Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification	. Argantara e	and the state of the state of the	Report Filed I	- 1		11 31101		•			
Number			(Mark X)	by Land	lidate		Committee)		Lobbyist	
Name of Filing Com	mittee, Ca	ndidate or	<u> </u>				<u></u>				
Lobbyist			Commi	17EE 1	O ELEC	54	TERRY	M. Si	CUTEI	114	
Street Address		,	4055	WES	T 30T	<u> </u>					
City	T	0 , 6	1 1000	State			Zip Code	111			
75 m = -6 D = -4 (D)		RIE	·		PA		zip code	165	ير ن		
Type of Report (Plac			<u> </u>								, b
1-6 th Tuesday 2-	2 nd Friday		i .	1	- 1	-	7- Annual	Special 2	^{id} Friday	Special 30	Day
Pre-Primary Pre	e-Primary	Primary	Pre- Election	Pre- Electi	on Election			Pre-Electi	on	Post-Elect	
	X										
Date Of Election			Year								
(MM/DD/YYYY)		05/16/2023	2023		Amendn Report	ient		Terminati Report	ion		
Summary of Receipt	ts and	From Date		Far							
Expenditures	LS and	110m Date	To Date	<u> </u>	_		For	Office Use (Only		
		02/14/2023	05/01	12023							
A. Amount Brought	Forward F	rom Last Repor	\$	<u></u>				 _			
B. Total Monetary C	ontributio	ns and Receints	\$ 11 /								
(From Schedule I)		no una necepta	1 4,6	20.00	- [e	~ ~		
C. Total Funds Availa			\$ // /		-			Ç	<u> </u>	ਤੁੱ	
(Sum of Lines A and	•		4,6	20.00				ŗ	nere :	X.	
D. Total Expenditure (From Schedule III)	≥S		\$ 15	20.00 20.00 73.99						~<	
E. Ending Cash Balar	re				_[2023 HAY -3 /OTER REGI					
(Subtract Line D from			\$ 3,0	46.01		ERRE COUNTY					
F. Value of In-Kind C		ns Received	\$ 7		_						
(From Schedule II)				0		골< 호					
G. Unpaid Debts and (From Schedule IV)	Obligation	ns	\$	0-		ION 51					
(110m Schedule IV)		 		165.1				-			
Part 1- If this is a Comm	nittee report	, treasurer sign he	ere. If this is a Can	Affidavit	candidate sign	here					<u></u> .
I swear (or affirm) that	this report, i	including the atta	ched schedules on	paper, is to t	ne best of my k	nowled	ge and belief tr	ue, correct as	nd complet	te.	
Sworn to and subscribe	d before me	this					//	·			
аау от	IAY	2023			m		7 ⁻ 5	er			g-18-***
\mathcal{M}	100 $\hat{\lambda}$	Ha ()			JANE	pature o	of Person Subm	itting report		_	
Signa	eure	Samuel Common Co	elth of Pennsylva	nia – Notary :		ـ ـ ـ	Printed Name	7121		Wheren	
Mar Commercial)	1 11000	an Rog, Notai	ry Public	111		Filliteo Ivallie	e mii shi	1111		
My Commission expires	<u>07/</u> мо.	V//4-	 Erie County imission Expires 	'	817	_	ح کے ک	1900	<u> 197 </u>	_	
·		1	!!an Number	c 1366166	į.		Day	time Telepho	ne Numbe	r	
Part II- If this is a report	of a Candid	ate's Authorized	Committee candi	date shall sign	here.		·				
I swear (or affirm) that tamended.	to the best o	r my knowledge a	and belief this poli	tical committe	e has not viola	ted any	provisions of t	he Act of June	a 3, 1937 (F	P.L. 1333, NO.	320) as
								واس			
Sworn to and subscribed	d before me	this					0	/			
3RD day of M	IAY	20 2 3 1	• 1		Teu	911		tular	4		
$M_{I}\alpha$	MI	70 T/				Signa	ature of Candid	late		_	
Signofi	# YUS		- '		1CR1	27	m Se	11011	14	_	ĺ
	07/07	121	, 1,		_	(P	Printed Name				
My Commission expires	07/07		_		814	<u>.</u>	_29	46-07	223		
	MO.	DAY YR.			Area Code		Dayti	me Telephon	e Number	-	
		<u> </u>									
			<u> </u>		·						

Commonwealth of Pennsylvania – Notary Seal Megan Rog, Notary Public Erie County My Commission Expires July 07, 2024 Commission Number 1366166

SCHEDULE J

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Sep. 467-1		
Total for the reporting period (1)	\$ (7.4)
2. Contributions of \$50.01 to \$250.00 (From		20.00
Part A and Part B)		
Contributions Received from Political Committees (Part A)	·	\$
] .	7
All Other Contributions (Part B)	1	\$ 100.00
Total for the reporting period (2	2) {	100.00
	د) [۶	\$ 100.00
3. Contributions Over \$250.00 (From Part C and Part D)	واسه	
Contributions Possition from D. Ity		
Contributions Received from Political Committees (Part C)	\$	\$ 500.00
All Other Contributions (Part D)		\$ 11.44.12
	'	5 4,00000
Total for the reporting period (3	3) \$	\$ 4500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		9,500.00
(From Part E)		
Total for the reporting period (4	i) \$	
<u> </u>	" 3	7 -6-
Total Monetary Contributions and Receipts during this reporting period (Add and	\$	
enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	t	4,620.00
		1000

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 Id	entification Numi	per			Para da Maria da Araba	<u> Maria e Maria de La Carta de Carta de</u>	
				Code Establisher (1971) Conse	en imak yanti oyo a solitika yakor		Amount
	ame of Contribu	ting		1 h - 18.	and the contract of the contra	Date [MM/DD/YYYY]	\$
Comm	iittee						- *
House	#	Street Address					<u> </u>
110000	"	Street Aduress				Date [MM/DD/YYYY]	\$
		<u> </u>					
City		<u></u>	State	Zip Code		Date [MM/DD/YYYY]	\$
							1
Full Name of Contributing Date [MM/DD/YYYY] \$							
Comm	ittee	-				Date [IMM/DD/1111]	\$
	". 	,					. [
House	#	Street Address				Date [MM/DD/YYYY]	\$
	1						1
City			State	Zip Code	-	Data India IDD hoons	
	-		State	Zih Code		Date [MM/DD/YYYY]	\$
Evil No	me of Contribut		Parton Agencia del	Property and the second	TO THE MANAGE BEING TO THE REAL PROPERTY OF THE PARTY OF		
Comm		ling			_	Date [MM/DD/YYYY]	\$
	illee]
House	#	Street Address		<u></u>		Date [MM/DD/YYYY]	1,1
						Date [INIM/DD/1111]	\$
City			State	Zip Code		Date [MM/DD/YYYY]	\$
]						1. 1
Full Na	me of Contribut	ing	Andrew of the state of the state of the	State of the state	And a street of the case of the state was	Date [MM/DD/YYYY]	
Commi					•	Date [sallall DD] 1111]	\$
House	#	Street Address			The state of the s	The state of the s	
		on car nagrada				Date [MM/DD/YYYY]	\$
City		<u></u>	State	Zip Code		Date [MM/DD/YYYY]	\$
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Full Na	me of Contribut	in a			Lagran of the second of the se		
Commi		ing				Date [MM/DD/YYYY]	\$
House :	#	Street Address	##			Date [MM/DD/YYYY]	\$
						Date [lanal/00/1111]	
-			, ,				
City			State	Zip Code		Date [MM/DD/YYYY]	\$
	me of Contribut	ing				Date [MM/DD/YYYY]	\$
Commi	ttee	ĺ				24.2 [
House #	‡	Street Address	P			D . It seed to bound	
	´	Meer Audiess				Date [MM/DD/YYYY]	\$
City	1-1		State	Zip Code		Date [MM/DD/YYYY]	\$
						and fundant	
30113	17 m 17 m m m 26 m m m m 17 m						

PART B

All Other Contributions

\$50.01 TO \$250

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:

		<u>Filmony trans</u>		-	The second secon			
Full Name of Contrib	utor	- (A		And the state of t	Date [MM/DD/YYYY]	\$	
	CHAR	165	BAI	n ク		04/28/2023	-	100.00
House #	Street Address	<u></u>		"n , _	1 11	Date [MM/DD/YYYY]	\$	
5934		3 WAA	JUILL	E 119	APT Y		7	
city Enle		State	T	Zip Code	·	Date [MM/DD/YYYY]	S	
			PA		16506		1	
Full Name of Contribu	utor				1.00	Date [MM/DD/YYYY]	\$	
							7	
House #	Street Address	74				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	T -	Date [MM/DD/YYYY]	\$	
	<u></u>	6,	1)					
Full Name of Contribu	ıtor		1	<u> Airin ann an a</u>	A STATE OF THE PARTY OF THE PAR	Date [MM/DD/YYYY]	\$	
							1	
House #	Street Address					Date [MM/DD/YYYY]		
	Street Wariness					Date [MIM/DD/1111]	\$	
City	<u> </u>	State		Zip Code	T	Date [MM/DD/YYYY]	\$	
et 1 kun	,		i	· • L		auto franchista al 1 - 1 - 2	1.	
Full Name of Contribu	itor	2	Harman Alpharence and	Market Control	E ANDER DE LA CARRESTINA	Des feet Inn hours		
						Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
	A 44							
Full Name of Contribu	tor	 :-				Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
				<u> </u>				
Full Name of Contribu	tor	<u></u>				Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
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and the second s	egittettatat, säere en en en en en	النسسية			<u> </u>	1	1 1	Į.

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

	ag ¹¹ .et		nong panggan ang manggan a			
Full Name of			ora i propi sakivi srapja vidili dili je sina dil	Date [MM/DD/YYY	/] \$	
Contributing Con	mittee The	COMMITT	CLEAN ELEC	04/28/202		500.00
House #	Street Address			Date MM/DD/YYY		
485	>	Asbuny	lloan			
City En(6	State Pu	Zip Code	6 506 Date [MM/DD/YYYY	'] \$	
Full Name of				249 / 113		
Contributing Com	mittee			Date [MM/DD/YYY	7] \$	
House #	Street Address			Date [MM/DD/YYYY	1 \$	
City		State	Zip Code	Date [MM/DD/YYY)	1 \$	
Full Name of						
Contributing Com	mittee			Date [MM/DD/YYYY] \$	
House #	Street Address					
	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	D. Cross for Con-		
		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				Date [MM/DD/YYYY	1 \$	
Contributing Com	mittee					
House #	Street Address			Date [MM/DD/YYYY	1 \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Pull all and a	The state of the s		990, 922			
Full Name of Contributing Com	mittee			Date [MM/DD/YYYY] \$	
		·				
House #	Street Address			Date [MM/DD/YYYY] \$	
City		T es a l				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	7540 St. 10 St.			Date [MM/DD/YYYY] \$	
Contributing Com	mittee			Date [WiNN/DD/1111] 3	
House #	Street Address			Date [MM/DD/YYYY	l \$	
				Succ (Ministration) 11111		
City	L	State	Zip Code	Date [MM/DD/YYYY		
			24.	Succ [mm/DD/ [17]		•
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N. N. OVA CHETTON SON STORY					

PART D

All Other Contributions

Over \$250.00

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)

Filer Identification Number:

Full Name of Contributor	Date [MM/DD/YYYY] \$
MICHAEL DONIKOWSKI	
House # Street Address	1 100/2005
4891 S. WA4510E DR	Date [MM/DD/YYYY] \$
City State 7: Code	
Enie PA Zipcobe 16505	Date [MM/DD/YYYY] \$
Employer Name	Occupation Secretary
Employer Mailing Address / Principal Place of Business	RETIRES
Full Name of Contributor	Dota Band/on to
CARMEN SCUTELCA	Date [MM/DD/YYYY] \$
	02/27/2023 50000
House # Street Address WA ShINGTON ST	Date [MM/DD/YYYY] \$
JAMESTOWN State NY Zip Code 14701	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employee Mailing Add /	Occupation SELF EMPLOYED
Principal Place of Business 2119 WASHINGTON ST J.	AMES TOWN, NA 14701
Full Name of Contributor	Date [MM/DD/YYYY] \$
JOSEPH POLERMO	03/12/2023 5000
House # Street Address	Date [MM/DD/YYYY] \$
4224 PRESTWICK DRIVE	**************************************
City Ence State Pu Zip Code // CN	Date [MM/DD/YYYY] \$
PA 16506	
Employer Name PALENMO REALTY & DEV.	Occupation BUILDEN
Employer Mailing Address /	ENIE PA 16509
Full Name of Contributor	Date [MM/DD/YYYY] \$
MARK WRIGHT	04/64/2023 2000.00
House # Street Address	Date [MM/DD/YYYY] \$
9010 ROUTE 98	
City Cinany State Zip Code	Date [MM/DD/YYYY] \$
16411	
mployer Name	Occupation RETINES
mployer Mailing Address /	KETILE'S

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 N	umber:			
Full Name				
House #	Street Address	<u> </u>		
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descriptio	n			
Full Name			The state of the s	
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	no positi			
Full Name		The second of th		
House #	Street Address			
City	100 mm	State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	n		<u> </u>	
Full Name		en de la companya de	The second second	The second secon
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
B. I. A.			Code	
Receipt Description			•	
Full Name	100 mg (100 mg	Mingapor III aga na anii ga	man and a second a	
House #	Street Address	- <u>-</u>		
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description			· /- /	
Full Name		manya di kacamatan di Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn		A STATE OF THE STA
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
	State of the state	jaran karan da tajar karan da	Server of the Server of the Company	

SCHEDULE 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:			
	terita de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la c		
UNITEMIZED IN-KIND CONTRIB	UTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RECE	IVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
	<u> </u>		
3. IN-KIND CONTRIBUTION RECEIV	/ED-VALUE OVER \$25).00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)	IS DURING THIS REPO m boxes 1, 2, and 3; a	RTING \$	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identificatio	on Number:		VALUE OF \$50.01 10) \$25U	
Full Name of Co	ontributor		i kang di nganangan ngantiga at panganang		
				Date [MM/DD/YYYY]	1 \$
House #	Charles Address				
	Street Address			Date [MM/DD/YYYY]	1 \$
City					
City		State	Zip Code	Date [MM/DD/YYYY]	
					11
Description of C	ontribution		<u></u>		
Full Name of Co	intributor	Elizabeth Chapter St. mag 3	engli, samere for the filter of the second	Alexander de la companya de la comp	
				Date [MM/DD/YYYY]	\$
House #].
nouse #	Street Address	l		Date [MM/DD/YYYY]	\$
		İ			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				pace fransition () 1111	3
Description of Co	ontribution				
		57. 69.			
Full Name of Cor	itributor		A CONTRACTOR OF THE PROPERTY O	Date [MM/DD/YYYY]	\$
				<u> </u>	11
House #	Street Address			Data [BABA/DD/VVVVI	
				Date [MM/DD/YYYY]	\$
City		State			
fi, fi, lie 		Jiace	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				1:1
					
ull Name of Con	tributor	<u> </u>	The second secon	Date [MM/DD/YYYY]	
	* * * * * * * * * * * * * * * * * * * *			Date Trained Political	\$
louse #	Street Address				
	Street Audress			Date [MM/DD/YYYY]	\$
ity			= <u> </u>		1 ²⁴
72 d		State	Zip Code	Date [MM/DD/YYYY]	\$
escription of Co					r_{i}^{\dagger}
					·
ull Name of Cont	tributor			To see a lone honory	
				Date [MM/DD/YYYY]	\$
ouse #					ef.
Juse #	Street Address			Date [MM/DD/YYYY]	\$
ity		State	Zip Code	Date [MM/DD/YYYY]	
				Date Figural CD 11111	\$
escription of Con		1 i	l i	1	. 4

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

			VALUE OVER \$250		
Filer Identification	n Number:				
	<u> </u>	Samuel Samuel	· · · · · · · · · · · · · · · · · · ·		
Full Name of Co	ntributor		and the second s	Date [MM/DD/YYYY]	\$
					
House #	Etropt & delegat			Date [MM/DD/YYYY]	\$
Trouse if	Street Address			Date [MMI/DD/ 1 111]	- *
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			1	Occupation	
Employer Mailii	ng Address / Principal			Description	
Place of Busines				of	
		turi, edi etc.		Contribution	
Full Name of Co	entributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MW/DD/YYYY]	\$
	Juleet Address			Innide sol () []	
City		State	7in Codo	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Pare figury DD/ 1111	
Employer Name				Occupation	<u> </u>
	ng Address / Principal			Description	
Place of Busine				of	
real section ((1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	the second care in the second control of	Contribution	naline al
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
	Sijeet Addiess			2222	7 1
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
				' K	7
Euroloven Alessa	_	<u> </u>		Occupation	
Employer Name				Occupation	·
	ng Address / Principal			Description	
Place of Busine	(55 - 17) (16 - 17) (17) (17) (17) (17) (17) (17) (17)			of Contribution	
Full Name of Co	ontributor		. The Medical Association of the Community of the Communi	Date [MM/DD/YYYY]	\$
				France Brillion and France 2	
House #	Street Address			Date [MM/DD/YYYY]	\$
					1
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Ne	P			Occupation	
Employer Nam		•		Occupation	
	ing Address / Principal			Description	
Place of Busine	255			of Contribution	

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	766	. ,,,,				Date [MM/D	D/YYYY]	\$	
	DE SANY					03/22/			734.00
House # 540	Street Address	WES.	+ 18	m 5.	1	Description		iture	
City Enie	*	State	PA	Zip Code	16502	5161	U 5	·	
To Whom Paid	8 . 6					Date [MM/D	n/vvvvi	\$	
	DESAN					04/04/2		1	734.00
House # 540	Street Address	WEST	18+	4 (51	Description o	f Expendi	ture	
City Ence		State	PA	Zip Code	16502	5/6	SNS		
To Whom Paid	A .	1 .		<u> </u>		Date [MM/DI	D/YYYY)	\$	
AMAZON, COM						04/28/2	2023		105.95
House # 410	Street Address	TERR	4 AVE	N.	_	Description o	f Expendi	ture	
City SEA	ME	State	WA	Zip Code	98109	OFFICE	SUPP	2116	· S
To Whom Paid					en karal da karan da	Date [MM/DI	D/YYYYI	s	
House #	Street Address			-		Description o	f Expendit	ture	
City		State		Zip			<u> </u>		
				Code	1				
To Whom Paid						Date [MM/DI	D/YYYY]	\$	
				_			****		
House #	Street Address					Description o	f Expendit	ture	
City		State		Zip				<u> </u>	
				Code	<i>-</i>				
To Whom Paid						Date [MM/DI)/YYYY]	\$	
House #	Street Address					Description of	f Expendit	ure	
City	<u></u>	State		Zip Code					<u> 1906 - Principal Pr</u>
To Whom Paid					·	Date [MM/DI	1/9999	\$	
						Date (MA)/De	7/1111]	•	
House #	Street Address				- CANADA	Description of	f Expendit	ure	
City		State		Zip			<u> </u>	· · · · · ·	
To Whom Paid			<u></u>	Code	The state of the s				
10 Willom Palu						Date [MM/DI	D/YYYY]	\$	
House #	Street Address				- January				
	Juleet Address					Description of	r Expendit	ure	
City		State		Zip Code					

SCHEDULE IV

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 Identificatio	n Number:		men are outstanding at the	end of the reporting period.
		and the second s		
Name of Credit	or	1		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City				
Six		State	Zip	
Description of D	Pebt		Code	
		·		
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City		54-4-		
		State	Zip Code	
Description of D	ebt			
<u> </u>				
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PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed legibly in blue or black ink.

INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

Filer Identification Number - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination potitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type.

Amondment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pro- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Offices.

Summary of Receipts and Expenditures - Enter the appropriate dates of the reporting period covered.

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any,

Items B through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on Diskette: The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page - provides a summary of all monetary contributions and receipts during the reporting period.

Item 1: Unitemized Contributions and Receipts represents the total amount of contributions and receipts of \$60.00 or less in the aggregate *per contributor* received during the reporting period. Items 2, 3 and 4: Enter the total for each section from the corresponding schedules in the report (Part A, Part B, Part C, Part D and Part E).

Enter the total from Schedule I on the Report Cover Page, Item B.

Definition of Contribution: Any payment, gift, subscription, assessment, contract, payment for services, dues, loan, forbearance, advance or deposit of money or any valuable thing, to a candidate or political committee made for the purpose of influencing any election in this Commonwealth or for paying debts incurred by or for a candidate or committee before or after any election. "Contribution" shall also include the purchase of tickets for events such as dinners, luncheons, rellies and other fund-raising events; the granting of discounts or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates for the same office; and any payments provided for the benefit of any candidate, including any payments for the services of any person serving as an agent of a candidate or committee by a person other than the candidate or committee or a person whose expenditures the candidate or committee must report under the act. The word "contribution" includes any receipt or use of anything of value received by a political committee from another political committee and also includes any return on investments by a political committee. ISee 25 P.S. §3241)

Instructions for Reporting Contributions

The aggregate total of contributions from an individual contributor within a reporting period determines which part of the report form should be used to disclose a contribution or receipt. The form is designed to list the dates and amounts of as many as three separate contributions from the same source in one line item.

Contributions and receipts of \$50 or loss, per contributor, during the reporting period, need not be itemized on the report. The total amount of all unitemized contributions should appear on Schedule I, Contributions and Receipts Detailed Summary Page, Line 1. A record must be kept of the receipt dates of contributions and the names and addresses of each person from whom a contribution of over \$10 has been received.

Contributions and receipts over \$50 to \$250 - report the name of the contributor, mailing address, amount and date received on Schedule I, Part A, "Contributions Received from Political Committees," or Part B "All Other Contributions."

Contributions and receipts over \$250 - report the name of the contributor, mailing address, occupation, employer's name and address, amount and date received on Schedule I, Part C, "Contributions Received from Political Committees," or Part D, "All Other Contributions."

Receipts - Use Part E, "Other Receipts" to report all other monetary receipts or income; e.g. refunds received, interest income, returned checks and prior expenditures that were returned to the filer during the reporting period.

Address - In all Parts, a complete address, including zip code, must be provided. Space is provided for the Zip Code Plus Four. The State block should be completed with the U.S. Postal Service's standard two-letter abbreviation, such as PA for Pennsylvania.

Date - all date blocks in the report must be completed with eight digits. For instance, March 24, 2000 would appear as 03 24 2000.

Total - of each Part should be transferred to the appropriate section on the Schedule I, "Contributions and Receipts Detailed Summary Page" (Page 2 of the report form).

Occupation and Employer - Part D, which lists individuals who have contributed over \$250, also requires the occupation and name and address of the employer of the contributor. Report the principal place of business of any contributor who is self-employed.

SCHEDULE II

IN-KIND CONTRIBUTIONS RECEIVED

Detailed Summary Page - provides a summary of all in-kind contributions and valuable things received during the reporting period.

Item 1: Unitemized in-Kind Contributions Received represents the total value of in-kind contributions of \$50.00 or less, in the aggregate per contributor, received during the reporting period.

Items 2 and 3: Enter the total for each section from the corresponding schodules in the report (Part F and Part G).

Enter the page total on Page 1, Report Cover Page, Item F.

Part F and Part G - Use these Parts to itemize in-kind contributions from individuals or political committees according to the dollar value of the contribution. The form is designed to list the dates and amounts of as many as three separate in-kind contributions from the same source in one line item. The amount is equal to the current market value of the item or service contributed.

Totals of Parts F and G should be transferred to the appropriate section on the Schedule II Detailed Summary Page.

SCHEDULE III

EXPENDITURES

Definition of Expenditure: The payment, distribution, loan or advancement of money or any valuable thing by a candidate, political committee or other person for the purpose of influencing the outcome of an election; the payment, distribution, loan, advance or transfer of money or other valuable thing between or among political committees; the providing of a service or other valuable thing for the purpose of influencing the outcome of a nomination or election of any person to any public office to be voted for in this Commonwealth; or the payment or providing of money or other valuable thing by any person other than a candidate or political committee, to compensate any person for services rendered to a candidate or political committee. (See 25 P.S. §3241)

Instructions for Reporting Expenditures

Pursuant to state law, the Statement of Expenditures requires the filer to report the purposes for which funds were expended, the name and address of the entity to whom the expenditure was made, and the amount and date of each expenditure.

Vouchers for all expenditures over \$25.00 must be retained by the candidate or committee treasurer and shall be available for public inspection or copying. Filers are not required to submit vouchers with reports; however, vouchers must be retained for a period of three years.

Transactions between a candidate and his/her committee should be recorded on both the candidate's and committee's reports. For example, if a candidate contributes to or loans the committee money, the amount should appear on the candidate's report as an expenditure and on the committee's report as a receipt. A loan must also be reported by the recipient on the Statement of Unpaid Debts (Schedule IV).

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

All unpaid debts and obligations which are outstanding at the end of the reporting period must be reported. If a debt is incurred in one reporting period and not repaid, every report filled must continue to show the outstanding debt, even though there was no activity during the current reporting period.

A debt owed to an individual may be forgiven. A copy of the letter of forgiveness from the individual to the committee must accompany the report filed by the committee in the reporting period in which the debt was forgiven. A debt that is forgiven is considered a contribution to the committee. Such contributions from corporations or unincorporated associations are prohibited by the Election Code.

REPORT FILING DEADLINES

Sixth Tuesday Pre-Election - Reporting period closes 50 days prior to election day. Filed only by candidates for Statewide office and political committees/lobbyists supporting such candidates.

Second Friday Pre-Election - Reporting period closes 15 days prior to election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Thirty Day Post-Election - Reporting period closes 20 days after election day. File 30 days after election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Annual Report - Reporting period closes December 31. File by January 31 of the year following the reporting period. Filed by all candidates for nomination or election, political committees and contributing lobbyists.

Political committees required to file pre-election reports must also file post-election reports.

Postmarks - are acceptable as proof of timely filing where report is sent by first class mall and postmarked by the U.S. Postal Service no later than the day prior to the filing deadline.

Late filing fee - A late filing fee of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the report is overdue, plus an additional fee of \$10.00 for the first six days that a report is overdue will be

County Code Table:

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01 02 03 04 05 06 07 08 09	Armstrong Boaver Bedford Berks Blair Bradford Bucks	25 26 27 28 29 30 31 32	Indiana	48 49 50 51 52 53 54 55	Northumberland Perry Philadelphia Pike Potter Scheylkill Snyder	REP DEM CST LIB REF OTH	Republican Party Democratic Party Constitutional Party Libertarian Party Reform Party Other
11 12 13 14 15 16 17 18 19 20 21 22	Butler Cambrie Cameron Carbon Centre Chester Clarion Clearfield Clinton Columbia Crawford Cumberland Dauphin Delaware	34 35 36 37 39 40 42 44 45	Lackawanna Lancaster Lawrence Lebanon Lehigh	58 59 60 61 62 63 64 65 66	Somerset Sullivan Susquehanna Tioge Union Venango Warren Washington Wayne Westmoreland Wyoming York	OTH OTH	Governor Lieutenant Governor Attorney General Auditor General State Treasurer Justice of the Supreme Court Judge of the Superior Court Judge of the Commonwealth Court Senator in the General Assembly Representative in the General Assembly Judge of the Court of Common Pleas Judge of the Municipal Court Judge of the Traffic Court Other (Candidates for local offices who file only with the County Board of Elections)