

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

Number   Mark X    Sy M. Blobe	Filer Identification	(10000177	Repo	rt Filed I		Candid	_		Commi					Lobb	yist	
Steet Address   105/00 Bonation Rd.   State   PA   Zip Code   16441	Name of Filing Committee, Ca	ndidate or			7	a tan	<u> </u>		<u>  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	·	<u> 14                                  </u>			<u>.l</u>	<u>:                                    </u>	.
Type of Report (Place x under report type)  1. 6th Tuesday   2. 2th Friday   3- 30 Day Post   4- 6th Tuesday   7- 2th Friday   3- 30 Day Post   7- 2th Friday   7- 2th Friday			40500	D												
Type of Report (Place x under report type)  1. 6th Tuesday   2. 2th Firlday   3- 30 Day Post   4-6th Tuesday   7-2th Firlday			10500	Donation	Rd.				T = 1							
1.6th Tuesday   2.2th Friday   3.30 Day Post   4.6th Tuesday   5.2th Friday   Pre-Primary   Pre-Primary   Pre-Primary   Pre-Election   Pre-	Waterford	!				State	PA		Zip Cod	ie	16441	1				
Pre-Primary Pre-Primary Primary Pre-Election Pre-Election Pre-Election Pre-Election Post-Election Po	Type of Report (Place x under r	eport type)														
Date Of Election (MM/DD/YYYY)    Date Of Election (MM/DD/YYYY)   Date	1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday						1 1	7	7- Annı	ıal						
Commany of Receipts and Expenditures	Tie-Friday Fie-Filliary	rimaty	Pre- E	ection	FIE-	Election	Licetio				F16-L		······································	FUSI	-ciectic	<i>7</i> 11
Commany of Receipts and Expenditures					<u>                                     </u>			<u> </u>								
Expenditures  2/16/2021  A. Amount Brought Forward From Last Report  5 0  B. Total Monetary Contributions and Receipts (From Schedule I)  C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule II)  G. Unpaid Debts and Obligations (From Schedule IV)  Affidavit Section  Part 1- If this is a Committee report, treasurer sign here. If this is a Gandidate report, candidate sign here.  I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and completed  Sworn to and subscribed before me this  3 day of May 20 21  Again Find Name  My Commission expires  MO. DAY YR.  814  9690634  Area Code  Daytime Telephone Number  Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.  1814  9690634  Area Code  Daytime Telephone Number  Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.  Sworn to and subscribed before me this  Lawar (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  Agay of 20  Signature of Candidate  Signature of Candidate		05/18/2021	Year		:	2021	1						n			
A. Amount Brought Forward From Last Report   5   0    B. Total Monetary Contributions and Receipts   5   0    C. Total Funds Available   5   0    D. Total Expenditures   5   1,008.92    E. Ending Cash Balance (From Schedule III)   5   1,008.92    E. Ending Cash Balance (From Schedule III)   5   1,008.92    E. Value of In-Kind Contributions Received (From Schedule III)   5   150    G. Unpaid Debts and Obligations   5   0    F. Value of In-Kind Contributions Received (From Schedule III)   5    G. Unpaid Debts and Obligations   5   0    Fart 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.   5    I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete Sworn to and subscribed before me this    Jay Jubbel   7   1   1   1   1   1   1   1   1   1		From Date		To Date	2					For 0	Office (	Use O	nly	!		
B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II)  Affidavit Section  Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct of Signature  My Commission expires  MO. DAY YR.  Area Code  Daytime Telephone Number  Part II- If this is a report of a Candidate's Authorized Committee, candidate shall 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  Agay of	Experiences	2/16/2021		05	/01/20	)21			#1				1.		٠	
C. Total Funds Available   S   O	A. Amount Brought Forward F	rom Last Report	\$	•	0								<u>.</u> :	· · ·		
C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures (From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)  F. Value of In-Kind Contributions Received (From Schedule III)  G. Unpaid Debts and Obligations (From Schedule IV)  Affidavit Section  Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete Sworn to and subscribed before me this  My Commission expires  My Commission expires  MO. DAY YR.  Area Code  Daytime Telephone Number  Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.  1 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		ns and Receipts	\$		0		1									
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(From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)  Affidavit Section  Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete  Sworn to and subscribed before me this  3 day of May 20 21  Out Blabel Signature  My Commission expires  MO. DAY YR.  Balt 9690634  Area Code Daytime Telephone Number  Balt 9690634  Area Code Daytime Telephone Number  Sworn to and subscribed before me this  Swara (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  day of 20 Signature of Candidate  Signature of Candidate																
Some content	the contract of the contract o		۶	1	1,008.9	2						<b>€</b> 2		쯢		
Some content	E. Ending Cash Balance		\$	-	1.008.9	92						r	d Um			
Swar (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and completed before me this    Signature   Printed Name   Signature   Printed Name		ns Received	<u> </u>									ۇمى يەسە يەخى				
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Sworn to and subscribed before me this  3 day of May 20 21	Part 1- If this is a <b>Committee</b> report  I swear (or affirm) that this report.	, treasurer sign he	re. If th	is is a <b>Can</b> edules or	didate	report, ca	indidate si	gn here.	ge and hel	iof tra	le corr	oct abi	7		_	
Signature of Person Submitting report   Joy Biebel   Printed Name	·				, pupe.	, 12 10 1110	Desc of m	Kilowica	ge and bei	101 (10	ic, com	-	a complet			
Signature  My Commission expires  MO. DAY YR.  Part II- If this is a report of a Candidate's Authorized Committee, candidate shall 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 day of	3day of <u>May</u>	20 21	_	• 1			Joy	. Birbel	,							
Signature  My Commission expires  MO. DAY YR.  Part II- If this is a report of a Candidate's Authorized Committee, candidate shall 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 day of	Oan Biokal		-			lo	(Richal	ignature d	of Person S	ubmi	tting re	port		_		
My Commission expires	00		•			<u> </u>	DICDEI							_		
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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 day of20		DAY YR.	-			-	rea Code	<del></del>		Dayt	ime Tel	lephon	e Numbe	r		
Sworn to and subscribed before me this day of20											<del></del> -				_	
day of	I swear (or affirm) that to the best of amended.	of my knowledge a	nd belie	f this poli	tical co	mmittee	has not vio	olated any	provisions	of th	e Act o	f June	3, 1937 (I	P.L. 133	3, NO.3	20) as
Signature of Candidate	Sworn to and subscribed before me	this														
	day of	20		•						_						i
Signature Printed Name								Sign	ature of Ca	andida	te		·			
( '	Signature	•••				_			Printed Na	me				_		
My Commission expires			_													
MO. DAY YR. Area Code Daytime Telephone Number	MO.	DAY YR.				Δ	rea Code		[	Daytin	ne Tele	phone	Number			-

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the general and the	250	
Total for the reporting period (1	1)   \$	'  o
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	5 0
Total for the reporting period (2	2) \$	
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	o
Total for the reporting period (3	3) \$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4	) \$	0
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 Cover Page, Item B)	\$ t	0

#### 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 Identificatio	on Number				
		<u> </u>			
					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
Committee					N. W.
House #	Street Address			Date [MM/DD/YYYY]	(2 )     \$
				<u>1 = 70 = • • • • • • • • • • • • • • • • • • </u>	
City	<u>                                  </u>	State	Zip Code	Date [MM/DD/YYYY]	(Control of Control of
			Zip Code	hare livinity has a man	\$
Full Name of Co	ontributing (10)		Tred Musty Aur	Date [MM/DD/YYYY]	\$
Committee				ingre (initial) political	
	Caucas & dalumna				Mag .
House #	Street Address			Date [MM/DD/YYYY]	\$
					26 1961
City		State	Zip Code	Date [MM/DD/YYYY]	\$
7 80 125 1					##
Full Name of Co	Intributing			Date [MM/DD/YYYY]	\$
Committee					(a) 1 (a) 1 (b) 1
House #	Street Address		<del></del>	Date [MM/DD/YYYY]	<u></u> .\$
				**************************************	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		3.0.0		Marie Livinati Prove Litter	
Full Name of Co	Intributing		1 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a 2 a	Date [MM/DD/YYYY]	(\$4)  \$4
Committee				Date Hand DOLI 14 11	
House #	Street Address	<del></del>		Date [MM/DD/YYYY]	<u>****</u>  \$`;
				en dan kananan dan dan kerajarah dan	
 City		State	Zip Code	Deta IMM/DD/MMVI	A CONTRACTOR OF THE CONTRACTOR
		State	ZIP COUE	Date [MM/DD/YYYY]	<b>(\$</b>
THE NAME OF COLUMN					
Full Name of Cor Committee	Atributing			Date [MM/DD/YYYY]	\$
				"	
House #	Street Address			Date [MM/DD/YYYY]	\$
					4 (1) (1921) (1072)
City	Calaba   Janes Countries	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor			1888 (1981 a) 1888		\$
Committee				**************************************	<b>%</b>
House #	Street Address			Date [MM/DD/YYYY]	/ \$:
					) distribution of the control of the
City		State	Zip Code	Date [MM/DD/YYYY]	<u></u> \$::
		्रिक्त राजाः   श्राह्म		Pare light Dol (1111	
A STATE OF THE STA	17			1	<b>∮</b> 5∥

#### **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:

	<del></del>			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street Address	@∤		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$5	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street Address	BI De contrage		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor			Date [MM/DD/YYYY] s	
House # Street Address	881 M		Date [MM/DD/YYYY] \$	10.11
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	<del>,</del>
City	State	Zíp Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
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 A			Data IMM/DD/VVVVI 23	
	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY]   \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee			Age Main Anna A	
House # Street A		<u> </u>	Date [MM/DD/YYYY] \$	
City (	State	Zip Code	Date [MM/DD/YYYY] \$	
- M			The state of the s	
Full Name of Contributing Committee		·	Date [MM/DD/YYYY] \$	
House # Street A			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	<b>清</b> 湯		Date [MM/DD/YYYY] \$	<u> </u>
House# Street A	ddress.		Date [MM/DD/YYYY] \$	<del></del>
City		T (2000年 2000年 2004 120. アンスルー		
City	State	Zip Code	#Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street A			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		President and a second	Date [MM/DD/YYYY] \$	·
House # Street Ac	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYYY] 3	

#### 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		Draw Andrew	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name  Employer Mailing Address /  Principal Place of Business			Occupation /
CHARLES ASSET AND RESIDENCE AND STREET BY REPORT OF THE STREET AND AND STREET AND AND ASSET ASSET AND ASSET ASSET AND ASSET ASSET AND ASSET ASSET ASSET ASSET AND ASSET AS			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY1] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business	Y 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
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		[4] 為能學案的法院告表示4-	Occupation
Employer Mailing Address / Principal Place of Business			17.138.488.4888.4888.4888.4888.1
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		** ***********************************	

#### PART E

## **Other Receipts**

#### REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Filer Identification Number:

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Security of the		Person
Full Name				
House #	Street Address	980m - 124 (2000 to )	NEW MARKS	Interception Association and the control of the con
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		思義機府雜審		
Full Name				
House #	Street Address		V	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Tillar,	Sim Moreados Política	李宗公司 原統公司	[26530]
Full Name				
House #	Street Address	Lineary will be travel	latural est not year.	Trigger aget were constants about
City State (Section 1)		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	Name (1974)	日本の大の機能機会でも	- 7 (1957年) 2 (1967年) 1 (1967年)	[2856]
Full Name				
House #	Street Address	for and wearings. I	V/ _= ***********************************	Carroway and the adoption of the state of th
City	Supplemental Control of Control o	State	Zip Code	Date [MM/DD/YYYY)] \$
Receipt Description				

#### SCHEDULE II

## **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:			
S UNITEMIZED NEKIND CONTR	RITTIONS PEGELVED NA	LUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE/OF/S50.0		
TOTAL for the reporting period	(2)	\$	
8: IN-KIND CONTRIBUTION RECE	IVED-VALUE:OVER \$25	) OO (FROM PART.G)	A. 经高温标准 (A. S.
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION	ONS DURING THIS REPO	RTING   \$	
PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)		1 1	

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
· 公司 中央 医二种	

Full Name of Contributor  Tara Pound  Tara Pound  Tara Pound  Tara Pound  Tara Pound  Tara Pound  A/22/2021  Date [MM/DD/YYYY] \$ 150  Date [MM/DD/YYYY] \$ 150  Determined by the second
House # Street Address 9875 New Rd.    City   North East   State   PA   Zip Code   16428   Date [MM/DD/YYYY]   \$
State   PA   Zip Code   16428   Date [MM/DD/YYYY]   \$
State   PA   Zip Code   Date [MM/DD/YYYY]   S
Description of Contribution   Payment of Meet & Greet food bill & room rental
Description of Contribution   Payment of Meet & Greet food bill & room rental
Payment of Meet & Greet food bill & room rental
House # Street Address   Date [MM/DD/YYYY]   \$
House # Street Address   Date [MM/DD/YYYY]   \$
House # Street Address   Date [MM/DD/YYYY]   \$
City State Zip Code Date [MM/DD/YYYY] \$  Description of Contribution  Full Name of Contributor State Zip Code Date [MM/DD/YYYY] \$
City   State   Zip Code   Date [MIM/DD/YYYY]   S
Description of Contribution  Full Name of Contributor  Date [MIM/DD/YYYY] \$
Pescription of Contribution
A WAR DEPOSIT OF THE DEPOSIT OF THE THEFT
City State Zip Code Date [MM/DD/YYYY] \$
Description of Contribution
Full Name of Contributor Date [MM/DD/YYYY]   \$
House # Steet Address Date IMM/DD/VVVVI ST
House # Street Address Date [MM/DD/YYYY] \$
City State Zip Code Date [MM/DD/YYYY] \$
Description of Contribution
Full Name of Contributor
House # Street Address Date [MM/DD/YYYY] \$
City   State   Zip Code   Date [MM/DD/YYYY]   \$
Description of Contribution

#### SCHEDULE II

#### Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:

Full Name of Contributor		Date [MM/DD/YYYY]
		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY]
City	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description:
Place of Business	•	of
Full Name of Contributor		Contribution
rui 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		Description of
		Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		ASS ASSAULT TO COMMITTEE AND ASSAULT A
	······································	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 Cöde	Date [MM/DD/YYYY] \$
FAMILY AND		
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution

## Statement of Expenditures

Filer Identification Number:		

To Whom Paid						Date [MN	//DD/YYYY	]   \$	
	Polybagplanet.com					i	7/2021		224.71
House #	Street Address					Description	on of Exper	nditure	
City	·	State		Zip Code		Camp	aign Signs		
To Whom Paid	Emerald Printing					Date [MN	A/DD/YYYY	] \$	405.04
							21/2021		196.04
House #	Street Address 321	2 Cherry Str	reet			<b>建设有效的现在分词的</b>	on of Expen	医神经炎 医生化	
City Erie		State	PA	Zip Code 16!	508	Rack cards			
To Whom Paid	Emerald Printing					Date [MN	//DD/YYYY	] 🕍 💲	413.99
						· ·	0/2021	\$10 \$20	413.33
House #	Street Address 3212	2 Cherry Str	eet			<b>引擎性國際產類經濟</b>	on of Expen		
<b>City</b> Erie		State F	PA	Zip Code 1 165	508	Postcard Ma	ilers		
To Whom Paid	Grimco.com					Date [MM	1/DD/YYYY	] 🥼 <b>\$</b> ,	138.31
							8/2021		
House #	Street Address					Description	on of Expen	diture	
City		State		Zip Code		Sign corruga	te and vinyl		
		317 CB9025 AUC 10		(6) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
To Whom Paid	Mal-Mart	and caregoric state of		Sealer Subject Market (1975)		Date [MN	I/DD/YYYY	<b>l</b>   \$	25.07
	Wa!-Mart	are and see as				4/0	7/2021		35.87
	Street Address	5 Downs Dri	ive			4/0	7/2021 on of Expen		35.87
	Street Address	5 Downs Dri		Zip	509	4/0 Description	7/2021 on of Expen		
House#	Street Address	State		Zip	509	4/0 <b>Descriptic</b> Card Stock/S	7/2021 on of Expen	ditüre	
House #   City   Erie   To Whom Paid	Street Address 1829	State		Zip	509	4/0' Description Card Stock/S Date [MM	7/2021 on of Expen tickers 1/DD/YYYY	diture	
House #   City   Erie   To Whom Paid   House #	Street Address	State Riterial Property of the Control of the Cont		Zip	509	4/0' Descriptio Card Stock/S Date [MM	7/2021 on of Expen	diture	
House #   City   Erie   To Whom Paid	Street Address 1829	State		Zip	509	4/0' Descriptio Card Stock/S Date [MM	7/2021 on of Expen stickers 1/DD/YYYY	diture	
House #   City   Erie   To Whom Paid   House #	Street Address 1829	State Riterial Property of the Control of the Cont		Zip Code 165	509	4/0' Description Card Stock/S Date [MM	7/2021 on of Expen stickers 1/DD/YYYY	diture	
House#  City Erie  To Whom Paid  House#	Street Address 1829	State Riterial Property of the Control of the Cont		Zip Code 165	509	4/0'  (Description  Card Stock/S  Date [MM  Description  Date [MM	7/2021 on of Expen tickers 1/DD/YYYY	diture	
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House #   City   Erie To Whom Paid House #   City   To Whom Paid City   To Whom Paid	Street Address  Street Address  Street Address	State P.		Zip Code 165	509	4/0' Description  Date [MM Description  Date [MM Description	7/2021 on of Expen tickers 1/DD/YYYY on of Expen 1/DD/YYYYY on of Expen	diture    S	

#### **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 Identification Num	iber:		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt		P 22 202 32 44	[Advance]
			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City  Description of Debt	The state of the s	State Zip Code	
Name of Creditor	3 9 8 8		Outstanding Balance of Debt
House #	Street Address	DATE:DEBT INCURRED	<b>\$</b>
City Description of Debt		State Zip Code	
<b>建筑等的特别的</b>			
Name of Creditor	Fig. 19   Fig. 1	Do no the months and the large	Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	3\$
City Description of Debt		State Zip Code	
Name of Creditor			Outstanding Balance of Debt
	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	The determinant of the const.	State Zip Code	
		<u></u>	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$1
City		State Zip Code	
Description of Debt			

#### 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 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: 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 ejection 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 mall 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:

Co	unty Code Table:					Party	Code Table:
01	Adams	24	Elk	47	Montour	REP	Republican Party
02	Allegheny	25	Erie	48	Northampton	DEM	Democratic Party
03		26	Favette	49	Northumberland	CST	Constitutional Party
	Beaver		Franklin	50	Perry	LIB	Libertarian Party
05	Bedford	28	Forest		•	REF	Reform Party
06	Berks	29	Fulton	52	Pike	OTH	Other
07	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		37	Lawrence	60	Union	TRE	State Treasurer
15	Chester	38	Lebanon	61	Venango	ŚPM	Justice of the Supreme Court
16	Clarion	39	Lehigh	62	Warren	SPR	Judge of the Superior Court
17	Clearfield		Luzerne	63	Washington	CCJ	Judge of the Commonwealth Court
18	Clinton	41	Lycoming		Wayne	STS	Senator in the General Assembly
19	Columbia		McKean	65	Westmoreland	STH	Representative in the General
20	Crawford	43	Mercer	66	Wyoming		Assembly
21	Cumberland	44	Mifflin		York	CPJ	Judge of the Court of Common Pleas
22	Dauphin	45	Monroe			MCJ	Judge of the Municipal Court
23		46	Montgomery			TCJ	Judge of the Traffic Court
	•					OTH	Other (Candidates for local offices
							who file only with the County
							Board of Elections)



April 6, 2020

## Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements

#### **Summary:**

The Pennsylvania Department of State requested, and Governor Wolf granted, a temporary waiver of the notarization requirement in the Campaign Finance Reporting Law for campaign finance reports and campaign finance statements filed by political committees, candidates for public office, and contributing lobbyists. Independent expenditures that are required to be filed by the 2nd Friday Pre-Primary Report (Cycle 2) deadline, are covered by the waiver. In the event that a special election reporting deadline falls within Cycle 2, the notarized cover page requirement will also be waived.

The following alternative filing process is in effect in the meantime:

- Filers must sign and date their report or statement cover sheet. Their signature
  acknowledges, by unsworn statement subject to the penalties of 18 Pa.C.S. § 4904
  relating to unsworn falsification to authorities, that the statements contained in the
  filed report or statement are accurate. The Pennsylvania Electronic Transactions
  Act allows either a physical signature or a typed name to comply with the Act's
  requirements.
- For filers who file on paper, the department will accept emailed reports for the
  duration of the emergency. This complies with statewide quarantine requirements;
  relieves filers of the need to travel to post offices, private delivery service offices
  or the department's drop box in Harrisburg; and eliminates paper documents that
  would otherwise require processing in person at the department. Instead,
  documents will be reviewed remotely and processed by department staff who are
  currently teleworking. Please email the reports to: <a href="mailto:RA-stcampaignfinance@pa.gov">RA-stcampaignfinance@pa.gov</a>



### **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

2021 MAY -4 PM 5: 00

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

**Note:** Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See <u>Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements</u>). 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 and only so long as the waiver referenced above is in effect.** This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

eporting Cycle Nan	ne		
☐ Cycle 1  6 <sup>th</sup> Tuesday Pre-Primary	Cycle 2  2 <sup>nd</sup> Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	☐ Cycle 9 30-Day Post Spec
	•	,	Election
art I - If this form is su	bmitted with a Commit with a Candidate report, a	tee report, the treasur	Election

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Joy Bisbel	05/03/2021
Signature of Treasurer, Candidate, or Lobbyist	Date
Joy Biebel	
Printed Name	



#### **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.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Candidate	Date
	_
Printed Name	