Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer identification 46-2671624				Report Filed By Candidate Committee (Mark X)						X	Lobbyist							
Name of Filing Committee, Candidate or Lobbyist				Committee to Elect Ed DiMattio														
Street Address		100	541 Colt Station Rd								····							
City Waterford				State				PA Zip Code					16441					
Type of Report (Place x under report type)																		
1-6 th Tuesday Pre-Primary I	2- 2 nd Friday Pre-Primary	3-30 Day Po Primary	SEE SEE STATE OF SEE SEE	4-6 th Tuesday 5-2 nd Friday Pre-Election Pre-Election		ASSET FEMALE	6-30 Day Post Election		Post	t 7-Annual		Special 2 nd Friday Pre-Election		TOTAL STATE OF THE	Special 30 Day Post-Election		125 C.	
	X								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					AND STATE OF THE PARTY OF THE P				
Date Of Election (MM/DD/YYYY)		05/18/2021	Year		2021	+	Ame Rep	endme ort	ent			Term Repo	Sec. 16.40	on Section				
Summary of Rece Expenditures	ipts and	From Date		To Date	e						For	Office	Use (Only				
		1-1-202	i	5-3-2021														
A. Amount Brought Forward From Last Report \$ 94.74																		
B. Total Monetar (From Schedule I)		ns and Receip		\$ 0														
C. Total Funds Av (Sum of Lines A a		197	\$	\$ 94.74				OTER HAY										
D. Total Expenditures (From Schedule III)				\$ 0														
E. Ending Cash Ba (Subtract Line D f			\$	\$ 94.74														
F. Value of In-Kind (From Schedule II	The second second second	ns Received	\$	\$ 0			≥< 2:											
G. Unpaid Debts : (From Schedule IV		ns Company to	\$	\$ 0				O J										
Part 1- If this is a Co	mmittee repor	t treasurer cier	here if th	nic ic a Car		ort ca		e cion	hore									
I swear (or affirm) th										ge and b	elief tr	ue, com	ect a	nd comple	te.			
Sworn to and subscr	ribed before me	e this				4	h)		Α.	1. 1	/ /	7-7	n.	011	•)		
day of		20		1		_	12	Sign		of Person	Submi	L//	anort	M	9			
r:			<u> </u>	-		Bre	enda S	DiMat					POLE					
Signature				, 1				Printed Na 314 79					anne 96-3756					
My Commission expires								Area Code Daytime Telephone Number						 er				
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		20		. 1		—	E	Livor	Sign	ature of), //	//ct/	6	1				
Edward T DiMattio Jr Signature Printed Name																		
814 449-0259																		
My Commission expires MO. DAY YR.							rea Co	de		-			phon	e Numbei	<u> </u>			
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SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	46-2671624	 	

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period (1)	\$	0
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)		\$	0
Total for the reporting period ((2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)		4	
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period (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, Repo Cover Page, Item B)		\$	0



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

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.

Name of Filing Comr	nittee, Candidate, or	Lobbyist	
COMMITTER	70 ELECT	ED DIMATIO	
Reporting Cycle Nam	ne .		
☐ Cycle 1	区 Cycle 2	☐ Cycle 3	☐ Cycle 9
6 th Tuesday Pre-Primary	2 nd Friday Pre-Primary	30 Day Post Primary	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.

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 Treasurer, Candidate, or Lobbyist Date

Brenda S. Di Mattio

Printed Name



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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

Date

Printed Name