## **CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

			- · · · · · · · · · · · · · · · · · · ·
FILER IDENTIFICATION NUMBER	:	REPORT FILED ON BEHALF OF GANDII	DATE COMMITTEE 2. LOBBYIST 3.
NAME OF FILING COMMITTEE, CANDIDATE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
<u> 10000</u>	10 Morey		
STREET ADDRESS	main Stree	+	
North East	<b>-</b>	STATE PA	ZIP CODE
ITTE OF REPORT	of office sought by candidate The Cast Borough Council	DISTRICT NO. PART	
6TH TUESDAY 1.	pheasi Coloughanter	j ,	K // 07 2023
2nd FRIDAY 2. PRE-PRIMARY	DATES OF REPORTING PERIOD DAY YEAR TO	MO, DAY YEAR 10 23	# <b>90.7</b>
30 DAY SOST-PRIMARY 4.	CASH BALANCE AT END OF REPORTING PERIOD:	• 0	25 P
PRE-ELECTION	TOTAL AMOUNT OF FILER'S	<b>3</b>	- PH 2:
2ND FRIDAY 5.	OUTSTANDING DEBTS OR LIABILIT AT THE END OF REPORTING PERIO		_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
30 DAY POST-ELECTION	AMENDMENT YES	NO X	
ANNUAL 7. REPORT	TERMINATION YES	NO X	
	AFFI	DAVIT SECTION	
f statement is filed on beh	alf of a <u>Political Committee <i>or</i> C</u> alf of a <u>Candidate</u> , the Candida alf of a <u>Contributing Lobbyist</u> , th	te must sign here.	
I SWEAR (OR AFFIRM) THAT THE AG	GREGATE RECEIPTS OR DISBURSEMENTS OR D DOLLARS (\$250.00) AND THIS REPORT IS, TO	IABILITIES INCURRED DURING THE	REPORTING PERIOD INDICATED ABOVE DID NOT
sworn to and subscribe	D BEFORE ME THIS	Bignature o	10 Morey
MY COMMISSION EXPIRES_	SIGNATURE	814 -	PRINTED NAME 7410-1374
	MO. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER
ART II - statement is filed on beha	alf of a <u>Candidate's Authorized</u>	। <u>Committee,</u> Candidate n	nust sign here.
I SWEAR (OR AFFIRM) THAT TO JUNE 3, 1937 (P.L. 1333,	O THE BEST OF MY KNOWLEDGE AND BELIEF T NO. 320) AS AMENDED.	HIS POLITICAL COMMITTEE HAS NO	OT VIOLATED ANY PROVISIONS OF THE ACT OF
SWORN TO AND SUBSCRIBE	D BEFORE ME THIS		
DAY OF	20	SIGN	ATURE OF CANDIDATE
			PRINTED NAME
	BIGNATURE		
the state of the s			
MY COMMISSION EXPIRES	MO. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER



## **Pennsylvania Department of State**

Name of Filing Committee, Candidate, or Lobbyist

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

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Reporting Cycle	Name					
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	Cycle 5	
6 <sup>th</sup> Tuesday	2 <sup>nd</sup> Friday	30 Day	6 <sup>th</sup> Tuesday Pre-Election		2 <sup>nd</sup> Friday Pre-Election	
Pre-Primary	Pre-Primary	Post Primary				
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	□ <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Specia	l Election	•	cle 9	
		inder the law of the			of Pennsylvan	
Bolo	To Me	us 1	: .			
Signature of Treasurer, Candidate, or Lobbyist			Date (DD/MM/YYYY)			
Bobbi S	o Moray		Morth	(East/P	A/USA	
Pi	rinted Name				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	Date (DD/MM/YYYY)		
	. Programme		· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		
Printed Name		Location (	City/State/Country