

## 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)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		FRIENDS TO ELECT KIRK McCASLIN						
Street Address		4737 NORTH WAYSIDE DRIVE						
City	ERIE	State	PA	Zip Code	16505			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<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)		05/18/2021	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
		05/03/2021	
A. Amount Brought Forward From Last Report	\$	0	2021 MAY -5 PM 4: 06 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3,300.00	
C. Total Funds Available (Sum of Lines A and B)	\$	3,300.00	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3,300.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1,348.28	

Affidavit Section

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

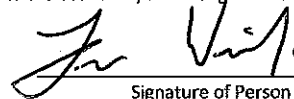
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature

My Commission expires \_\_\_\_\_ MO. DAY YR.



Signature of Person Submitting report

LEN WEIDNER

Printed Name

814

Area Code

969-0917

Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

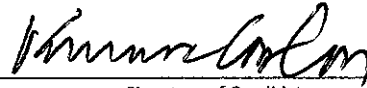
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature

My Commission expires \_\_\_\_\_ MO. DAY YR.



Signature of Candidate

KIRK McCASLIN

Printed Name

814

Area Code

434-9609

Daytime Telephone Number

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					FRIENDS OF ROBERT YATES					Date [MM/DD/YYYY]	\$	200.00
										04/20/2021		
House #	5075		Street Address		TRAMARLAC LN					Date [MM/DD/YYYY]	\$	
City	ERIE		State	PA	Zip Code	16505				Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #										Date [MM/DD/YYYY]	\$	
Street Address										Date [MM/DD/YYYY]	\$	
City										Date [MM/DD/YYYY]	\$	
State										Date [MM/DD/YYYY]	\$	
Zip Code										Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #										Date [MM/DD/YYYY]	\$	
Street Address										Date [MM/DD/YYYY]	\$	
City										Date [MM/DD/YYYY]	\$	
State										Date [MM/DD/YYYY]	\$	
Zip Code										Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #										Date [MM/DD/YYYY]	\$	
Street Address										Date [MM/DD/YYYY]	\$	
City										Date [MM/DD/YYYY]	\$	
State										Date [MM/DD/YYYY]	\$	
Zip Code										Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #										Date [MM/DD/YYYY]	\$	
Street Address										Date [MM/DD/YYYY]	\$	
City										Date [MM/DD/YYYY]	\$	
State										Date [MM/DD/YYYY]	\$	
Zip Code										Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #										Date [MM/DD/YYYY]	\$	
Street Address										Date [MM/DD/YYYY]	\$	
City										Date [MM/DD/YYYY]	\$	
State										Date [MM/DD/YYYY]	\$	
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			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State			Date [MM/DD/YYYY]	\$	

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.

Filler 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  
PART F

## In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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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			



**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](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

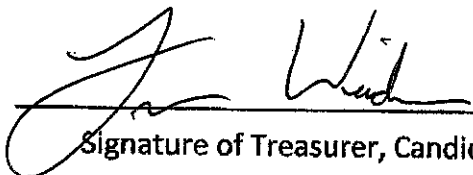
## Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

**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			
Reporting Cycle Name			
<input type="checkbox"/> Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	<input checked="" type="checkbox"/> Cycle 2 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<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.

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.

  
\_\_\_\_\_  
Signature of Treasurer, Candidate, or Lobbyist

5.5.21  
\_\_\_\_\_  
Date

LEN WEDNAR  
\_\_\_\_\_  
Printed Name



**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement

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[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto: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.*

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.

*Kirk McCaslin*

Signature of Candidate

*5.5.21*

Date

*KIRK McCASLIN*

Printed Name