section									
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									
_____ day of _____ 20____		_____		_____		_____		_____	
Signature		Signature of Person Submitting report		Printed Name		Area Code		Daytime Telephone Number	
My Commission expires _____ MO. _____ DAY _____ YR		_____		_____		_____		_____	
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									
_____ day of _____ 20____		_____		_____		_____		_____	
Signature		Signature of Candidate		Printed Name		Area Code		Daytime Telephone Number	
My Commission expires _____ MO. _____ DAY _____ YR		_____		_____		_____		_____	

2021 JUN 21 PM 3:31
 ERIE COUNTY
 VOTER REGISTRATION

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

File Identification Number		
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)	\$	100.00
Total for the reporting period (2)	\$	100.00
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$ 100.00

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]	\$		
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 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.)

Enter Contribution Number	
---------------------------	--

Full Name of Contributor					Date (MM/DD/YYYY)	\$
Suzanne Weber					5/6/2021	100.00
House #	Street Address			Date (MM/DD/YYYY)	\$	
5338	Norris Drive					
City	State	Zip Code			Date (MM/DD/YYYY)	\$
Erie	PA	16509				
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 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.

Election/Registration Number	
------------------------------	--

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 Q)

FEIN/Identification Number	
----------------------------	--

Full Name of Contributor				Date (MM/DD/YYYY)	\$
House #				Date (MM/DD/YYYY)	\$
Street Address					
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 #				Date (MM/DD/YYYY)	\$
Street Address					
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 #				Date (MM/DD/YYYY)	\$
Street Address					
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 #				Date (MM/DD/YYYY)	\$
Street Address					
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.

File/Identification Number	
----------------------------	--

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)	\$	

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

1. Item identified on Schedule A	
----------------------------------	--

1. IN-KIND CONTRIBUTIONS RECEIVED FROM CHARITABLE OR NON-PROFIT ORGANIZATION	
TOTAL for the reporting period (1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED FROM INDIVIDUALS OTHER THAN CHARITABLE OR NON-PROFIT ORGANIZATION	
TOTAL for the reporting period (2)	\$

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

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)	\$	0
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**SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250**

Full Name of Contributor	
---------------------------------	--

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	
------------------------------------	--

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

File ID Number (or Number)	
----------------------------	--

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		

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			
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To Whom Paid	Paypal	Date (MM/DD/YYYY)	\$	3.50
House #	Street Address	Description of Expenditure		
City	State	Zip Code	Fee	
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		
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		

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						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						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$
City	State	Zip Code				
Description of Debt						



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


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 checked="" 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 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.



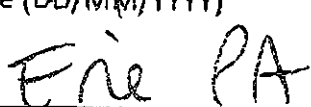
 Signature of Treasurer, Candidate, or Lobbyist



 Printed Name



 Date (DD/MM/YYYY)



 Location (City/State/Country)

COMMONWEALTH OF PENNSYLVANIA 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	COMMITTEE	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Daria Devlin					
STREET ADDRESS 3848 State St.					
CITY Erie		STATE PA	ZIP CODE 16508-		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
	Erie City Schol Board			D	MO. DAY YEAR 5 17 2021
6TH TUESDAY PRE-PRIMARY	2ND FRIDAY PRE-PRIMARY	30 DAY POST-PRIMARY	6TH TUESDAY PRE-ELECTION	2ND FRIDAY PRE-ELECTION	30 DAY POST-ELECTION
DATES OF REPORTING PERIOD		CASH BALANCE AT END OF REPORTING PERIOD: \$ 50.00		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0	
NO. DAY YEAR 2 12 2021 TO 6 7 2021		AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>		TERMINATION REPORT? YES 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

DAY OF 20

SIGNATURE OF PERSON SUBMITTING REPORT

SIGNATURE

PRINTED NAME

MY COMMISSION EXPIRES NO. DAY YR.

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 OF CANDIDATE

SIGNATURE

PRINTED NAME

MY COMMISSION EXPIRES NO. DAY YR.

AREA CODE DAYTIME TELEPHONE NUMBER



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
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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 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.

Neal R. Devlin
 Signature of Treasurer, Candidate, or Lobbyist

06/15/2021
 Date (DD/MM/YYYY)

Neal R. Devlin
 Printed Name

Erie, PA
 Location (City/State/Country)




Pennsylvania Department of State

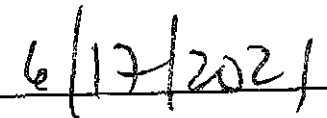
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www.dos.pa.gov/campaignfinance • re-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

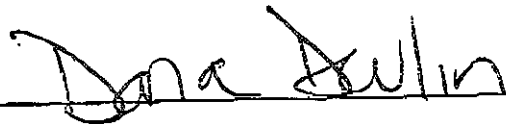
I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.



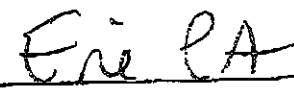
Signature of Treasurer, Candidate, or Lobbyist



Date (DD/MM/YYYY)



Printed Name



Location (City/State/Country)