

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

Filer Identification	1.1.2.0.1.1			ia legible. It sno			
Number		Report Filed I (Mark X)	By Candid	are [Committee	$ \nabla$	Lobbyist
Name of Filing Committee, Ca Lobbyist	ndidate or	Lava	11-1	TIOCK	Maria	1/	Is al-
Street Address	<u> </u>	trien	U5, W	ERCE	CHEVI	1 COMO	tocie
		965	1 Old	Route	,990		
City	Kean		State	PA	Zip Code	16436	2
Type of Report (Place x under r							
1-6 th Tuesday 2- 2 nd Friday	3-30 Day Post		5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Frid	iay Special 30 Day
Pre-Primary Pre-Primary	Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
						-	
Date Of Election		Year		<u> </u>			
(MM/DD/YYYY)	Klip	rear	1130	Amendment Report		Termination	
	03/14		2023	Report		Report	
Summary of Receipts and Expenditures	From Date	To Date)		For (Office Use On	ėž
	15/14/2	3 1/0/1	5/32			<u></u>	n 2
A. Amount Brought Forward Fr	om Last Report	\$ 5				ناهم	
D. T-1-184		<u> </u>	1.43	•			
B. Total Monetary Contribution (From Schedule I)	s and Receipts	\$ 447	745			(A)	S PM IZ: 01
C. Total Funds Available		\$ 1100	1.10				
(Sum of Lines A and B)		448	3. <i>0</i> X	11			< ন
D. Total Expenditures		\$ 1100	3 10			= =	
(From Schedule III) E. Ending Cash Balance	<u> Service de la companya de la compa</u>	770	2,00				
(Subtract Line D from Line C)		\$ 1					
F. Value of In-Kind Contribution	s Received	\$ 00		: *			
(From Schedule II)		11 20					
G. Unpaid Debts and Obligation) S	\$ 25					
(From Schedule IV)		1 20					
Part 1- If this is a Committee report,	treasurer sign hor	vo If this is a Com-	Affidavit Sec	tion		 	
I swear (or affirm) that this report, in	cluding the attach	ned schedules on	paper, is to the l	ndidate sign nere. Sest of my knowled	ge and belief tru	le correct and con	onlete
Sworn to and subscribed before me	this		, , ,		ge 4.16 belle, 110	. Correct and Con	piete.
day of	20	• •		Wart .	a W	cel.	
				Signature o	of Person Submit	tting report	
Signature		r		Julia	AU	OCIKER	
Signature					Printed Name		
My Commission expires	-		<u>8</u>	14:	4	76 736 ime Telephone Nu	9
MO.	DAY YR,		A	rea Code	Dayti	ime Telephone Nu	mber
Part II- If this is a report of a Candida	te's Authorized Co	ommittee, candid	late shall sign he	re.	-		
l swear (or affirm) that to the best of	my knowledge an	nd belief this polit	ical committee h	as not violated any	provisions of th	e Act of June 3, 19	37 (P.L. 1333, NO.320) as
amended.						•	
Sworn to and subscribed before me t	his	Co Member,	ر _ آھے اقعے 8				
15th June	20 73	, , ,	an feg		$\overline{}$		
1 0 30 300 300 300 300 300 300 300 300 3	_2U_ <u>v_</u>	Commission number er, Penncyluani a Assoc	Commonwealth of Pennsylvania - N Megan M. Moore, Notary P Erie County My commission expires Octobe	A/ Signa	atural Candida		
megan M. Mu	ure	₽ SS	ਰੋਜ਼ <u>≥</u> ਕੀ	Merst	SOM-	Dorle	ı
U Signature			of Pennsylva of Pennsylva Moore, Not Erie County expires Or	7.1	rinted Name		
My Commission expires	3 26	Asim		14	50	4.3944	,
MO.	AY YR.	Association	ylvania Notary Notob	ea Code	Daytim	ne Telephone Num	ber
		142 ation	obe ary P				}
							
		930 of Notaries	otary Sea ublic				
		3	O26				

SCHEDULE I **Contributions and Receipts**

Detailed Summary Page

Filer Identification Number French to Elect (1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor	Keryi Comstock
Total for the reporting period 2. Contributions of \$50.01 to \$250.00 (From Part A and Part 8)	(1) \$ 1044 00
Contributions Received from Political Committees (Part A) All Other Contributions (Part B)	\$ \$
Total for the reporting period 3. Contributions Over \$250.00 (From Part C and Part D) Contributions Received from Political Committees (Part C)	(2) \$ 8
All Other Contributions (Part D) Total for the reporting period	\$ 8. \$ 34-03.45 (Ivin Four in
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period	
otal Monetary Contributions and Receipts during this reporting period (Add and international strains on Page 1, 2, 3 and 4; also enter this amount on Page 1, Reporter Page, Item B)	(4) \$ 30.00 Port \$ 4477.45

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.

File Identification Number 35	ends t	o Elect Che	ry i Consto	ck
			<u> </u>	Amount
Full Name of Contributing			Date [MM/DD/YYYY]	\$ \
Committee				X
House # Street Address			Date (MM/DD/YYYY)	
				ero e e e e e Companyo e e e e e e e e e e e e e e e e e e e
City	State	Zip Code	Date [MM/DD/YYYY]	\$
16. 16. 16. 16. 16. 16. 16. 16. 16. 16.	and the state of t	Marrie Control	77 300	
Full Name of Contributing Committee			Date [MM/Db/YYYY]	\$
**************************************				- A-2
House # Street Address			Date [MM/DD/YYYY]	\$
		Talling Market		
(elly)	State	Zip Code	Date [MM/DD/YYYY]	4
Sial Blooms & Constall				
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
			No. 2000 100 100 100 100 100 100 100 100 10	
House # Street Address			Date [MM/DD/YYYY]	\$
			NOTE AND A WALL BY WALL BY THE PARTY OF THE	4
Sty 3	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing		11 12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Date [MM/DD/YYYY]	
Committee			- nere Inimitant 1111	
House # Street Address			Date [MM/DD/YYYY]	\$
			10,1 in - 11 in 2	
City #	State	Zip Code	Date [MM/DD/YYYY]	\$1
Full Name of Contributing	A. 20000-I		Date [MM/DD/YYYY]	\$
Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
	STATE OF THE STATE			C 1987 1 1 1 2
Full Name of Contributing			Date [MM/DD/YYYY]	\$
Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
	williad Advancement Addition of the			
eity ¹	State	Zip Code	Date [MM/DD/YYYY]	\$

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.)

	triends to	Elect Che	141 COMSTOCK	
Full Name of Contributor			Date [MM/DD/YYYY] \$	Xi
House # Street A	Address	-,	Date [MM/DD/YYYY] \$	<u> </u>
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street:	Address		Date [MM/DD/YAYY] \$	
Cly	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor			Date [MM/DD/YYYY] \$	-
House # Street.			Date [MM/DD/YYYY] \$	
CIV	State	Zip:Code	Date (MM/DD/AYYY) \$	
Full Name of Contributor		NEW .	Date [MM/DD/YYYY] \$	
FCity	State	Zip Code	Date [VIM/DD/YYYY] \$	
Full Name of Contributor			=Date (MIM/DD/AYAY) \$	
House # Street A	Address		Date [MM/DD/YYYY] \$	
2 77 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		Date [MM/DD/YYYY] \$	
House # Street A	Addiress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MIM/DD/YYYY] \$	

PART C

Contributions Received From Political Committees

Over \$250.00

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:	ends to	Erect Cher	m/ Comstock	
Full Name of			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM//DD/YYYY] \$	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
Full Name of # Contributing Committee			Date (MM/DD/YYYY)	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	//p Code	_Date [MM/DD/YYYY]\$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
CISY	State	Zip code	Date [MM/DD/YYYY] \$	
Full Name of Accountition Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			*Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY) \$	
City The second	State	Zip Code	Date [MM/DD/YYYY] \$	
Contributing Committee				
137 · · · · · · · · · · · · · · · · · · ·	Photo		Date [MM/DD/YYYY] \$	
City City	State	Zip Code	Date [MM//DD/YYYY] \$	

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:

Filer Identification Number:	rends to Exet Che	in 1 Comstock
- Do		
Che	Old Route 99	04/15/2023 3403.45
House # 9651 Street Address City UCKLAN		Date [MM/DD/YYYY] 3 104N Forgivenes
MCKLAN Employer Name	MillCreek Police D	Date MM/DD/YYYY
Employer Name	MillCreek Police D	ept Occupation TAC OFFICER
Principal Place of Business	3608 West 26 Street	Erje PA 16506
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 Employer Mailing Address /		Occupation 4
Principal Place of Business	H 15 m	
Full Name of Contributor		Date [MM/DD/YYYY]
House # Street Address		*Date (MM/DD/YYYY) \$
City	State Zip Code	Date [MM/OD/YYYY] \$
Employer Name		Occupation :
Employer Mailing Address / Principal Place of Business	The state of the s	•
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		And the state of t

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 (dentification Numbers	Friends	to Ele	ct Cheryl	Consock
Full Name				
	Wiaget t	tnancio	el	
	eet Address Po.	Box 103	41	
City A	Erie	State PA	Zip. Code 16514	05/05/2033 29.00
Receipt Description	Uncollect	ed Fun	ds Return	ree-Refunded
Full Name 零 2	Widen	Hinaucia	1	
House # Str	eet Address P.O.	Box 115	.((
City Charles 12 1	Fie	State PA	Zip	Date [MM/DD/YYY] \$ 1.00
Receipt Description	Account	Start 4	R Deposit-	Returned When closed
Full Name		FLOOIL VC	y square	No particular could
House# Stre	et Address		1 111111111111	
City		State	21p	Date [MM/DD/YYYY] \$
		W V	: Code	
Receipt Description		- 15 1 1	(45 1)	· · · · · · · · · · · · · · · · · · ·
Full Name				
Hõuse# Stro	et Address			
City 重新		State	Z p	Date [MM//DD/YYYY] \$
			Code	
Receipt Description		ACTIVE.	美元3世 2	E5 NH
Full Name				
House # Stre	et Address			·
City 3		State	2 p	Date [MM/DD/YYYY) \$
City			Code	
Receipt Description	· =-			Proceeding
Eul Name				
House # Stre	eet Address	_ .		···
City 45	PAGE P	State :	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				

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

Eller Identification Number:	Friends to E	lest G	hery!	Constock	<u> </u>	
1. UNITEMIZED IN-KIND GO	NTRIBUTIONS RECEIVED VALU	JE 0jr \$50,00 OR L	ESS PER CONT	RIBUTOR		
TOTAL for the reporting period	(1)	\$	X			
2. IN KIND CONTRIBUTIONS	RECEIVED-VALUE OF \$50.01	TO \$250.00 (FRON	и PART F)		74	
TOTAL for the reporting period	(2)	\$	X			
3. IN KIND CONTRIBUTION	RECEIVED-VALUE OVER \$250.0	0 (FROM PART G)		TO THE STATE OF TH	7893 1964	#### ###
TOTAL for the reporting period	(3)	\$	X.			
TOTAL VALUE OF IN-KIND CONTRIE PERIOD (Add and enter amount to on Page 1, Report Cover Page, Item	tals from boxes 1, 2, and 3; als	·	X			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Flier Identification Number	Friends to	Elect Cherul Co	MStock_
			~

Full Name of Contributor			Date [MM/DD/MM)] \$	M
House # Street Addres			Date [MM/DD/YYY)] 5	X
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				,
Full Name of Confributor-	ic voice		Date [MM/DD/YYYY] \$	
House H. Street Addres	SS S		Date:[MM//DD/YYYY] -\$	
City	State	Zip Codë	Date [MM/DD/YYYY] \$	
Description of Contribution		The second secon		
Full Name of Contributor			Date [MM/DD//MYY] \$	
	and a			
House# Street Addre	35		Date [MM/DD/AWAY] \$	
City	State	Zip Code	Date MM/DD/MMM. \$	
Description of Contribution				
Full Name of Contributor			Date MM/DD/AWA/ \$	
House # Street Addre	\$.		Date [MM/DD/AYA/] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	# <u>=</u> 1			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Addre	S.S.		Date [MM/DD/YYYY] \$	
City	State 5	Zip Code	Date (MM/DD/YYY) \$	
Description of Contribution				

SCHEDULE II

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	triends a	to Elect	Chem/	Comstock	
·					

Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
GIY	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation 4
Employer Mailling Address / Principal Place of Business		Description. of
Full Name of Contributor	<u>.</u>	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		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MIM/DD/YYYY] .\$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date (MM/DD/YYYY) \$
· 经表		
Employer Name Employer Malling Address / Principal		Occupation Description

SCHEDULE III Statement of Expenditures

Filer identification Number:	eA A	1 1. 1	\sim \sim	^ .	
	Jen nach	1 1 1000	(Maril	Mrs. Make	
	#YYYMAS 1	m HHIT	(MAY MIA	(/ MMAN //	
李 4	$II \cup UU \cup U \cup I$	o cia		COMUNICATION AND THE STREET	

House # 71-1 Street Address Page 11 Change	Date [MM/DD/YYYY] \$ 33.40 Description of Expenditure
City EVIC State PA Zip Code 16509	Lumber for Signs
To Whom Paid Tractor Supply	Date [MM/DD/MM] \$ 37.08
Hause 4 50 Street Address Far nister at Drive	Description of Expenditure
Edinboro State PA Gode 1643	Day items for Door Prize
To Whom Paid Walmart House # Ind Street Address Indaded to the Plant	Date [MM/DD/YYYY] \$ 120.56 Description of Expenditure
108 Washington lown Blvd	Grill for Door Prize
To Wham Paid Dollar Tree	Date [MM/DD/MYYY) \$ 5/ /5
House # 434 Street Address West Ridge Road	05/07/3033 01. 68 Description of Experiditure
Erie PA Code 116504	Supplies for Event
To Whom Paill & Sam's Club	Date MM/DD/YYYY
House # 7500 Street Address Peach Street City Town State Pun Zip 11 Town	
To Whom Paid Dollar Tree	Plowers For event Date [MM/DD/YYYY] \$ 79.50
House # 4234 Street Address West Ridge Road	05/10/303 19.50 Description of Expenditure
City Eye State PA Zip Code 14504	Supplies for event
To Whom Paid Sam's Club	05/10/2023 87.90
House # 1500 Street Address Pluch Street City Total State Pu Zip 1/0700	Description of expenditure
To Whom Pald 146 Code: 16509	Cupockes & gift Card for elent OSLIDEROSS 34.13
House # 185 Street Address Downs Drive	Description of Expenditure
City Erice State PA Zip Code 16509	Photos and Door Prize item

SCHEDULE III Statement of Expenditures

Filer dentification Number: ,	1 ,	6 100	$\overline{\Omega_{I}}$	^	
16 E 15	testa do	la Flant	1.1.2	18 march of	
	TYTHALOS	47) HWIT	I INPRIAT	(MATOCH	
表 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		10 CICOL	CALCOLLINE	WILL YOUR	

To Whom Raid Court To	Data [MM/DD/YYYY] \$ 25.04
House # C. C. Street Address D.	05/10/2023 35.00 Description of Expenditure
1 18080 Peach Street	
City Ene State P4 Code 16509	Lotters trakets for Dor Prize
To Whom Pald Claire Stunz Unski	Date [MM/DD/MYY] \$ 200.00
House # Street Address	Description of Expenditure
State Zip Code:	MUSIC for Event of 10/23
St. Francis Uspers Club	Date [MM/DD/YYYY] \$
House # O Street Address # / 6	Description of Expenditure
19085 Main Street	
City MCKelen State PA Code 16426	FOOD FOR EVERT UTIOL33
Billy Wageer	Date [MM/DD/YYYY] \$ 75.00
House # A 197 Street Address / Street Address	Description of Expenditure
LOYWOOD Drive	
City En'e State PA Code 14510	Senior NewsGraphiz Design
To Whom Paid Cherry I Constrol	Date [MM/DD/YYY] \$ 3/550
House # Q(C) Street Address ()(A) Post to Q9	Description of Expenditure
City WCVPAN State PA Code 16426	Repaired of loan to commet
To Whom Paid 1	Date IMM/DD/MWW S
Gives 90 Widges tinancial	06/13/2023 1.00
House # 553 Street Address West Ridge Road	Description of Expenditure
CHY EVIZ State PA ZID 16506	Donation for closing account
To Whom Pald Chern Constack	Date [MM/OD/YYY] \$ 3/4021/C
10 70 10 10 10 10 10 10 10 10 10 10 10 10 10	Description of Expenditure
1651 DIA ROUTE 99	Clear Unpaid Debt=
Mckean State PA Code 16436	Loan Forgiveness*
To Whom Paid	Date [MiXI/Db/AAY4] \$
House # Street Address	Description of Expenditure
70ity State Zir	
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.

李强 整沙器	triends to Elli	CH CHEN	ul comst	0(K
76111			/	
Name of Creditor	<u></u>			Outstanding Balance of Debt
House# Stre	et Address		TE DEBT INCURRED [MM/DD/YYYY]	.\$
		111 N. 127	many boy 11111	
City I		State	Zip	
		2 77	Code	
Description of Debt				
Name of Creditor				Outstanding Balancerof Debt
House# Stre	et:Address	DA	TE DEBT INGURRED	\$ 7000
.			[MIN/DD/YYYY]	
City & Total	多数 集	State	Zip.	
		31846	Zip ≅Code	- 12 ¹²
Description of Debt		I Diagram Harman Harman		
Name of Creditor				Outstanding Balance of Debt
House# Stre	et Address		TE DEBT INCURRED [MM/DD/YYYY]	\$
		<u> 21 - 25 - 1</u>		
City 1 1 1		State	Zip	
露 點 烈 身		35	Code	
Description of Debt :=				
Name of Creditor				Outstanding Balance of Debt
House # Stre	et Address		TE DEBTINCURRED	\$
		100000000000000000000000000000000000000	[MM/DB/YYYY]	
City 1		State	Zij 🗯	100 mm in 100 mm
			Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debi
	et Address	DA	TE DEBTINGURRED	雄之
			[MM/DD/YYYY]	
	基 、建、			(建)
		State	Zip:	
Description of Debt		**************************************	Inter the second	- ACCEPTAGE
1				
Name of Creditor				Outstanding Balance of Debt
House # Stree	ot Address		TEDEBT INCURRED ::: [MM/DD/YYYY] :::	5
			いされたり、南南山	
City 1		State	74 00	
			Code	At .
Description of Debt				
· 英 · · · · · · · · · · · · · · · · · ·				

I, Cheryl Comstock, personally loaned \$3403.45 to The Friends to Elect Cheryl Comstock campaign fund while running for District Judge 06-03-06, I hereby forgive the debt of \$3403.45.

Signed,

Cheryl Comstock

Date



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure
500 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	-	da	
Reporting Cycle		<i>ACOV</i> (1-0)			
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	30 Day 6 th Tu		Cycle 4 uesday ilection	☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special Election		☐ 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.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (MM/DD/YYYY

Julie A walker

Location (City/State/Country)

Printed Name



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

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

Signature of Treasurer, Candidate, or Lobbyist

Date (MM/DD/YYYY)

Printed Name

Location (City/State/Country)