

#### Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identificat	ion		Report Filed	By Candid	ate :		Committee	Organisa in dia 1991		Lobby	#44 907 D
Number	47. 6.4 Fireda		( Mark X)						.	LUDD	/151
Name of Filing (	Com <b>mitt</b> ee, Ca	indidate or					II. y y tel seed a figuration	) i	<del></del>	110001000	
Lobbyist	The second of th	44.074	(,	noth	<u> </u>	<u> </u>	20 S Ton	nsky			
Street Address			99	2	5	24	il 5	+	•		
Citý	1011	ERIE		State	PA	( <del>2)</del> _ [	Zip Code	110	703		
Type of Report (				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			National Association (18	. 63	(پ ۷		<u></u>
		3-30 Day Post	a Statement	w and Assubs	Fig taging.		the total control of the	Lavesta and		Line Secre	nata terminasa
Pre-Primary	Pre-Primary		Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6-30 Day Election	/ Post	7- Annual	Special 2 <sup>nd</sup> Pre-Electio			ll 30 Day lection
	X										
Date Of Election (MM/DD/YYYY)	THE THE STATE OF THE STATE OF	न्द्री।हो २००३।	Year	25.71	Amendm Report	ent		Terminatio	'n	Ī	<u> </u>
Acres and the Experience	wajirika wa 18		307	2021	Kepuit	i sevi		Report		L_	
Summary of Rec Expenditures	eipts and	From Date	To Date				For	Office Use O	nly	Richt Wilden Die Wilde	
		3/16/2	1 05	03 2021							
A. Amount Brou	ght Forward F	rom Last Report	.\$	ON			39.45 1 39.70 1 1 1	<u> </u>	*		
B. Total Moneta (From Schedule I	ry Contributio	ns and Receipts	\$ /	95.36				4	er of the second	(C)	
C. Total Funds A	THE THE PERSON NAMED IN COLUMN TWO		\$	3:36				,	entis bala end enal	AMERICAN PROPERTY OF PROPERTY OF	
(Sum of Lines A a	ind B)		<u> </u>	0.00					7070	Maria Maria	
D. Total Expendi (From Schedule I			\$ 6	0 c* 4/						ď	
E. Ending Cash Ba	erry maria in a company of the	. 1982년 1일 1일 1일 1일 기타일 한 1982년 1일 1일	\$ 6	25.36					UC	-70	
(Subtract Line D				C 00					77.7		
F. Value of In-Kin (From Schedule I	with a self and facilities and	ns Received	\$	0.00						Si 13	,
G. Unpaid Debts		ns	\$						مريني مريني	Ţ.	)
(From Schedule I	VI si gi ag yashir alga	us cardibaleita		O.OO Affidavit Sec			<del>-</del> -	-	<del>.·</del>		
Part 1- If this is a Co	mmittee report	, treasurer sign her	e. If this is a Cand	lidate report, car	ndidate sign l	here.	****				
I swear (or affirm) t	hat this report, i	ncluding the attach	ned schedules on	paper, is to the b	est of my kn	owledge	e and belief tru	e, correct and	complete	⊇.	
Sworn to and subsci	ribed before me	this				,	.5°	1.1.			
day of		20	. 1			# <u>~</u>	La So	m may			
					Signa		Person Submi	tting report	smel	,	
Si	gnature	<del>,</del>			<del></del>		Printed Name	<u> </u>	3/21/5/		
My Commission exp	tua		. , ,		214		,	Seint H	1-1-11	100	
wy conunssion exp	MO.	DAY YR.		Ar	ea Code		— ( : Dayt	ime Telephone	Number	<u>(</u> g) >	
Part II- If this is a rep	ort of a Candid	atolo Authorizad C									
I swear (or affirm) th	nat to the best o	f my knowledge an	d belief this polit	iate shall sign hei ical committee h	e. as not violate	ed any p	provisions of th	e Act of June 3	3, 1937 (P	.l 1333,	NO.320) as
amended.							-				
Sworn to and subscr	ibed before me	this						٠			
day of		20	· i								
						Signat	ure of Candida	te		_ <del>_</del>	
Si	gnature		.			Pr	inted Name		•	_	
My Commission expi	Ires	<del></del>	•								
·	MO.	DAY YR.		Are	ea Code		Daytin	ne Telephone i	Number	<del>_</del>	
											ļ

# Statement of Expenditures

(culeridentification Numbers				
To whom Paid > Dol'   House# C/C.   Street Addre	INA TREC		Date (MM/DD/YYYX)	<sup>6</sup> 242
City EAUE	State   PA	26th St Code 11504		de
House # 540 Street Address	West L	+ GANDHIEL  PH S+	4/4/2021 Description of Expenditure	343,24
GHYN FAIL  GHYNNOM Paid We S	emtic Scance	+ Gruphics	(Date IMM/DD/YYYY) - 's	i k
Street Address  STO  Street Address  E ALE  TOWnom Paid	Stare PA	18th St Gode 1650.	2 Balance Signs	+ Sticker
HDUSe# Street Address	State	[表完] 空空間電影	#Date [MM/DD/YYYY]   S   #Description of Expenditure	
Gity FIOWhom Paid House# Street Address		Zip (Code	ADate IMM/DD/YYYYI S	
House# Street Address	State	Zip Code	Description of Expenditure	
House# Street Address Gity			Date I(MM/DD/YYYY) \$ Description of Expenditure	
Town Paid	State	Zip (Code	/Date [MM/DD/YYYY]   \$5	
House# Street Address	State	/Zip Code	Description of expenditure	
To Whom Paid  House # Street Address			Date [MM/DD/WYYY] \$ Description of Expenditure	
GIÇV	State	Zip Gode	Unitable process feet the first free day after those	<u>VELECTO OLA ARCELA ARCE</u>

# SCHEDULE Contributions and Receipts Detailed Summary Page

Fler Identification Number :			•
, use, weith ice tion number			
The second section with the second se	ч.		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
and Receipts-550.00 or Less per Contributor			A RESERVED TO THE RESERVED TO SERVED THE PROPERTY OF THE PROPE
Total for the reporting period	(1)	\$	
<del></del>	()	'   '	
2./Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)	entifetty.	40600	
<u></u>		\$	
All Other Contributions (Part B)		\$	
Total facel			
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)	v. Vitaus as a serie	Name of the second	Section 1997
。 [1] 《《···································			
Contributions Received from Political Committees (Part C)	TAIL SAINE NA	\$	ender vor ender van de lage van de kantonie Nichten. De het de verde de state de state de verde verde van de v
All Other Contributions (Part D)			İ
- W Other Contributions (Part D)		\$	10001
Total for the reporting period	(2)	_	695.36
	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC: (From Part E)	NAME OF	distance in	1920 Carlisto - Traci
	的复数的 Videodit	44.00 4.40.03	
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, Rep. Cover Page, Item 8.		\$	
Cover Page, Item B)	port		

#### 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 (Numbers )		one non political committee:	Treported in Fait Cy	
Full Name of Contributor			.Date [MM/DD/YYYY]	
House# Street /	Timoth E	Ebstandi 24th St	3/16/ 3/ 40ate (MM/00/YYYY)	685.36
95) GIV 52.6	Ent :	24H St		
EMPLOYER Name	Parameter P	A 16503	Date [MM/DD/YYYY]	<b>185</b>
Employer Mailing Address / Rringpal Place of Business /	V2 Retines		1 5cc	ant, Gund Retail
Full Name of Contributor	CONTRACTOR OF THE CONTRACTOR O	lunk Entenous BAY	Date IMM/OD/XXXX	Wayter Face
House # Street A	ddress		*Date:[MM/DD/YYYY]	(2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Gity X		Zip Cöde	Date [MM/DD/YYYY]	35.5 35.5
4214 imployer Name			Occupation	
mployer Mailing Address // Ringpal Place of Business				
ull Name of Contributor 2	Anthony Services Company of the Company	TREAM TRANSPORTER TO THE PROPERTY OF THE PROPE	Date MM/DD/XXXXI	5
louse# Street Ad	dress		Date [MM/DD/MYY)	\$
Example 1	State	Zip)Code	Pate [MM/DD/YYYY]	\$
Militari MDIOVET Name			Occupation :	
mployer Mailing Address / incipal Place of Business	View of the second seco			
ill iName of Contributor.			Date [MM/DD/YYYY]	Š
ouse# Street Add	iress		Date [MM/DD/YYYY]	\$1
iv	State	Zip Code	Date [MM/DD/YYYY]	(63) <b>1</b> -80 (63)
mployer Name		er and the second	Occupation :	
nployer Mailing Address / Incipal Place of Business		· · · · · · · · · · · · · · · · · · ·		

#### 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.

Committee  House # Street Address  City State Zip Code  Full Name of Contributing	Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
icity State Zip Code	
City State Zip Code	
Juste Zip Code	Date [MM/DD/YYYY] \$
	Date [MM/DD/YYyy] 57
Full Name of Contributing	Table   Tabl
	Marie
Committee	Date [MM/DD/YYYY]
House # Street Address	
	Date [MM/DD/YYYY]
City State Zip Gode	
	Date [MM/DD/YYYY]
ull Name of Contributing	
Ommittee	Date [MM/DD/YYYY]
louse # Street Address	
	Date [MM/DD/YYYY]
ity State Zip Code	
	Date [MM/DD/YYYY]
III Name of Contributing	
ommittee 	Date [MM/DD/YYYY] \$
Street Address	Data Mina/pp/maga
	Date [MM/DD/YYYY] \$
y State Zip Code	Dies Indag (Die Feb.
	Date [MM/DD/YYYY]
Name of Contributing	
mmittee	Date [MM/DD/YYYY] \$
use # Street Address	
	Date [MM/DD/YYYY] \$
State   Zip Code	
	Date [MM/DD/YYYY] \$
Name of Contributing	
<u> </u>	Date [MM/DD/YYYY]
se # Street Address	Date [MM/DD/YYYY] \$
	Date [MM/DD/YYYY]
State   Zip Code	hat Claude to the
	Date [MM/DD/YYYY] 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.)

Full Name of Contributor			JDate [MM/DD/XXXX) 7 %	
House # Street Address			3Date[MM/DD/YYYY] X (\$)	
(Gity)	State	Zip Code	Date IMM/DD/MYYY)	<u> </u>
Full Name of Contributor			*Date\[MM/DD/\/\y\\]	<u> </u>
House#1 Street Address			ipate (MIMZPD/XXXX) \$	<u> </u>
Gity ?	State	Zip/Code	Date (MM/DD/YYYY)	
Full Name of Contributors			(Date (MM/DD/WYW))	
House# Street Address			iDate I MM/DD/XXXXIII IST	
	State	Zip Gode	Date (MM/DD/YYYY) W	
Full Name of Contributor	***		iDate (MM/DD/WW/); IS V	Maria de la compania
House # Street Address			Date IMM/DD/MYYY) 753	
City 19 22 Eull Name of Contributors	State	Zip Code	Date [MM/DD/MYY]	
HOUSE#   Street Address			›Date [MM/DD/YYYY]*\$\$	
	heropad	I selection of the second of t	Date[IMM/DD/YYYY] 35	
City."  (call)  (call)  (call)  (call)  (call)  (call)  (call)  (call)  (call)	State	Zip Code	Date[MM/DD/yyyy]]	
			Date:[MM/DD/YYYY] 35	
	State	Power agrange wil	Date [MM/DD/YYYY]	
City	state	Žip Code	Date [MM/DD/YYYY] 35	

#### 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.

Fill Name of Contributing Committee  House # Street Address  Street Address  State Zip Gode  Date [MM/DD/yyyy] \$ 5	
Contributing (Committee)  House #   Street Address   Date   MM/DD/YYYY)   33.	,
Contributing Committee   Contributing Commit	,
	,
State   Zip Gode   Spate   MM/DD/YYYY)   State   State   MM/DD/YYYYY   State   MM/DD/YYYYYY   State   MM/DD/YYYYY   State   MM/DD/YYYYYY   State   MM/DD/YYYYY   State   MM/DD/YYYY   St	
State 1 ZIP Gode Date [MM/DD/XYXY] 35 T	
Inull Name of the second secon	
Contributing Committee	
House'# Street'Address Date   MM/DD/YYYY   \$3	
Gity State Zip Gode Date [MM/DD///yyy] S	
Full Name of 1.22 Date I MM/DD/YYYYI & S. (Contributing Committee)	n et gaster in
Contributing Committee	
House#* Street/Address Date MM/DD/YYYY) \$5	
Gity Zip Gode 2 Date (MM/DD/NYYY)	
FEIINAme;of   Date:(MM/XDZ/YYY)   S.4	egeneral e
ContributingCommittee	
House#: Street Address Date [MM/DD/YYYY] SS	
<b>经验证据证据</b> 证据	
City	
GUIDName of the state of the st	o y o Photo
Contributing Committee (	
House#   Street Address   Date [MM/DD/YYYY]   St	
City: State Zip Code Date [MM/DD/yyyy] \$	
State Zip Code Date [MM]/DD/YYYY] \$	
Full Name of Date IMM/DD/YYYM St.	inna treata. S
House# Date [MM/DD/YYYY]	
Gity	
State Zip Code Date (MM/DD/XYYY) SS	

#### 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.

		and the second		
City Receipt Description		State	Zip Code	[Date [MM/DD/YYYY] \$ \$
Oity Receipt Description	street Address	State	Zip Code	Date (MM/DD/YYYY) 3 \$
Teiry Receipt Description	treet Address	State 1	Zip Code	Date (MM/DD/XXXX)
Gity Receipt Description	reet Address	State	Zip Code	Date[MM/DD/YYYY] \$
Gity Receipt Description	reet Address	State	Zip .Code	Date [MM/DD/YYYY]
Füll Name  House # St  Gity  Receipt Description	reet Address	State	Zip Code	Date [MM/DD/YYYY]

#### 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

LESS/FER GONTRIBUTION TO THE
VIPARIJE) in the second of the
·
ジャル

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

File dentification Numbers			
Contract Con			
Full Name of Contributor			[Date][MM/DD/YYYY][ [\$]
	<u></u>		
House# Street Address			Date[MM/DD/WYY] [\$]
oity)	/State	Zip Code	2Date IMM/DD/YYYY] \$ ;
			STOREST MONTH OF THE STOREST OF THE
Description of Contribution	1882 (CV3)	A THE STATE OF THE PARTY OF THE	
Full Name of Contributors	GENERAL STATE OF THE STATE OF T	<u>antilogy</u> , e <u>Mility</u> an e e	Date:IMM/DD/WYYI 253
			201 to an experience of the second of the se
House# Street Address			Date [MM/DD/YYYY] [5]
Gty)	State	Zip Gode	Date [MM/DD/XXYY] [ \$5
Description of Contribution			
		randar of the second of the se	· ·
Full Name of Contribution			IDate (MM/DD/\yyy\)
[Particle of the control of the cont	<del></del>		
House # Sirget Address			Date (MM/DD/YYYY)) \$5
TOTAL	State	Zip Code	Date [MM/DD/YYYY] \$5
Description of Contribution			Technol 1
Full Name of Contributor	2.37 F 12to A # 9.75 cibbres		¿DateIMM/DD/WYYI] S
ines.			
(House #! Street Address			Date [MM/DD/YYYY] S
Give	<b>で発生が空かり</b>	下午4000年1000年11日本(1)	
GTY C	State	-Zip Code	#Date [MM/DD/YYYY]   \$
Description of Contribution		[22/31/20/31/20/31/20/31/20/31/20/31/20/31/20/31/20/31/20/31/20/31/20/31/20/31/20/31/20/31/20/31/20/31/20/31/2	
Full Name of Contributor		o de la latera de la composição de la co	Date IMM/DD/YYYY] S
			2000 Co. 200
House# Street Address			Date [MM/DD/YYYY]
House# Street Address			
GitV W	State	Zip Códe	Date [MM/DD/YYYY] \$3
<u>Contribution</u> Description of Contribution			
		general transfer of the control of t	

## SCHEDULE II Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Fill Come of Contibutor    State	terres than the end of the terres than		entropy of West and the State of the State o		Filer (dentification Number:
Street Address   Date   MM/OD/YYYY    S	POWER PRINCIPLE OF THE	Mark manufile and the profession of the second			Eull Name of Contributor
GIV State Zip.Côte Date [MM/DD/WW] S  Employer Name Employer Mallin Address / Frincipal Description    Europe Date [MM/DD/WW] S  EUROPE Date [MM/DD/WW] S  EUROPE Date [MM/DD/WW] S  Employer Name  Employer Nam	XXII S	Date: IMM/DD/XY		!	
Employer Name  Employer Name  Engloyer Name  Employer Name  Description  Employer Name  Employer Name  Employer Name  Employer Name  Description  Description  Employer Name  Description  Description  Employer Name  Description  Employer Name  Description  Employer Name  Description  Description  Employer Name  Description  Employer Name  Description  Employer Name  Description  Description  Employer Name  Descrip	YYI	Date (MM/DD/YY)			House#1 Str
Employer Name  Employer Name  Engloyer Name  Employer Name  Description  Employer Name  Employer Name  Employer Name  Employer Name  Description  Description  Employer Name  Description  Description  Employer Name  Description  Employer Name  Description  Employer Name  Description  Description  Employer Name  Description  Employer Name  Description  Employer Name  Description  Description  Employer Name  Descrip	XVI	*Date\MM/DD/YY	Zip Cöde		igity.
Employer Mailing Address / Principal Description Of Gentifications  Full Name of Contribution  Full Na	23.4.3 military (1.1.2 militar	The second secon		are commenced to	The state of the s
Place of Business   Of					ANALYSIS AND
EmployerName   Empl		of ( )			Place of Business
Gity State / Zip'Code Date MM/DD/YYYY S  Employer Mailing Address / Principal Description ( Gity Contribution ( Gity Contribut	MININ S	at 10 for many and the same of			Full/Name of Contributors
Gity  State / Zip'Code  Date IMM/DD/YYYYI S  Employer Mailing Address / Principal Place of Business  Gontribution  Full Name of Contribution  Street Address  Street Address  Date IMM/DD/YYYYI S  City:  State / Zip Code / Date IMM/DD/YYYYI S  City:  City:  State / Zip Code / Date IMM/DD/YYYYI S  City:  City:  City:  State / Zip Code / Date IMM/DD/YYYYI S  City:	W122 85	Date MM/DD/XYY		t Address	House # Stree
State Zip Code Date [MM/DD/YYY] S  Employer Mailing Address / Principal Description   Place of Business    Europe in the series    Europe in the serie					
Employer Malling Address / Principal 2  Employer Malling Address / Principal 2  Place of Business of Contribution    Full Name of Contribution    Date [MM/DD/YYYY]   S    House   Street Address    Date [MM/DD/YYYY]   S    Giv   Date [MM/DD/YYYY]   S		¡Pate;[MM/DD/YYY	Zip Code	State	
Full Name of Contribution   State   Zip Code   Date [MM/DD/YYYY]   S   City   Ci	[waseed]				
Pate   MM/DD/YYYY    State   Zip Code   Date   MM/DD/YYYY    SS					Place of Business
Gity Zip Code Date [MM/OD/YYYY] S	777 75	¿Date IVIM/DD/YYY			Full Name of Contributor.
	XI S S	Date MM/DD/YYYY		Äddress	Housewi Stree
		STATE OF THE STATE	ින්නර දින්නමේ	State	(GitV) Ti
Employer Name Occupation S	<u>11                                   </u>	Frate(Mini/Op/114)			
INCHIA MARCANINA PER LA CANADA	Tare				and the state of t
Employer Mailing Address / Principal / Description of / Gontribution		of		rrincipal ()	THE WAR SHOULD AND THE PROPERTY OF MALE AND ADDRESS OF THE PARTY.
Date MM/DD/YYYY    Contributor:		Management of the second of th		of the state of th	Full Name of Contributor.
House # Street Address Date (MM/DD/yyyy) //5	7 (A)	มีการสาให้สีเห็นไว้เกา/VVVV		Address	House# Street
		**************************************			
City   Zip Code   Date   MM/DD/YYYYI   3	19.63	Date (MM/DD/YYYY		State /	CitV
Employer Name Occupation .	(8994)		Locustocast McConner	THE STATE OF THE S	Employer Name
Employer Mailing Address / Principal Description Place of Business / Contribution Contribution		Description of III		rincipal)	Place of Business

#### 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.

ine inertification Number	one opening period.
Only  Description of Debts	Outstanding Balance of Debt (  Address  IDATE DEBT INCURRED  ISS  IDMM/DD/WWY]  State  Zip  Code
Giby Description of Debts	t'Address  DATE DEBTINGURED  State  State  Zip  Gode
Giry  Bescription of locks as	Address  DATEIDEBT/INGURRED  IMMI/DD/YYYY)  State  Zip  ACode (1)
Nametor Creditor  House's Street  Giv  Description of Debt	Address  DATE DEBT INCURRED  IMM/DD/YYYY]  State  Zip  Gode
House # Street A	ddress  DATE DEBT INCURRED  [MM/DD/YYYY]  State  Zip  Gode
Vame of Greditor,  House # Street Acceptage  Street Acceptage  Street Acceptage  Escription of Debt	MM/PDD/VVVVI



#### **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 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					
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<b>L√ Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	☐ <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election		□ <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election		☐ Cycle 9  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

Timply E Gostomski

Printed Name

5/7/2(

Date (DD/MM/YYYY)

E RIE / P+ / Enily

Location (City/State/Country)