

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	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	KENNETH J. GAMBLE CLERK OF RECORDS COMMITTEE			
Street Address	947 W. 32nd ST.			
City	State	Zip Code		
ERIE	PA	16508		

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/07/2017	Year	2020	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
A. Amount Brought Forward From Last Report	01/01/2020	12/31/2020	\$	86.91
B. Total Monetary Contributions and Receipts (From Schedule I)			\$	0
C. Total Funds Available (Sum of Lines A and B)			\$	86.91
D. Total Expenditures (From Schedule III)			\$	
E. Ending Cash Balance (Subtract Line D from Line C)			\$	86.91
F. Value of In-Kind Contributions Received (From Schedule II)			\$	
G. Unpaid Debts and Obligations (From Schedule IV)			\$	

2021 FEB - 1 PM 2:07
 ERIE COUNTY
 VOTER REGISTRATION

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 31st day of JANUARY 20 21

Signature _____

My Commission expires _____ MO. DAY YR.

Signature of Person Submitting report: Dolores T Arcenas
 Printed Name: DOLORES T. ARZENAS
 Area Code: 814 Daytime Telephone Number: 866-9465

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 31st day of JANUARY 20 21

Signature _____

My Commission expires _____ MO. DAY YR.

Signature of Candidate: Kenneth J. Gamble
 Printed Name: KENNETH J. GAMBLE
 Area Code: 814 Daytime Telephone Number: 450-2707



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

2021 FEB -1 PM 2:14

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			
KENNETH J. GAMBLE CLERK OF RECORDS COMMITTEE			
Reporting Cycle Name			
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd 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.

Dolores T Arcenas
Signature of Treasurer, Candidate, or Lobbyist

1/31/2021
Date

DOLORES T. ARCENAS
Printed Name



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**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.

Kenneth J. Gamble

Signature of Candidate

1/31/2021

Date

KENNETH J. GAMBLE

Printed Name