

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	<input checked="" type="checkbox"/> LOBBYIST												
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>The Committee to Elect Kim Clear</i>																		
STREET ADDRESS <i>4855 Asbury Rd</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	DISTRICT NO.	PARTY	DATE OF ELECTION														
				MO.	DAY	YEAR												
<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY	<i>Erie County Council</i>	<i>1</i>	<i>D</i>	<i>11</i>	<i>5</i>	<i>2019</i>												
<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY				FOR OFFICE USE ONLY														
<input type="checkbox"/> 30 DAY POST-PRIMARY				<table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td><i>1</i></td> <td><i>1</i></td> <td><i>2020</i></td> </tr> </table> TO <table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td><i>12</i></td> <td><i>31</i></td> <td><i>20</i></td> </tr> </table>			MO.	DAY	YEAR	<i>1</i>	<i>1</i>	<i>2020</i>	MO.	DAY	YEAR	<i>12</i>	<i>31</i>	<i>20</i>
MO.							DAY	YEAR										
<i>1</i>				<i>1</i>	<i>2020</i>													
MO.				DAY	YEAR													
<i>12</i>				<i>31</i>	<i>20</i>													
<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u><i>3,101.59</i></u>																	
<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u><i>0</i></u>																	
<input type="checkbox"/> 30 DAY POST-ELECTION	<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>			AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>							
AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>															
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>															
<input checked="" type="checkbox"/> ANNUAL REPORT	2021 FEB -5 PM 2:48 ERIE COUNTY VOTER REGISTRATION																	

**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  
1 DAY OF February 2021

\_\_\_\_\_  
 SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. DAY YR.

\_\_\_\_\_  
 SIGNATURE OF PERSON SUBMITTING REPORT  
*Kimberly Clear*  
 PRINTED NAME

814 \_\_\_\_\_  
 AREA CODE DAYTIME TELEPHONE NUMBER  
881-9270

**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

MY COMMISSION EXPIRES \_\_\_\_\_ MO. DAY YR.

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE  
*Kimberly Clear*  
 PRINTED NAME

814 \_\_\_\_\_  
 AREA CODE DAYTIME TELEPHONE NUMBER  
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**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)

2021 FEB -5 PM 2:48  
 ERIE COUNTY  
 VOTER REGISTRATION

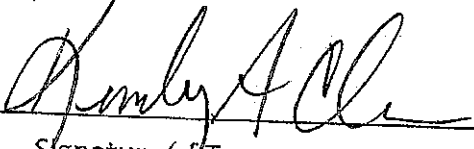
## Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

*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			
The Committee to Elect Kim Clear			
Reporting Cycle Name			
<input type="checkbox"/> Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	<input 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

2/3/21  
 \_\_\_\_\_  
 Date

Kimberly Clear  
 \_\_\_\_\_  
 Printed Name



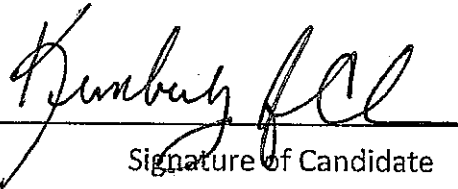
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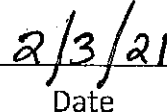
2021 FEB -5 PM 2:48  
ERIE COUNTY  
VOTER REGISTRATION

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

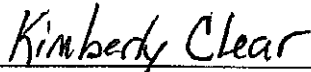
By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.



Signature of Candidate



Date



Printed Name