

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	2	LOBBYIST	3														
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST BILL BEARDSLEY																						
STREET ADDRESS 94 CATAWBA DRIVE																						
CITY NORTH EAST				STATE PA		ZIP CODE 16428 — 1406																
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE BOROUGH COUNCIL		DISTRICT NO.		PARTY D		DATE OF ELECTION														
								MO.	DAY	YEAR												
6TH TUESDAY PRE-PRIMARY		1.						11 07 23														
2ND FRIDAY PRE-PRIMARY		2.																				
30 DAY POST-PRIMARY		3.																				
6TH TUESDAY PRE-ELECTION		4.																				
2ND FRIDAY PRE-ELECTION		5.																				
30 DAY POST-ELECTION		6. <input checked="" type="checkbox"/>																				
ANNUAL REPORT		7.																				
DATES OF REPORTING PERIOD <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>10</td><td>24</td><td>23</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>11</td><td>27</td><td>23</td></tr> </table>				MO.	DAY	YEAR	10	24	23	MO.	DAY	YEAR	11	27	23	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>					FOR OFFICE USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2023 DEC 12 AM 8:25 VOTING SYSTEM </div>	
MO.	DAY	YEAR																				
10	24	23																				
MO.	DAY	YEAR																				
11	27	23																				
<table border="1" style="display: inline-table; margin-right: 10px;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> <td></td> </tr> </table>				AMENDMENT REPORT?	YES	<input checked="" type="checkbox"/>	NO		TERMINATION REPORT?	YES	<input checked="" type="checkbox"/>	NO										
AMENDMENT REPORT?	YES	<input checked="" type="checkbox"/>	NO																			
TERMINATION REPORT?	YES	<input checked="" type="checkbox"/>	NO																			

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS		SIGNATURE OF PERSON SUBMITTING REPORT	
_____ DAY OF _____ 20__		William Beardsley, Jr	
SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES _____		814 725-9470	
MO. DAY YR.		AREA CODE DAYTIME TELEPHONE NUMBER	

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS		SIGNATURE OF CANDIDATE	
_____ DAY OF _____ 20__		_____	
SIGNATURE		PRINTED NAME	
MY COMMISSION EXPIRES _____		_____	
MO. DAY YR.		AREA CODE DAYTIME TELEPHONE NUMBER	



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 Committee, Candidate, or Lobbyist				
Bill BEARDSLEY				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input checked="" type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> 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.

Bill Beardsley
Signature of Treasurer, Candidate, or Lobbyist

Bill BEARDSLEY
Printed Name

12-9-2023
Date (MM/DD/YYYY)

NORTH EAST/PA/USA
Location (City/State/Country)