Commonwealth of Pennsylvania - Campaign Finance Report

(IV	ote: Inis report mu	ist be clear an	d legible. It sho	uld be type	d)	
Filer Identification Number	Report Filed	By Candid:		Committee		Lobbyist
Name of Filing Committee, Candidate of	(Mark X)			· 中国公司的 (1)		
Lobbyist	FRIEN	ns =1	1) 24	111011	11/1 1/11/	/
Street Address	101210	P1 10	ELECT.	MICH.	AEL KEY	<u> </u>
City ——	1196	115/ 4	1131 5	IREE [
CRIC		State	PA	Zip Code	-16504	
Type of Report (Place x under report typ	•				700 1	
1-6 th Tuesday 2- 2 nd Friday 3- 30 Da	v Post 4- 6th Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	i and -	T
Pre-Primary Pre-Primary Primary	Pre- Election	Pre-Election	Election	7- Alinuar	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
			SAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Date Of Election	Year		Amendment			
(MM/DD/YYYY) (25/16)	(20)	2023	Report		Termination Report	
Summary of Receipts and From Da	te To Date			For	Office Use Only	
Expenditures Expenditures	100	- /		FUI	Office Use Only	
A. Amount Brought Forward From Last R	123 6/6	14/23	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	and a		
	leport \$ \$5	7		·		
B. Total Monetary Contributions and Rec	ceipts \$	dr			ò ;	3
(From Schedule I)	60	O I			m _m	3
C Total Funds Available (Sum of Lines A and B)	\$ 77	11				
D. Total Expenditures	100	26			171	
(From Schedule III)	\$ 7	2			50	ַ
E. Ending Cash Balance	\$				五三 三	9 .
(Subtract Line D from Line C)	集役11 5 1/	9			≥ ₹ _	_
F. Value of In-Kind Contributions Receive	d \$				= = =	,
(From Schedule II)		ŀ			2 -	•
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 100				<u>.</u>	
(riom screaule IV)	129	8				
Part 1- If this is a Committee report transurar		Affidavit Sect	lon			
Part 1- If this is a Committee report, treasurer s swear (or affirm) that this report, including the	attached schedules on i	lidate report, can	didate sign here.			
Sworn to and subscribed before me this	artial delication of [paper, is to the be	est of my knowledg	e and belief tru	e, correct and complete	2.
day of20						
						_
	<u></u> ├•		Signature of	Person Submit	ting report	
Signature	, 1			Printed Name		_
My Commission expires						
MO. DAY	YR.	Are	a Code	Dayti	me Telephone Number	_
Part II- If this is a report of a Candidate's Author	ized Committee, candid:	ate shall sign have				
swear (or affirm) that to the best of my knowle mended.	dge and belief this politic	cal committee has	s not violated any p	rovisions of the	e Act of June 3, 1937 (P.	L. 1333, NO 320) ac
					,	,
worn to and subscribed before me this			:			
day of	1 1					
			Signat	uro of Condid-		-
Signature	'			ure of Candidat	e	
Signature	, [Pri	nted Name		-
y Commission expires						
MO. DAY YR	. –	Area	Code	Daytim	e Telephone Number	-
			y.			
			<u></u>			

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	_	
1.Unitermized Contributions and Receipts-\$50.00 or Less per Contributor	a,	
Total for the reporting period (1) \$	9
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	100
All Other Contributions (Part B)	\$	
Total for the reporting period (2)) \$	
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	400
All Other Contributions (Part D)	\$	300
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	\bigcirc
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	\$	1 4 6

Cover Page, Item B)

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.

					Amount
Full Name of C	ontributing			Date [MM/DD/YYYY]	[\$]
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
					- 1
City		Ciara	75.20.31.33		
		State	Zip Code	Date [MM/DD/YYYY]	: \$:
Full Name of Co	ontributing	1-,1,1	- 1285, 1	Date [MM/DD/YYYY]	\$
Committee				Date [IMMI/DD/1111]	
			<u> </u>		
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
and the second s					Girls .
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
				= + <u></u>	
City		(Ca. 3a 2 1 1 1 1 1			
City		State	Zip Code	Date [MM/DD/YYYY]	Š
entar	and the state of the state of the state of		1		
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing .			Desc Inana Inn Mana	lare l
Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
				finited and 11111]	
City		Chata	Zin Code	Die Frankling house	3
		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	nntributing	N 4 4.	sales a devisión	Date [MM/DD/YYYY]	[8] [8] [8] [8]
Committee				Date [wiwi/DD/1111]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
보호 함 분석 상		* * * *		and friend pol (1111]	
- 1975 1975 - 1976 1975					2 1 1 1 1 1 1 1 1 1

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:

Full Name of Contributor			Date [MM/DD/YYYY] \$	
GAR	W HORTON	n/	0<10.7/2073	11/1
House # Street Address	A	4	Date [MM/ØD/YYYY] \$	<u> </u>
2046 City	State 19	7251		
ERTE	State	Zip Code /65/1)	Date [MM/DD/XYYY] \$	 -
Full Name of Contributor	lanery Lagran	Programme group programme	Date [MM/DD/YYYY] \$	
House# Street Address				
			Date [MM/DD/YYYY] S	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor				
Full Name of contributor			Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] \$	
Transfer Line				
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Market Age 5		A CONTRACT OF A	
			Date [MM/DD/YYYY] \$	
House# Street Address			Date [MM/DD/YYYY] S	
<u>City</u>	Terrore	Transfer and Secretarian Secretarian	STATES District	
	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributor	ardm. Series v.	Producting consequence	Date [MM/DD/YYYY] \$	
House # Street Address	<u> </u>			
Street Address		!	Date [MM/DD/YYYY] \$	
City City City City City City City City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributor	Control of the contro			
FUILINAME OF CONTROLLOR		_	Date [MM/DD/YYYY] S	
House # Street Address			Date [MM/DD/YYYY] \$	
		ľ		}
City	State	Zip Code	Date [MM/DD/YYYY] \$	
The state of the s				

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.

Full Name of				Date [MM/DD/YYYY] \$	
Contributing Con	TUIV,	SELMA	V FOR PA	05/08/203 50	0
House #	Street Address		MES (REE)	Date [MM/D6/YYYY] \$	
Gity		State	Zip Code	Date [MM/DD/YYYY]	
BET	IVER	$\ \cdot\ _{\mathscr{F}}$	A 25609		
Full Name of Contributing Con	mittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	-
City		State	Zip Code	Date [MM/DD/YYYY] \ \$	
Full Name of Contributing Com	mittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	\$\$25 [2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				Date [MIM/DD/YYYY] \$	
Contributing Com	mittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	Coppell of				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Com	mittee				
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Sty		Jale	1 Zip code	Date [IMM/DD/YYYY] \$	
Full Name of	and Market	Grandon serger	(Activities of Activities of A	Date [MM/DD/YYYY] \$	
Contributing Com					
House #	Street Address			Date [MM/DD/YYYY] \$	
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:			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Pate [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Occupation S
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor	<u> </u>		Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] S
City Employer Name	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business			Occupation
Full Name of Contributor		···	Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] S
Employer Name Employer Mailing Address / Principal Place of Business			Occupation .
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			1 2 200 2 200 400 4 10 10 10 1

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 Number:

e projectiva de la companya de la co				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description		4.	COGE 15	
			 .	1000
Full Name House #	Street Address			
	- 「美術などの格別を発展します。」	State	Zip	Date [MM/DD/YYYY] \$
City			Code:	Pate (MM/DD/TTTI)
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		100 100 100 100 100 100 100 100 100 100	100	
Full Name				
House #				
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				\$ 50 \$ 50
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description		OF Those	Code	
	KAD. A Paggar Kagara			

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 (dentification Number:		
		Sada Lina
1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE	JE OF \$50:00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period (1)	\$	
 IN-KIND CONTRIBUTIONS RECEIVED-VALUE: OF \$50.01 To 	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period (2)	\$	
3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250,00	00/EROM PART G)	Lill Gay II
en apara de la companya de la compa		
TOTAL for the reporting period (3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTION (Add and enter amount totals from boxes 1, 2, and 3; also	I ' I	
on Page 1, Report Cover Page, Item F)		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	Number:				
				Interded as Experience and Experienc	
Full Name of Con	tributor			Date [IMM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity		State	Zip Code	Down Nama / DD / VVVVVIII & & C	
City		Jidle	ZIP Coue	Date [MM/DD/YYYY] \$	
Description of Co	ntribution	(成本) (大大) (1 475 (1) (大) (1 475 (1) (大大) (1 475 (1) ((515 (1) (1) (1) (1) (1) (1) (1) (1 475 (1) (1) (1) (1) (1 475 (1) (1) (1) (1 475 (1) (1) (1) (1) (1 475 (1) (1) (1) (1) (1 475 (1) (1) (1) (1) (1 475 (1) (1) (1) (1) (1 475 (1) (1) (1) (1) (1 475 (1) (1) (1) (1) (1) (1) (1 475 (1) (1) (1) (1) (1) (1) (1 475 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 475 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	NESS TO SE SERVICES AND A SECOND SECO	15,015	
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Cor	ntribution		外国内之下公司	Bay N	
Full Name of Cont	tributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity	in a first work of the property of the control of t	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Cor					
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	-
Description of Cor	Stanta Charles and Company	67 168 169			
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	***
House #	Street Address			Date [MM/DD/YYYY] \$	
City 1		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Con	ntribution			1.00	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Full Name of Contributor Full Name of Contr			***************************************	
House # Street Address Date [MM/DD/YYY] S Employer Name Occupation Employer Walling Address / Principal P Foll Name of Contributor Employer Mailing Address / Principal Foll Name of Contributor Foll Na	Filer Identification Number:			-
House # Street Address Date [MM/DD/YYY] S Employer Name Occupation Employer Walling Address / Principal P Foll Name of Contributor Employer Mailing Address / Principal Foll Name of Contributor Foll Na				
House # Street Address Date [MM/DD/YYY] S Employer Name Occupation Employer Walling Address / Principal P Foll Name of Contributor Employer Mailing Address / Principal Foll Name of Contributor Foll Na		-		hiper property at the contract of the contract
State Zip Code Date IMM/DD/YYYY] S	rui Name of Contributor			30.00
City Employer Name Employer Mailing Address / Principal Place of Business: Full Name of Contributor Employer Mailing Address / Principal Place of Business: City Street Address Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business City Street Address Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business City Street Address City Street Address Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business City Street Address City State Zip Code Date [MM/DD/YYYY] S City State City State Date [MM/DD/YYYY] S Contributor Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business City State Zip Code Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business City State Zip Code Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business City State Zip Code Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business City State Zip Code Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business City Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business Occupation Employer Mailing Address / Principal Place of Business of	House # Street Address			Date [MM/DD/YYYY] S
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Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] S	City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business Street Address Street Street Address Street Street Address Street Street Address Street Stree	Employer Name			Occupation
Full Name of Contributor Full Name of Contr	Employer Mailing Address / Principal			Description
House # Street Address Date [MM/DD/YYYY] S Employer Maring Address / Principal Place of Business Date [MM/DD/YYYY] S Employer Name Description Of Contribution Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] S Employer Mailing Address / Principal Description Of Contribution Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] S Employer Mailing Address Street Address Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] S Employer Mailing Address Street Address Date [MM/DD/YYYY] S Employer Mailing Address / Principal Public of Business Date [MM/DD/YYYY] S Employer Mailing Address / Principal Description Descript	Place of Business			of all
House # Street Address Date [MM/DD/YYYY] S Employer Maring Address / Principal Place of Business Date [MM/DD/YYYY] S Employer Name Description Of Contribution Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] S Employer Mailing Address / Principal Description Of Contribution Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] S Employer Mailing Address Street Address Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] S Employer Mailing Address Street Address Date [MM/DD/YYYY] S Employer Mailing Address / Principal Public of Business Date [MM/DD/YYYY] S Employer Mailing Address / Principal Description Descript	Full Name of Contributor			Date (MM/DD/XYYY)
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State Zip Code Date [MM/DD/YYYY] 5 Employer Name Occupation Full Name of Contributor City State Zip Code Date [MM/DD/YYYY] 5 Employer Name Occupation Full Name of Business City State Zip Code Date [MM/DD/YYYY] 5 Employer Name Occupation Full Name of Contributor Employer Name Occupation Full Name of Contributor State Zip Code Date [MM/DD/YYYY] 5 Employer Name Occupation Full Name of Contributor Date [MM/DD/YYYY] 5 Street Address Occupation Full Name of Contributor Date [MM/DD/YYYY] 5 Employer Name Occupation Date [MM/DD/YYYY] 5 Employer Name Occupation Employer Name Occupation Employer Name Occupation Date [MM/DD/YYYY] 5 Employer Name Occupation Occupation Date [MM/DD/YYYY] 5 Employer Name Occupation	House # Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor City State Employer Name Employer Name Employer Name Employer Name Employer Mailing Address / Principal Place of Business The Street Address / Principal Place of Business State Zip Code Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business City State Zip Code Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business Date [MM/DD/YYYY] S Employer Name Employer Mailing Address / Principal Place of Business Occupation Description Occupation Description Occupation		The section for Subsequents		15 m
Employer Mailing Address / Principal Place of Business Full Name of Contributor Full Name of Contributor City: Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Employer Mailing Address / Principal Place of Business City: State Zip Code Date [MM/DD/YYYY] S Contributor Date [MM/DD/YYYY] S Contributor Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business Contributor Date [MM/DD/YYYY] S Employer Name City: City: State Zip Code Date [MM/DD/YYYY] S Employer Name Coccupation Description Of Contributor Date [MM/DD/YYYY] S Employer Name Date [MM/DD/YYYY] S Employer Name Description Of Cocupation Description Of Cocupation Description Of Cocupation Description Of Cocupation	Grty:	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Place of Business Full Name of Contributor Full Name of Contributor City: Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Employer Mailing Address / Principal Place of Business City: State Zip Code Date [MM/DD/YYYY] S Contributor Date [MM/DD/YYYY] S Contributor Date [MM/DD/YYYY] S Employer Mailing Address / Principal Place of Business Contributor Date [MM/DD/YYYY] S Employer Name City: City: State Zip Code Date [MM/DD/YYYY] S Employer Name Coccupation Description Of Contributor Date [MM/DD/YYYY] S Employer Name Date [MM/DD/YYYY] S Employer Name Description Of Cocupation Description Of Cocupation Description Of Cocupation Description Of Cocupation	Emalayer Name			
Place of Business End Contribution Date [MM/DD/YYYY] S		(1) (1) (2)		
Full Name of Contributor Date [MM/DD/YYYY] \$		The Articulation		
House # Street Address Date [MM/DD/YYYY] \$ Employer Name Occupation Employer Mailing Address / Principal Place of Business Ocntributor Date [MM/DD/YYYY] \$ House # Street Address Date [MM/DD/YYYY] \$ Employer Name Occupation Occ				(2) はなる。これは中でも、第二の名は、日本できない。
Bate MM/DD/YYYY S	Full Name of Contributor			
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Employer Name Description Occupation Date [MM/DD/YYYY] \$ Date [MM	House # Street Address			
Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor Date [MM/DD/YYYY] \$ House # Street Address State Zip Code Date [MM/DD/YYYY] \$ City State Zip Code Date [MM/DD/YYYY] \$ Employer Name Employer Name Description Occupation Date [MM/DD/YYYY] \$ Date [MM				
Employer Mailing Address / Principal Description of Contributor 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 / Principal Place of Business Description of		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Mailing Address / Principal Description of Contributor 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 / Principal Place of Business Description of			16.1	
Place of Business of Contribution Full Name of Contributor Date [MM/DD/YYYY] Street Address Date [MM/DD/YYYY] State Zip Code Date [MM/DD/YYYY] State Date [MM/DD/YYY				Occupation
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 / Principal Place of Business				1.1 (Propagation of the Control of t
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SCHEDULE III

Statement of Expenditures

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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.

Name of Creditor	MICHAEL KEYS	,	Outstanding Balance of Debt
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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 petitions. 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.

Amendment 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 pre- 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 Other 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: Unitermized Contributions and Receipts represents the total amount of contributions and receipts of \$50.00 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, rallies 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. [See 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 less, 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 schedules 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 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 filed 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 mail 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 assessed.

County Code Table:

C0	unty Code Table:					Party	Code Table:
Ó1	Adams	24	Elk	47	Montour	REP	Republican Party
02	Allegheny	25	Eri e	48	Northampton	DEM	
03	Armstrong	26	Fayette		Northumberland	CST	Constitutional Party
04	Beaver		Franklin	50	Perry	LIB	Libertarian Party
05	Bedford	28	Forest	51	Philadelphia	REF	Reform Party
06	Berks	29	Fulton	52	Pike	отн	•
97	Blair	30	Greene	53	Potter		
08	Bradford	31	Huntingdon	54	Schuylkill	Office	Code Table:
09	Bucks	32	Indiana	55	Snyder		
10	Butler	33	Jefferson	56	Somerset	GOV	Governor
11	Cambria	34	Juniata	57	Sullivan	LTG	Lieutenant Governor
12	Cameron	35	Lackawanna	58	Susquehanna	ATT	Attorney General
13	Carbon	36	Lancaster	59	Tioga	AUD	Auditor General
14	Centre	37	Lawrence	60	Union	TRE	State Treasurer
15	Chester	38	Lebanon	61	Venango	SPM	Justice of the Supreme Court
16	Clarion	39	Lehigh	62	Warren	SPR	Judge of the Superior Court
17	Clearfield	40	Luzerne	63	Washington	CCJ	Judge of the Commonwealth Court
18	Clinton	41	Lycoming	54	Wayne	STS	Senator in the General Assembly
19	Columbia	42	McKean	65	Westmoreland	STH	Representative in the General
20	Crawford	43	Mercer	66	Wyoming		Assembly
21	Cumberland	44	Mifflin	67	York	CPJ	Judge of the Court of Common Pleas
22	Dauphin	45	Monroe			MCJ	Judge of the Municipal Court
23	Delaware	46	Montgomery			TCJ	Judge of the Traffic Court
						OTH	Other (Candidates for local offices
							who file only with the County
							Board of Elections)



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	Committee, Can	didate, or Lobby	ist		
Reporting Cycli	e Name				
☐ Cycle 1 6 th Tuesday Pre-Primary	□ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	□ Cycle 8 2 nd Friday Pre-Specia	l Election		cle 9 ost-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

Printed Name

Date (DD/MM/YYYY)

_ocation (City/State/Country)



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

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 (DD/MM/YYYY)

Printed Name

MICHAEL

Location (City/State/Country)