

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	197-64-4811	Report Filed By (Mark X)	<input checked="" type="checkbox"/> Candidate	<input type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist					
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 checked="" 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)		5/18/21		Year	2021		Amendment Report	Termination Report

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	0	0	<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2021 MAY -7 PM 5:37 ERIE COUNTY VOTER REGISTRATION </div>
B. Total Monetary Contributions and Receipts (From Schedule I)			
C. Total Funds Available (Sum of Lines A and B)			
D. Total Expenditures (From Schedule III)			
E. Ending Cash Balance (Subtract Line D from Line C)			
F. Value of In-Kind Contributions Received (From Schedule II)			
G. Unpaid Debts and Obligations (From Schedule IV)			

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 _____

My Commission expires _____ MO. _____ DAY _____ YR.

Kimberly A. Clear
 Signature of Person Submitting report

Kimberly A. Clear
 Printed Name

814 _____
 Area Code

~~881-9270~~
 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____.

Signature _____

My Commission expires _____ MO. _____ DAY _____ YR.

Signature of Candidate _____

Printed Name _____

Area Code _____ Daytime Telephone Number _____



Pennsylvania Department of State
 Bureau of Campaign Finance & Civic Engagement
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www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

2021 MAY -7 PM 5: 37
 ERIE COUNTY
 VOTER REGISTRATION

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.

Name of Filing Committee, Candidate, or Lobbyist			
<i>Kim Clear</i>			
Reporting Cycle Name			
<input checked="" type="checkbox"/> Cycle 1 <small>6th Tuesday Pre-Primary</small>	<input type="checkbox"/> Cycle 2 <small>2nd Friday Pre-Primary</small>	<input type="checkbox"/> Cycle 3 <small>30 Day Post Primary</small>	<input type="checkbox"/> Cycle 9 <small>30-Day Post Special Election</small>

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.

Kimberly A. Clear
 Signature of Treasurer, Candidate, or Lobbyist

5/7/21
 Date

Kimberly A. Clear
 Printed Name