

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	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Committee to elect Edward Wilson					
Street Address		914 Reed					
City	Erie	State	Pa	Zip Code	16503		

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"/>
Date Of Election (MM/DD/YYYY)		5/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/18/2021	6/7/21	
A. Amount Brought Forward From Last Report	\$	-1,244.96	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	250	
C. Total Funds Available (Sum of Lines A and B)	\$	-994.96	
D. Total Expenditures (From Schedule III)	\$	750	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	349.47	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	494.96	

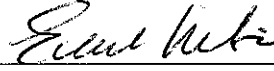
Affidavit Section

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____

SignatureMy Commission expires _____
MO. DAY YR.


 Signature of Person Submitting report
 Edward Wilson

 Printed Name

 814 _____ 451-7543
 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

_____ day of _____ 20____

SignatureMy Commission expires _____
MO. DAY YR.

 Signature of Candidate
 Nancy Feeny

 Printed Name

 814 _____ 460-4140
 Area Code Daytime Telephone Number



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

11/6/21

 Date (DD/MM/YYYY)

EDWARD WILSON

 Printed Name

EXIE, 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)

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period (1)	\$	50
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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)	\$	200
Total for the reporting period (2)	\$	200

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)

Total for the reporting period (4)	\$	
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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>	\$	
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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	
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							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]	\$

House #

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:	
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Full Name of Contributor	Karen Dorich				Date [MM/DD/YYYY]	\$	50
					5/11/21		
House #		Street Address	1852 East 33rd St		Date [MM/DD/YYYY]	\$	
City	Erie	State	Pa	Zip Code	16510	Date [MM/DD/YYYY]	\$

Full Name of Contributor	Tom Zipperi				Date [MM/DD/YYYY]	\$	200
					6/7/21		
House #		Street Address	1926 Northwood Lane		Date [MM/DD/YYYY]	\$	
City	Erie	State	Pa	Zip Code	16509	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.

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

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

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

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

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

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

Receipt Description							
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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)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
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)		\$
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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								

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]	\$	
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		Edward Wilson			Date [MM/DD/YYYY]	\$	750
					6/1/21		
House #	Street Address	914 Reed			Description of Expenditure		
City	Erie	State	Pa	Zip Code	16503	Reimbursement of legal fees	
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.

Filer Identification Number:	
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Name of Creditor		Edward Wilson				Outstanding Balance of Debt	
House #	Street Address	914 Reed		DATE DEBT INCURRED [MM/DD/YYYY]		\$	494.94
				6/4/21			
City		Erie	State	Pa	Zip Code	16503	
Description of Debt		loan-legal fees					

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							

