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

Filer Identification Number	Report Filed ( Mark X)	By Candida	te X	Committee		Lobbyist	
Name of Filing Committee Candidate or Lobbyist	EILEN	1 5U	ALERA	1AN		The second secon	
Street Address	INI.		FAIR RE	7		CATA-T	
Gily Erie		State	PA	Zip Code	16505		
Type of Report (Place x under report type)			•				
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Po Pre-Primary Pre-Primary Primary	st 4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
Date Of Election (MM/DD/YYYY)	Year	2023	Amendment Report		Termination Report	<u>X</u>	
是是实际的。 1987年 - 1987年 - 19874年 - 1987年 - 19874年 - 1987年 - 19874 - 19874 - 19874 - 19874 - 19874 - 19874 - 198					<b>医建筑程度多点。建筑型</b>	is Land where or the dental again and the	
Summary of Receipts and From Date Expenditures 10-23	To Dat	27-23		For	Office Use Only		
A. Amount Brought Forward From Last Rep	ort \$ 38	34.00		engjaraskur (vasiskus)		N	
B. Total Monetary Contributions and Receip (From Schedule I)	100 (100 (1)					<b>2</b> 22 <b>2</b> 4	
C. Total Funds Available (Sum of Lines A and B)	\$ - 38	34.00			- 1 (1941) 144 (1941)		
D. Total Expenditures (From Schedule III)	\$	<del></del>	·			82	
E. Ending Cash Balance	\$				te mond official extreme of entirely with a second official second	<u> </u>	
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	T 38   s	34.00			E-ven	<u>5</u>	
(From Schedule II)					() 	<b>\$</b> 2	
G. Unpaid Debts and Obligations (From Schedule IV)	\$ -						
Part 1- If this is a Committee report, treasurer sign	here. If this is Ca	ndidate report, ca	· ·				
I swear (or affirm) that this report, including the a		on passer, is to the		dge and belief t	rue, correct and comple	ete.	
Sworn to and subscribed before me this	, Per in is	onwea		< a >		)	
day of Nounber 20 20		rē  <u>(</u>	Signature	of Person Subr	nitting report		
Signature Signature	on num		eiien s	Printed Nan	ERMAN		
My Commission expires 12 03 2000	as Decemb maker 1425 Association	Not an Z	314	39	2-3672	<u></u>	
MO. DAY	R. ation	ry P	rea Code	Da	ytime Telephone Numb	per	
Part II- If this is a report of a Candidate's Authoriz	ed Committe &			4		· ·	
I swear (or affirm) that to the best of my knowled amended.	ge and belter this 20	olitica committee	has not violated an	y provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as	
Sworn to and subscribed before me this							
day of20	— <u> </u>	_	Sig	nature of Cand	date		
Signature	_ [	_		Printed Name			
My Commission expires			Area Code	Day	time Telephone Numbe		
IVIO. DAT TK.		,	nica Colle	Бау	ame relephone Numbe	<b>.</b> 1	

# SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number			
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		objet;	
Total for the reporting period	(1)	\$	The second of th
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)	<del></del> -	\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)		Joseph Neipi	
Contributions Received from Political Committees (Part C)	48 2 A - T - 144	\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E	<b>)</b>		
Total for the reporting period	(4)	\$	
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, R Cover Page, Item B)		\$	ø

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.

Filer identification Number						
- was given that some the sale	migrament menter successive and a constitution of the constitution			·	Amount	
Full Name of Co	ontributing			Date [MM/DD/YYYY] \$		
Committee						
House #	Street Address			Date [MM/DD/YYYY] \$		
City	Committee, the agree throughtenan	State	Zip Code	Date [MM/DD/YYYY] \$		
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] \$		
		201				
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$		
Committee						
House #	Street Address	<u> </u>		Date [MM/DD/YYYY] \$		
City	1.5%(1.5%(1.5%(1.5%))  1.5%	State	Zip Code	Date [MM/DD/YYYY] \$		
		Company of the second				
Full Name of Co Committee				Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] S		
				99		
City	Collect Printed Services	State	Zip Code	Date [MM/DD/YYYY] \$		
				14		
Full Name of Co	ntributing	(1996) 1. Ora (19.) (c. 19.)	The state of the s	Date [MM/DD/YYYY] \$		
Committee				20 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
House #	Street Address			Date [MM/DD/YYYY] \$		
City	(のなかみなかながら)と呼ぶく。 は数	State	Zip Code	Date [MM/DD/YYYY] \$		
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
		「「関連性は、一つです。 「対策な」。 「対策な」。 「対策など、とこ				
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		1 1 1 1 1 2 2 2 2 3 3 3 1 1 1 1 1 1 1 1	Letters a feet of States (1941)	Fixed		

# 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]	\$
House # Street Address	<del></del>		Date [MM/DD/YYYY]	35 ·
Griy	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	<u>────────────────────────────────────</u>	医腺素系统的 20 MA	Date [MM/DD/YYYY]	\$ 1
House # Street Address			Date [MM/DD/YYYY]	\$
Gify.	State	Zip Code	Date [MM/DD/YYYY]	<b>5</b>
Full Name of Contributor			Date [MM/DD/XYYY]	<b>75</b> :
#House# Street Address		. 40.90		
Giv.	State	Zip Code		<u>a.                                    </u>
Full Name of Contributor			The second secon	
			The state of the s	<b>(\$</b> /
House # Street Address				\$
(Giry)	State	Zip Code	generated grant protestation of against the speciment of the state of	<b>\$</b>
Full Name of Contributor			Date [MM/DD/XYYY]	
House # Street Address			Date [MM/DD/YYYY]	\$ .
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	<b>\$</b>
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip.Code	Date [MM/DD/YYYY]	\$

## **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 Contributing Committee	···	·	Date [MM/DD/YYYY] \$	
House # Street Ac	88510465467541		Date [MM/DD/YYYY] \$	
City /	State	ZipiCode	Date (MM/DD/YYYY) (\$	
Full Name of Contributing Committee	Lancest College Services	[26 of 32 HP 400 HT 500 HT 32 SHT 12	Date [MM/DD/YYYY) \$	
House'# Street'Ao			Date [MM/DD/MYYY] \$	
City	State	Zip Code	Date MM/DD/YYYY) \$	
Full:Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Ad			Date [MM/DD/MYY/] \$	
City Full Name of	State	Zip Code	Date [MM/DD/YYYY] \$	
Contributing Committee  House # Street Ad	drass		Date [MM/DD/YYYY] \$	
i.Ghy	State	Zip Code	Date [MM/DD/YYYY] 5	<del>-</del>
Full:Name of			Date [MM/DD/YYYY] \$\$	
Contributing Committee	dress	<del>,</del> ,,	Date [MM/DD/YYYY] \$	
Gity.	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House # Street Ad	dress	7	Date [MM/DD/YYYY] \$	
City City	State	Zip Code	Date [MM/DD/YYYY] S	

## 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:				
<u> </u>				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	t Address		Date [MM/DD/XYYY] S	
City Employer Name	State	Zip Code	Date [MM//DD//YYYY] \$	
iEmployer(Mailing/Address) Principaliplace of Business				
Full Name of Contributor	William		Date [MM/DD/MYY] \$	
	t'Address		Pate MM/PD/MM/	
Giy	State	Zip Code	Date:[MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing/Address//		<u>-</u> 1.0	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	
Principal Place of Business				
Full Nameto/Contributor			Date [MM/DD/MYM] S	
Rouse <i>u</i> Stree	Address		Date [MM/DD/AYAY] (S	
Giy	State	Zip Code	Date [MM/DD/MYYY] SS	
Employer Name			Occupation	
timployar,Malling/Address// Raineleal Placero/1805/ness			1 Januari anna director specialistica (2000)	· · ·
Full Name of Contributor			Date [MM/DD/XXXXI] \$\$	
	Address		Date [MM/DD/XXXX] S	
<b>Gity</b>	State	Zip Code	Spate [MM/DD/YYYY] S	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				

# 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.

Rilli Name			·	
House # Str	eet Address	<del></del>		
Gity		State	Zip Code	Date [MM/DD/YYYY] S
Receipt Description	A STANDARD TO THE STANDARD TO			
Full Name	Activisms			
House # Str	eet Address			
Gity	The state of the s	State .	Zip Code	Date [MM//DD/AYYY); 3 \$
Receipt Description		(統國)制權(李韓)		
RUMName		· · · · · ·		
	eet-Address	Instruct of Managery II	Distribution of the control of the	
Gfty		State	Zip. Gode	Date [MM/DD/XXXXI] \$
Recipt Description				
Ault Verme				
	eet/Address		10.00	
(dity)		State	Zip Gode	Date(MM/DD/YYYY) S
Receipt Description		<b>多数時間表面的時間表</b> 例		
RulliVerne				
	et Address	Water region	Toward Resident State	No.   1764-1886   175-117-188   176-188-188   176-188-188   176-188-188   176-188
Gity.		State	Zip Code	Date [MM/DD/YYYY) \$.
Receipt Description			東京安監	
FülkName			······································	
	et Address	20.550.550.050	Polyania manerección plant	organization profession and a second a second and a second a second and a second and a second and a second and a second an
City Carried and the control of the		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			. 1	( Factor Co.)

## 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					
			<u> </u>		
1. UNITEMIZED IN-KIND CO	ONTRIBUTIONS RECEIVED-VAI	UE OF \$50.00 OR	LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$			
2. IN KIND CONTRIBUTION	S-REGEIVED-VALUE OF \$50.01	INTO \$250,000/(ERO	OM PARTIE		
TOTAL for the reporting period	(2)	Leiberijk (*			
				7704 s -7	
3. IN-KIND CONTRIBUTION	RECEIVED-VALUE OVER \$250	000 (FROM PART	G) ris		
TOTAL for the reporting period	(3)	\$			
TOTAL VALUE OF IN-KIND CONTRIE	BUTIONS DURING THIS REPOI	RTING \$			
PERIOD (Add and enter amount to on Page 1, Report Cover Page, Iten		lso enter	Ø		

## SCHEDULE II PART F

# In-Kind Contributions Received VALUE OF \$50.01 TO \$250

	- worker-regres 1	v	ALUE OF \$50.01 TO \$250		
Filer Identification Numb	ier:				
Full Name of Contribut				Date [MM/DD/YYYY]	\$
	Street Address			Date [MM/DD/YYYY]	\$
City	Complete Company and the second second	State	Zip Code	Date [MM/DD/XYYY]	
Description of Contribu		The state of the s	I to the second of the second		<u> </u>
Full Name of Contribut					\$
	Street Address			(America)	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribu				The state of the s	(ADOL)
Full Name of Contribut				3	Š
	Street Address				<b>5</b>
City  Description of Contribu		State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
		ĺ			
Full Name of Contribut					\$
	Street Address			Section (1997) 11 - 1997 1	\$
City  Description of Contribu	50 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	State	Zip Code	Date MM/DD/MY/	***
					···
Full Name of Contribute					\$
	Street Address				\$
City	A RESOLUTION	State	Zip Code	Date [MM/DD/YYYY]	5,
Description of Contribu	(2) (2) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	AGREGATION			3854

## **SCHEDULE II** Part G

# **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer Identification Number:	· · · · · · · · · · · · · · · · · · ·		
			1
20年上月18日1日 2019年 2		-	
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # S+-a	et Address	<del></del>	Date [MM/DD/YYYY] \$
July			
City	State	Zip Code	Date [MM/DD/YYYY] \$
			Date IMM/DD/11/11
Employer Name			Occupation
Employer Mailing Address			
Place of Business	/ Krincipal		Description of
			Contribution
Full Name of Contributor	<del></del>		Date [MM/DD/YYYY] \$
House # Stree	t Address		Date [MM/DD/YYYY] \$
Gty /	State	Zip Code	Date (MM/DD/WYY) \$
Employer Name			Occupation.
Employer Mailing Address/	Principal		Description
Place of Business			of Contribution
Full Name of Contributor	国政治的 电转换器 2000年 电极限 2000年 4月 日本	<del></del> -	Date [MM/DD/AWAW]
			And the state of t
House # Stree	t Address	<del>.</del>	Date [MM/DD/YYYY] \$
CIV	State	Zip Code	Date [MM/DD/MYY]
Employer Name			
			Occupation
Employer Mailing Address / Place of Business	Principal 7		Description of
			Contribution
Full Name of Contributor			Date MM/DD/YYYY

House #

Employer Name

Place of Business

**Employer Mailing Address / Principal** 

City

Street Address

State

Zip Code

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

Occupation

Description

Contribution

of :

5

S

# Statement of Expenditures

Filer Identification Number:	

To Whom Paid				Des INIMADA (WWW)	
				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditu	ir <b>e</b>
City	The form of the first defined on a second of the first dependence of the first	State	Zip Code	123-2, Започе Мароку в в егу солборит до се в веста должно в водине, в выда	Makangar uni minanga aka mala a rasas na a minanggang m
To Whom Paid				Date [MM/DD/YYYY]	<b>\$</b>
House #	Street Address			Description of Expenditu	re
<b>Git</b>	Victorian derivation and descriptions	State	Zip Code	「新疆教徒」を名字的。在2000年8月間20日(第496年1月19日) 	
To Whom Paid		Content and a content of the content	[1] (1997-26) to 2 organize [	Date [MM/DD/YYYY]	\$
House #	Street Address		·····	Description of Expenditu	re
Gty	Light consequence accessoring	State	Zip Code	্ৰিকাৰ্যন্ত্ৰীৰ প্ৰকৃষ্ণ কৰি কৰিবলৈ এই কিন্তু কৰি কৰিবলৈ	等等的的。 1985年(1985年)(1985年)(1985年)(1985年)(1985年)(1985年)(1985年)(1985年)(1985年)(1985年)(1985年)(1985年)(1985年)(1985年)(1985年)
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditu	re
City		State	Zip. Code		
To Whom Paid				Date [MM/DD/YYYY]	<b>\$</b> 1
House #	Street Address			Description of Expenditu	re
City		State	Zip Code,		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditur	re
Clty		State	Zip Gode:		
To Whom Paid				Date [MM/DD/YYYY]	<b>S</b> .
House #	Street Address	***************************************	*	Description of Expenditur	re .
City		State	Zíp Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditur	re and a second
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 Numberi	
Name of Credit	or and a second	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED S
City  Description of C		State Zip Code
Name of Credit		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED S [MM/DD/YYYY]
City Description of D	Debt **	State Zip Code
Name of Credit		Outstanding Balance of Debt
House #	Street-Address	DATE DEBT INCURRED S [MM/DD/YYYY]
City  Description of D	i i i i i i i i i i i i i i i i i i i	State Zip Code
Name of Gredito		Outstanding Balance of Debt
House #	Street Address	DATE DEBT-INCURRED \$ [MM/DD/33341]
City  Description of D	ebt.,	State Zip Code
Name of Gredito	); );	Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED \$.  [MM/DD/YYYY)
City  Description of D	ebt	State Zip Code
Name of Gredito	or.	Outstanding Balance of Debt
House #	Street Address	DATE DEBT-INCURRED \$ [MM/DD/YYYY]
City		State Zip Code
Description of D	ebt	

#### 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 filled, 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 \$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 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 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:

-	ant some immer		
Ö1	Adams	24	Elk
02	Allegheny	25	Erie
03	Armstrong	26	Fayette
04	Beaver	27	Franklin
05	Bedford	28	Forest
06	Berks	29	Fulton
07	Blair	30	Greene
80	Bradford	31	Huntingdon
09	Bucks	32	Indiana
10	Butler	33	Jefferson
11	Cambria	34	Juniata
12	Cameron	35	Lackawanna
13	Carbon	36	Lancaster
14	Centre	37	Lawrence
15	Chester	38	Lebanon
16	Clarion	39	Lehigh
17	Clearfield	40	Luzerne
18	Clinton	41	Lycoming
19	Columbia	42	McKean
20	Crawford	43	Mercer
21	Cumberland	44	Mifflin
22	2 .	45	Monroe
23	Delaware	46	Montgomery
			1

47	Montour
48	Northampton
49	Northumberland
50	Perry
51.	Philadelphia
52	Pike
53	Potter
54	Schuylkill
55	Snyder
56	Somerset
57	Sullivan
58	Susquehanna
59	Tioga
60	Union
61	Venango
62	Warren
63	Washington
64	Wayne
65	Westmoreland
66	Wyoming

67 York

# REP Republican Party

Party Code Table:

DEM **Democratic Party** CST Constitutional Party LIB Libertarian Party REF Reform Party OTH Other

Office Code Table:				
GOV	Governor			
LTG	Lieutenant Governor			
ATT	Attorney General			
AUD	Auditor General			
TRE	State Treasurer			
SPM	Justice of the Supreme Court			
SPR	Judge of the Superior Court			
CCJ	Judge of the Commonwealth Court			
STS	Senator in the General Assembly			
STH	Representative in the General			
	Assembly			
CPJ	Judge of the Court of Common Plea			
MCJ	Judge of the Municipal Court			
TCJ	Judge of the Traffic Court			

OTH Other (Candidates for local offices who file only with the County

Board of Elections)