	•	<u> </u>

Commonwealth of Pennsylvania - Campaign Finance Report
(Note: This report must be clear and legible. It should be typed)

(note: This report must be siear an							_				••	•			
Filer Identificati	оп	İ		ort Filed E	sy Ct	andida	ite		\mathbf{X}	Comn	nittee			Lobbyist	
Number			(Mai	rk X)						Щ					
Name of Filing Committee, Candidate or Lobbyist Samuel D Comfort									- 						
Street Address			903 L	inden Av						 			· · · · · ·		
City	Erie		·		St	ate	PA	• • • • •		Zip Co	ode	16505	<u> </u>		'
Type of Report (eport type)								ļ				 	
							T A			 		Ca - * * -*	d =		18:
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	:	1	Tuesday lection	5- 2 nd F Pre- Ele	_	1		/ Post	7- An	ınual	Special 2' Pre-Electi		Special 30 Post-Elec	
	X		Γ			7	T				$\overline{1}$				
Date Of Election	<u> </u>	<u> </u>	Year		1		Ame	ndm	lent i	╟┌╧═	┽	Terminat	ion	 	
(MM/DD/YYYY)		05-16-2023			202	3	Repo				_	Report	- 		
Summary of Rec	eipts and	From Date		To Date	е					 	For	Office Use	Only		
Expenditures		03-15-23		0)4-30-23										
A. Amount Brou	ight Forward F	rom Last Report	t \$		0.00									· · ·	
B. Total Moneta (From Schedule		ns and Receipts	\$		0.00	,,,,	1					ERIE C	TNUO	Υ	
C. Total Funds A	vailable		\$		n n^		1								
(Sum of Lines A					0.00		1				MAY 05 2023				
	D. Total Expenditures (From Schedule III) -500.00														
E. Ending Cash E	Balance	*.	\$		1				VOTER REGISTRATION						
(Subtract Line D from Line C) 0.00			1												
(From Schedule	II)		0.00										•		
G. Unpaid Debts (From Schedule	s and Obligation	ns	\$		0.00		1								
f antennia	,			<u> </u>		davit Se	ction			 					
Part 1- If this is a C	ommittee repor	rt, treasurer sign h	ere. If t	his is a Ca	ndidate re	port, c	andidate	e siar	n here.	 		 			
I swear (or affirm)	that this report,	including the atta	ched so	chedules o	n paper, is	s to the	best of	my k	knowled	ge and	belief t	rue, correct a	and comple	rte.	
Sworn to and subs	scribed before m	e this					1	. 4	,	1	181	_			
day of_	,	20	_	1			<u></u>	A Paris				- 114			
			-	-		3	Samuel	D. C	nature omfort			nitting report	<u> </u>		
	Signature			•		-	Print	ted Nan	me	_ -					
			307 Area Co	de				6-8243 rytime Teleph	one Numb	er					
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.	, anas so bio 11631	or my miowicuge	and DC.	1115 PC	masai CON	amutet	. nas HOl	e viUli	atou dii	hinal2	worig Of	me ver of 40	110 J, 1931	(i .L. 1335, IV	J.JZUJ 25
Sworn to and subscribed before me this				/	7		, .	1	for t						
day of_	day of				Jan	nu	w/ 1	19to	<u>-0</u>	idata	····				
	Signature					<u> </u>	Samuel	<u>D. C</u>	omfort	nature o					
	_			, 1			107			Printed					
My Commission e		DAV 12	_			_	307 ^ C-	- لي				8243		_	
MO. DAY YR.						Area Co	ıd e			Day	time Telepho	one Numbé	≘ r		

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	 	
1. Office mixed contributions and necespie-450.00 of tess per contributor		•
Total for the reporting period (1)	\$ 0.	0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	1	
Contributions Received from Political Committees (Part A)	\$ 0.	0
All Other Contributions (Part B)	\$ 0.	00
Total for the reporting period (2)	\$ 0.	0
3. Contributions Over \$250.00 (From Part C and Part D)	 	
Contributions Received from Political Committees (Part C)	\$ 0.0	oc .
All Other Contributions (Part D)	\$ 0.	90
Total for the reporting period (3)	\$ 0.	00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$ 0.0	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount fotals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 0.	00

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 Iden	tification Number				
					Amount
Full Nan	ne of Contributing			Date [MM/DD/YYYY] \$	
Commit					
House #	Street	Address		Date [MM/DD/YYYY] \$	
-A:1.					
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Nam Commit	ne of Contributing tee			Date [MM/DD/YYYY] \$	
House#	Street /	Address		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				,	
Full Nam	e of Contributing		1	Date [MM/DD/YYYY] \$	
Committ				• • • • • • • • • • • • • • • • • • • •	
House #	Street /	Address		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Nam Committ	e of Contributing			Date [MM/DD/YYYY] \$	
House #	Street /	Address		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	e of Contributing			Date [MM/DD/YYYY] \$	
Committ	ee				
House #	Street /	Address		Date [MM/DD/YYYY] \$	
				Date [minipolitit]	
City		State	175.01		
Uity		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Nam	e of Contributing			Date [MM/DD/YYYY] \$	
Committ	ee			nare faminon 11(3)	
House #	Street A	Address		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				[]	1

PART B **All Other Contributions**

\$50.01 TO 520#

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Filer Identification	Number:			
	3373 200 3 700			
Full Name of Cor	tributer			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
				#
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	itributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	CONTRACTOR		See green Leading	
ruii Name oi co				Date [MM/DD/YYYY] \$
				D-A-FREE /DD NOVO
House#	Street Address			Date [MM/DD/YYYY] \$
		(PANAZO)	land the property of the second of	
City		State	Zip Code	Date [MM/DD/YYYY] \$
	147 M. (1999 1994)	Ward W	A Della dell	L DOMESTIMA LIDIN NAMAN AND AND AND AND AND AND AND AND AND A
Full Name of Co	KGDUOF			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
nouse#	Sueer Augress			Oate (miniopoly 11)1
City		State	Zip Code	Date [MM/DD/YYYY] \$
*	:	otate	Lap code	
Full Name of Co	ntributor	Company's	· 在一种的主义,可是自身不同	Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
Zid ografia divide				
City		State	Zip Code	Date [MM/DD/YYYY] \$
		140.V\$74 14.04.64.4		
Full Name of Co	ntributor	ore a seri	The state of the state (Date [MM/DD/YYYY] \$
House#	Street Address	·····		Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
		7 7 2 V Y		

PART C Contributions Received From Political Committees

Over \$250.04

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:				
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Con	imicee			**************************************	Ž
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Con				Date [MM/DD/YYYY] \$	
oole many co	HINEL-OF	•		1	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Con	unifiee			Date [MM/DD/YYYY] \$	
				199 944	
House#	Street Address			Date [MM/DD/YYYY] \$	
					-0 -0 -1
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		A.E. 48	Vision of the book		
Contributing Con	nnittee			Date [MM/DD/YYYY] \$	
House#	Raine at Barates to I			D-4- FREE (DD-00000	
Florise#	Street Address			Date [MM/DD/YYYY] \$	
City		State	1.51 Andrews	Date Hill Individual 200	
		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	An this A Work A.	Date [MM/DD/YYYY] \$	
Contributing Con	nmittee				**
House#	Street Address			Date [MM/DD/YYYY] \$	
City	LASSAMBLE ON	State	Zip Code	Date [MM/DD/YYYY] \$	4 (4
Full Name of			Control of the State of Section	Date [MM/DD/YYYY] S	
Contributing Con	nmittee				**************************************
House#	Street Address			Date [MM/DD/YYYY] \$	<u> </u>
					##
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] §	
					d N
1. June 1, 100 ptg 120		26.53.33	Pt/415-80-70-90-50-50-50-50-50-50-50-50-50-50-50-50-50		i i i

PART D All Other Contributions

Över 5250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

House # Street Address Date [MM/DD/YYY] \$	Filer Identification Number:		
City State Zip Code Date [MM/DD/YYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ Lity State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ Lity State Zip Code Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Lity State Zip Code Date [MM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Employer Name Occupation Employer Name Occupation	Full Name of Contributor		Date [MM/DD/XXXX] \$
Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address Date IMM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Full Name of Contributor Date IMM/DD/YYYY] \$ House # Street Address Date IMM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Employer Name Date IMM/DD/YYYY] \$ Employer Name Occupation City State Zip Code Date IMM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Employer Mailing Address / Principal Place of Business	House # Street Address		Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address Date IMM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Full Name of Contributor Date IMM/DD/YYYY] \$ House # Street Address Date IMM/DD/YYYY] \$ Employer Mailing Address / Principal Place of Business Employer Name Date IMM/DD/YYYY] \$ Employer Name Occupation City State Zip Code Date IMM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Employer Mailing Address / Principal Place of Business	City	State Zip Gode	Data MMVDD (WWW
Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$			
Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY	Employer Mailing Address / Principal Place of Business		
City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Name Occupation	The state of the s		Date [MM/DD/YYY] \$
Employer Name City State State Zip Code Date [MM/DD/YYYY] Employer Name: City State City State City State City City State City Date [MM/DD/YYYY] State City City State Höuse # Street Address		Date [MM/DD/YYYY] \$	
Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business		State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor Date [MM/DD/YYYY] \$	Employer Mailing Address /		Occupation
City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business			Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business	House # Street Address		Date IMM/DD/YYYYI S
Employer Name Occupation Employer Mailing Address / Principal Place of Business	Chi	State 177 Aug	
Employer Mailing Address / Principal Place of Business			
The state of the s			
Full Name of Contributor Date [MM/DD/YYYY] \$	Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address Date [MM/DD/YYYY] \$			Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$		State Zip Code	
Employer Name Cocupation Employer Mailing Address / Principal Place of Business	Employer Mailing Address /		Occupation

PART E **Other Receipts**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	ier:			
	100 State - 01			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			The state of the s	Fa>-4
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		基本的	\$2000 \$200 \$200 B	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	N. 198	18#10 DX 2821	(24年) (244) (24年) (244) (24年) (244) (24年) (244) (24年) (24年) (244)	
Full Name				
House#	Street Address		:	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		P3-43-13-33-44	I SUCCUSEDANO	PSE
Full Name	YARI SEL			
House #	Street Address		. , , , , , , , , , , , , , , , , , , ,	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Parameter and a	1 torrel

SCHÉDÜLE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:				
Unitemized in-kind contri	BUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PE	R CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		and the first section of the section
2. IN-KIND CONTRIBUTIONS REC	EIVED VALUE OF \$50.0	11 TO \$250.00 (FROM PAR	[5)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RECE	EIVED-VALUE OVER \$25	0.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)				

و جو رساند. د ماند جر

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identificatio	Number:		
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DB/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] 3
Description of (contribution		
Full Name of Co	ontributor		Date [MM/DD/YYYY] \$
House #	Street Address	·	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/XYYY] \$
Description of (Contribution		
Full Name of Co	intributor		Date [MM/DD/YYYY]
House #	Street Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Co	Market State of the North Control of the State of the Sta	Transcription and trail	Date [MM/DD/YYYY] = 5
on Africa (Sua) (E. Zonomia			
House #	Street Address		Date [MM/DD/YYYY] \$
City Description of	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of G			Date [MM/DD/YYYY] \$
House#	Street Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of			

Part G In-Kind Contributions Received

VALUE OVER \$250

riier identification	Number,	TTT:		
Full Name of Con	felburo			Date (MM//DD//YYY)
an Heine Oi Will				Date (MM/DD/YYYY) \$
House#	Street Address			Date [MM/DD/YYYY] \$
City	Description and and control and control and	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		V		Occupation
Place of Business	Address / Principal			Description of Contribution
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			V personal and secretary	Occupation
Employer Mailing Place of Business	g Address / Principal			Description
r Jace VI Dusilless		7 2 3 3		of Contribution
Full Name of Con	tributor			Date (MM/DD/YVY)
House#	Street Address			Date [MM/DD/XYYY] \$
City	(Particle personal p	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		# 64.400 % (4.11) 3 4	[484-0.000] PARTY PROPERTY 1.000	Occupation
	g Address / Principal	(a)		Description
Place of Business				of Contribution
Full Name of Cor	tributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
City	Local efficiency conflicts up to	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailin Place of Business	g Address / Principal s			Description of Contribution
	mating the second second	id		CORREDUCTOR

Statement of Expenditures

Filer Identificatio	n Number:	·····		
To Whom Paid	The Committee to	Elect Sam Comfort		Date [MM/DD/YYYY] \$ 500.00
House # 903	Street Address	Linden Ave		Description of Expenditure
City Erie		State PA	Zip Code 16505	beginning balance donated to campaign from persona
To Whom Paid			l cone	Date IMM/DD/AYAY1 5
House#	Street Address		· · · · · · · · · · · · · · · · · · ·	Description of Expenditure
City		State	Zip	
To Whom Pald			Code	Date (MM/DD/AYAY)
House#	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid	11/12			Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City		State	Zip	
To Whom Paid			Code	Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City		State	ZD	
			Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City	1000000 10000 1000 1000 1000 1	State	Zip Code	
To Whom Paid		mo (magga)	At Disease, west	Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City		State	ZIP	
To Whom Paid			Code	Date [MM/DD/YYYY] \$
House#	Street Address		1	Description of Expenditure
City		State	Zip Code	

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Num					
Name of Greditor					Outstanding Balance of Debt
House #	Street Address		DATE DEBT		*
City		State	Z ip		
Description of Debt			Code	<u> </u>	
Name of Creditor	Action (V)				Outstanding Balance of Debt
House#	Street Address		DATE DEBT [MM/DD		
City		State	Zip Code		
Description of Debt			·		
Name of Creditor		•			Outstanding Balance of Debt
House#	Street Address	i	DATE DEBT [MM/DB		
City		State	Zip Code		
Description of Debt		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	. Procedures	<u> </u>	[889 934]
Name of Creditor					Outstanding Balance of Debt
House#	Street Address		DATE DEBT		
City		State	Zip Code		
Description of Debt					·
Name of Creditor					Outstanding Balance of Debt
House#	Street Address		DATE DEBT [MM/DE		
City		State	Zip Code		
Description of Debt					
Name of Creditor			· · · · · · · · · · · · · · · · · · ·		Outstanding Balance of Debt.
House#	Street Address		DATE DEBT		
City	100 to 10	State	Zip Code		
Description of Debt			1		



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

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. 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. This form must be signed by hand where a signature is required.

Name of Filing		didate, or Lobby	ist						
Samuel D. C		AVIEND							
Reporting Cycle	Name		0.00						
☐ Cycle 1	☑ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5				
6 th Tuesday	2 nd Friday	30 Day	6 th	Tuesday	2 nd Friday				
Pre-Primary	Pre-Primary	Post Primary	Pre-	Election	Pre-Election				
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		☐ Cycle 9					
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	l Election	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. I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.									
8D.G	asurer, Candidate		08/05/2 023 Date (DD/MM/YYYY)						
Samuel D. C	Confort		En	PA, U	'SA				
Printed Name				tion (City/S	State/Country)				