

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

Filer Identification	Report Filed By	Candidate \ \ \ /	Committee		Lobbyist	
Number	( Mark X)		Collinatee		LOUDYISL	
Name of Filing Committee, Candidate or Lobbyist						
City Makes		CAD RTG	Zip Code	1642	<u></u>	
Type of Report (Place x under report type)	F N S			1671	<u> </u>	
			A			
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	[2] A Dallam, And College and A State of the	Friday 6-30 Day Post lection Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election	
Date Of Election (MM/DD/YYYY) 05//8	Year	Amendment Report		Termination Report		
Summary of Receipts and From Date  Expenditures	To Date	and the state of the state of the	For C	Office Use Only		
63/4/2021 05/03/2621						
A. Amount Brought Forward From Last Report \$						
B. Total Monetary Contributions and Receipts \$ (From Schedule I)  C. Total Funds Available \$ (Sum of Lines A and B)						
(From Schedule I) C. Total Funds Available						
(Sum of Lines A and B)					and	
D. Total Expenditures (From Schedule III)  5 1/86,25						
E: Ending Cash Balance (Subtract Line D from Line C)	\$ \$			100 mg 10	<b>1</b> 2	
F. Value of In-Kind Contributions Received	\$				ယ္	
(From Schedule II) G. Unpaid Debts and Obligations	\$ \$			<u></u>	ස	
(From Schedule IV)	7					
	Affic	avit Section				
Part 1- If this is a Committee report, treasurer sign he	re. If this is a <b>Candidate</b> re	port, candidate sign here.				
I swear (or affirm) that this report, including the attac Sworn to and subscribed before me this	ned scriedules on paper, is	to the best of my knowled	ge and belief tru	e, correct and complete	e. ,	
day of20	. '1				ļ	
	<u> </u> _	Signature o	Signature of Person Submitting report			
Signature	. 1		Printed Name			
My Commission expires	-			118	_	
MO. DAY YR.		Area Code	Dayti	me Telephone Number	·	
Part II- If this is a report of a Candidate's Authorized C	ommittee, candidate shall	sign here.	·	<u></u>		
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				<i>/</i> 1.		
49 day of MAY 2021 Conal T Bode						
Signature of Candidate Por 1 P						
Signature Printed Name  Commonwealth of Pennsylvania - Notary Seal						
My Commission expirese Little, Notary Public  EMCCount PAY YR.		Area Code	<u> 4</u>	54 2/39	_	
My commission expires December 23, 2021		Area Code	vaytim	e Telephone Number		
Commission number 1220308	1	*··		<del></del> ·		

RONALDT. BOLZ

## Statement of Expenditures

Filer Identification Number:

2-36 () 4236 - 11 (126) 26	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address Street Address	Description of Expenditure
140 WEST 6- 37REET	Papara papara na manana na man Manana na manana na
State PA Code 16501	MAILING LABELS
To Whom Paid	Date [MM/DD/YYYY] \$
STAPLES	03/12/2021 130,27
House# Street Address	Description of Expenditure
City State O Zip	
ERIE PA Gode 16509	1200 POSTCARDS
To Wrom Paid	Date MM/DD/YYYY] \$
House# Street Address	(24/61/2021 430,00 Description of Expenditure
8986 MAIN STREET	Description of Experience
City A	12 0
TOWNOM Paid	Date [MM/DD/MYY] \$
\$16NS FOR LESS	
House #   Street Address   1/4	03/19/3031 3.54.40 Description of Expenditure
GRIE PA Gode 16505	20 YARD SKNS
To Whom Paid	Date [MM/DD/YYY] \$
House # Street Address	04/14/2631 /D, 90 Description of Expenditure
1927 REYSTONE ORIVE	A Company of Application
State PA Code 16509	100 POSTCARDS
To Whom Paid	Date [MM/DD/YYYY] \$
SIGNS FOR LESS	04/19/2021 241,68
House # 0633 Street Address WEST 12 5TREET	Description of Expenditure
	// / A = 2
To Whom Paid	TYLE COROPLAST GRAPHIC  Date [MM/9D/YYYY] \$  04 24 20 21 36,00
US POSTAL SERVICE	04/24/2021 36.00
House # O O Street Address	Description of Expenditure
City M State On Zip	
MCKEAN PA Gode 1640X	100 POSTCATED STAMPS
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip	
Code	<b>√</b>