

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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Dan Laughlin</i>					
STREET ADDRESS <i>4619 Autumnwood Trl</i>					
CITY <i>Erie</i>		STATE <i>PA</i>	ZIP CODE <i>16506</i>		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Senator in the General Assembly</i>	DISTRICT NO. <i>49</i>	PARTY <i>Republican</i>	DATE OF ELECTION	
				MO. <i>05</i>	DAY <i>18</i>
6TH TUESDAY PRE-PRIMARY	1.				
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY	
30 DAY POST-PRIMARY	3.	MO. DAY YEAR <i>01 01 2021</i>	TO	MO. DAY YEAR <i>05 03 2021</i>	ERIE COUNTY VOTER REGISTRATION 2021 MAY 10 PM 5:10
6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u> ϕ </u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u> ϕ </u>			
2ND FRIDAY PRE-ELECTION	5.				
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?	YES	NO	
ANNUAL REPORT	7.	TERMINATION REPORT?	YES	NO	
				<input checked="" type="checkbox"/>	
				<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
4 DAY OF May 2021

SIGNATURE OF PERSON SUBMITTING REPORT: *[Signature]*

PRINTED NAME: _____

AREA CODE: _____ DAYTIME TELEPHONE NUMBER: _____

MY COMMISSION EXPIRES: _____

[Notary Seal: Commonwealth of Pennsylvania - Notary Seal, Douglas G. Richards, Notary Public, Dauphin County, My commission expires August 06, 2023, Commission number 1292437]

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: _____

PRINTED NAME: _____

AREA CODE: _____ DAYTIME TELEPHONE NUMBER: _____

MY COMMISSION EXPIRES: _____

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