

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: <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 Tol</i>							
CITY <i>Erie</i>			STATE <i>PA</i>	ZIP CODE <i>16504</i>			
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>	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. DAY YEAR <i>11 03 2020</i>		
	DATES OF REPORTING PERIOD		NO. DAY YEAR		FOR OFFICE USE ONLY		
			<i>11 24 2020 TO 12 31 2020</i>		2021 FEB -2 PM 4: 18 ERIE COUNTY VOTER REGISTRATION		
	CASH BALANCE AT END OF REPORTING PERIOD:		\$ <i>0</i>				
	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <i>0</i>				
			AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	
			TERMINATION REPORT?	YES	NO	<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
5 DAY OF *January*, 20*21*

 SIGNATURE OF PERSON SUBMITTING REPORT

 PRINTED NAME

 DAYTIME TELEPHONE NUMBER

 SIGNATURE

MY COMMISSION EXPIRES: *08* MO. *2023* YEAR

Commonwealth of Pennsylvania - Notary Seal
Douglas T. Rickards, 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, 1938 (P.L. 1338, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 ____ DAY OF _____, 20____

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 DAYTIME TELEPHONE NUMBER

 SIGNATURE

MY COMMISSION EXPIRES: ____ MO. ____ DAY ____ YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER