

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 <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Angela Euell McNair</i>						
STREET ADDRESS <i>2131 Linwood Ave</i>						
CITY <i>Cele</i>		STATE <i>Pa</i>		ZIP CODE <i>16810</i>		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
1. <input checked="" type="checkbox"/> 6TH TUESDAY PRE-PRIMARY 2. <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY 3. <input type="checkbox"/> 30 DAY POST-PRIMARY 4. <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION 5. <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION 6. <input type="checkbox"/> 30 DAY POST-ELECTION 7. <input type="checkbox"/> ANNUAL REPORT						MO. DAY YEAR _____
		DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
		MO. DAY YEAR <i>04 4 21</i> TO <i>5 11 21</i>		2021 MAY 12 AM 11:24 ERIE COUNTY VOTER REGISTRATION		
		CASH BALANCE AT END OF REPORTING PERIOD: \$ _____ TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____				
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>				

**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__		_____	
SIGNATURE _____		PRINTED NAME _____	
MY COMMISSION EXPIRES 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 & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

Under \$750

## 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				
Reporting Cycle Name				
<input checked="" type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 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.

Signature of Treasurer, Candidate, or Lobbyist

5/11/21

Date (DD/MM/YYYY)

Angela McNair

Printed Name

Erie pa USA

Location (City/State/Country)



**Pennsylvania Department of State**

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[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto: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.*

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

07/11/21

Date (DD/MM/YYYY)

Angela Euell-Mentir Erie Pa USA

Printed Name

Location (City/State/Country)

Over \$250

\$40.00

Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist				
Street Address				
City	State	Zip Code		

Angela U Erie  
2131 Linwood Ave  
Erie PA 16510

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report		Termination Report			
05		2021						

Summary of Receipts and Expenditures

From Date

To Date

For Office Use Only

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)

\$

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)

\$

1169.00

201 MAY 12 AM 11:24  
ERIE COUNTY  
VOTER REGISTRATION

## Affidavit Section

Part I- 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

day of 20

Signature

Signature of Person Submitting report

Printed Name

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

day of 20

Signature

Signature of Candidate

Printed Name

My Commission expires

MO. DAY YR.

Area Code

Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)			\$
All Other Contributions (Part B)			\$
Total for the reporting period		(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)			\$
All Other Contributions (Part D)			\$
Total for the reporting period		(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</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, Report 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										
Full Name of Contributing Committee								Amount		
Date [MM/DD/YYYY]								\$		
House #	Street Address		Date [MM/DD/YYYY]					\$		
City	State		Zip Code		Date [MM/DD/YYYY]				\$	
Full Name of Contributing Committee								\$		
Date [MM/DD/YYYY]								\$		
House #	Street Address		Date [MM/DD/YYYY]					\$		
City	State		Zip Code		Date [MM/DD/YYYY]				\$	
Full Name of Contributing Committee								\$		
Date [MM/DD/YYYY]								\$		
House #	Street Address		Date [MM/DD/YYYY]					\$		
City	State		Zip Code		Date [MM/DD/YYYY]				\$	
Full Name of Contributing Committee								\$		
Date [MM/DD/YYYY]								\$		
House #	Street Address		Date [MM/DD/YYYY]					\$		
City	State		Zip Code		Date [MM/DD/YYYY]				\$	
Full Name of Contributing Committee								\$		
Date [MM/DD/YYYY]								\$		
House #	Street Address		Date [MM/DD/YYYY]					\$		
City	State		Zip Code		Date [MM/DD/YYYY]				\$	
Full Name of Contributing Committee								\$		
Date [MM/DD/YYYY]								\$		
House #	Street Address		Date [MM/DD/YYYY]					\$		
City	State		Zip Code		Date [MM/DD/YYYY]				\$	

## 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				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]		\$	
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]		\$	
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

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number										
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State			Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State			Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State			Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State			Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]		\$		
City		State			Zip Code		Date [MM/DD/YYYY]		\$	



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			Date [MM/DD/YYYY]	\$		
City		State	Zip Code	Date [MM/DD/YYYY]	\$		
Employer Name					Occupation		
Employer Mailing Address // Principal Place of Business							

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							

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							

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.

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

Filer Identification Number									
-----------------------------	--	--	--	--	--	--	--	--	--

  

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									

  

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									

  

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									

**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	
-----------------------------	--

<b>1. UNREIMBURSED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50,000 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50,001 TO \$250,000 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250,000 (FROM PART G)</b>		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number

Full Name of Contributor

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

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

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

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

Date [MM/DD/YYYY]

\$

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]		\$
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		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		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		State	Zip Code		Date [MM/DD/YYYY]		\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

SCHEDULE III  
Statement of Expenditures

Filer Identification Number

To Whom Paid		Jumpstart			Date [MM/DD/YYYY]	\$ 1,169
House #	2131	Street Address Linwood Ave			Description of Expenditure	
City	Erie	State	Pa	Zip Code	16590	Contribution
To Whom Paid					Date [MM/DD/YYYY]	\$
House #		Street Address			Description of Expenditure	
City		State		Zip Code		
To Whom Paid					Date [MM/DD/YYYY]	\$
House #		Street Address			Description of Expenditure	
City		State		Zip Code		
To Whom Paid					Date [MM/DD/YYYY]	\$
House #		Street Address			Description of Expenditure	
City		State		Zip Code		
To Whom Paid					Date [MM/DD/YYYY]	\$
House #		Street Address			Description of Expenditure	
City		State		Zip Code		
To Whom Paid					Date [MM/DD/YYYY]	\$
House #		Street Address			Description of Expenditure	
City		State		Zip Code		
To Whom Paid					Date [MM/DD/YYYY]	\$
House #		Street Address			Description of Expenditure	
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 Identification Number									
-----------------------------	--	--	--	--	--	--	--	--	--

  

Name of Creditor							Outstanding Balance of Debt		
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]				
City		State		Zip Code					
Description of Debt									
Name of Creditor							Outstanding Balance of Debt		
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]				
City		State		Zip Code					
Description of Debt									
Name of Creditor							Outstanding Balance of Debt		
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]				
City		State		Zip Code					
Description of Debt									
Name of Creditor							Outstanding Balance of Debt		
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]				
City		State		Zip Code					
Description of Debt									
Name of Creditor							Outstanding Balance of Debt		
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]				
City		State		Zip Code					
Description of Debt									
Name of Creditor							Outstanding Balance of Debt		
House #		Street Address			DATE DEBT INCURRED [MM/DD/YYYY]				
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 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 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](http://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 60 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:

01 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
08 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 Dauphin	45 Monroe
23 Delaware	46 Montgomery

### Party Code Table:

REP	Republican Party
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 Pleas
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)