

#### Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed B	By Candid	ate	Committee	$ \nabla$	Lobbyist
Name of Filing Committee, Ca Lobbyist	ndidate or	Friends to Elec	t Elspeth Koehl	е	· · · · · · · · · · · · · · · · · · ·		The American Conference of the
Street Address		1232 W 11th S	t				
<b>City</b> Erie			State	PA	Zip Code	16502	
Type of Report (Place x under i	eport type)				- 11011		
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday Pre-Primary Pre-Primary	AND STATE OF STATE SHEET STATE	4-6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	AND THE CONTRACTOR OF THE PROPERTY OF THE PROP	7-Annual	Special 2 <sup>nd</sup> Frid Pre-Election	day Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)	05/18/2021	Year	2021	Amendment Report		Termination Report	
Summary of Receipts and Expenditures	From Date 01/01/21		) /03/2021		For (	Office Use Only	
A. Amount Brought Forward F		5.50	0				
B. Total Monetary Contribution (From Schedule I) C. Total Funds Available	ns and Receipts	\$ 2	2827.19				an and an
(Sum of Lines A and B)  D. Total Expenditures		\$	2827.19 0				2021 MA
(From Schedule III)  E. Ending Cash Balance (Subtract Line D from Line C)		\$ 2	2827.19			į	
F. Value of In-Kind Contributio (From Schedule II)	ns Received	\$	1452.56			2) 10 10 10 10 10 10 10 10 10 10 10 10 10	
G. Unpaid Debts and Obligatio (From Schedule IV)	ns .	\$	0			g dis	75
Part 1- If this is a <b>Committee</b> repor	t, treasurer sign he	ere If this is a Can	Affidavit Se Indidate report, c			eng. eng.	20
I swear (or affirm) that this report, Sworn to and subscribed before me	including the attace this				dge and belief tr	ue, correct and co	mplete.
day of	20	-	_ E	Signature lizabeth C Nawroo	of Person Subm	itting report	
Signature					Printed Name		
My Commission expiresMO.	DAY YR.	_	_	14 		1726 time Telephone N	umber
Part II- If this is a report of a Candio		Campanian 1			Jay		
I swear (or affirm) that to the best amended.			<u> </u>		y provisians of t	he Act of June 3, 1	1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me	e this						
day of	20	- 1.	_	Sign	nature of Candid	late	
Signature	<del></del>		_		Printed Name		
My Commission expires MO.	DAY YR.	_	<del>-</del> ,	Area Code	Dayt	ime Telephone Nu	mber

## SCHEDULE | Contributions and Receipts

**Detailed Summary Page** 

Filer Identification Number		

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period (1	)   \$	5	910.96
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	7.25 V		
Contributions Received from Political Committees (Part A)	Ş	ŝ	0
All Other Contributions (Part B)	+	\$	1157.91
Total for the reporting period (2	) {	\$	1157.91
3. Contributions Over \$250.00 (From Part C and Part D)	( <u>1.5</u> 93) 2.5 <sub>9</sub> )2		
Contributions Received from Political Committees (Part C)	5	\$	500
All Other Contributions (Part D)	,	\$	258.32
Total for the reporting period (3	) (	\$	758.32
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
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)	- 1	\$	2827.19

#### 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 15				
					Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City	,	State	Zip Code	Date [MM/DD/YYYY] \$	
		19192 3			
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address		· <u></u>	Date [MM/DD/YYYY] \$	•
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co		\$60 St.		Date [MM/DD/YYYY] \$	
Committee	in inducing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	<del></del> -
		144			
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address	*		Date [MM/DD/YYYY] \$	
City	(C. ) (C. )	State	Zip Code	Date [MM/DD/YYYY] \$	
					<u></u> .
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City *	Explain graph regarders and second states of	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	tributing	29/36/30		Date [MM/DD/YYYY] \$	<u> </u>
Committee	1				
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
1 Sept.		200			

### PART B All Other Contributions

See attachment

\$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:

		. <u> </u>		
		· · · · · · · · · · · · · · · · · · ·		
Full Name of Contributor		- · · <del></del>	Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
City)	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Contributor			Date [MM/DD/YYYY]	<b>.</b>
House # Street Address	****		Date [MM/DD/YYYY]	<b>\$</b>
City	State	Zip Code	Date [MM/DD/YYYY]	<b>5</b>
Full Name of Contributor	本業等等		Date [MM/DD/YYYY]	<b>\$</b>
House # Street Address			Date [MM/DD/YYYY]	<b>\$</b>
Gity	State	Zip Code +	Date [MM/DD/YYYY]	<b>§</b>
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	( <b>5</b> )
Citý	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	<b>\$</b>
House # Street Address			Date (MM/DD/YYYY)	<u>.</u>
Gity	State .	Zíp Code	Date [MM/DD/YYYY]	<u>\$</u>
Full Name of Contributor			Date [MM/DD/XXXX]	<b>\$</b>
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$

## Part B

Michaelson, Mistr	<del>NO </del>					
Koehle, Christine	1425 W 36th St	Erie	PA	16508	3/15/2021	\$200.00
Breneman, Jay	4118 State St	Erie	PA	16508	2/22/2021	\$103.45
Bukowski, Bill	111 Guildhall Rd	Rochester	NY	14623	3/14/2021	\$103.45
Goldstein, John	171 Van Buren St	Newark	NJ	7105	2/23/2021	\$103.45
Pruveadenti, Rebecca	3005 Hastings Rd	Erie	PA	16506	3/23/2021	\$103.45
Goldstein, John	171 Van Buren St	Newark	NJ	7105	4/20/2021	\$77.64
Dougherty, Brian	7883 Lake Pleasant	Erie	PA	16509	3/15/2021	\$51.83
Flatley, Kevin	2807 Greenman Rd	Findley Lake	NY	14736	3/12/2021	\$51.83
Fowler, Corbin and Patti	12231 Ridge Ave	Edinboro	PA	16412	2/26/2021	\$51.83
Koehle, Nathaniel	1201 W 27th St	Erie	PA	16508	4/22/2021	\$51.83
Rafanan Kennedy, Jennifer	523 Hastings St	Pittsburgh	PA	15206	4/21/2021	\$51.83
Rexford, Veronica	4124 W Ridge Rd	Erie	PA	16506	3/12/2021	\$51.83
Schenley, Cole	2621 Jackson Ave	Erie	PA	16504	3/19/2021	\$51.83
Tarbell, William	3222 Allegheny Rd	Erie	PA	16508	3/12/2021	\$51.83
Tepfer, Freda	1738 W 23rd St	Frie	ΡΔ	16502	3/31/2021	\$51.83

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#### 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]	<b>! \$</b>
House # Street Address			Date [MM/DD/YYYY]	<b>5</b>
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House# Street Address			Date [MM/DD/YYYY]	<b>S</b>
City :	State	Zip Code	Date [MM/DD/YYYY]	\$
Full-Name of			Date [MM/DD/YYYY]	<b>\$</b>
Contributing Committee			Date [MM/DD/YYYY]	<b>\</b>
(City)	-State	Zip Code	Date [MIM/DD/YYYY]	
Full Name of		1	Date [MM/DD/YYYY]	
Contributing Committee			32 Ages and a galactic skip or a few transport of the control of t	•
House #. Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	•
Full Name of Contributing Committee			Date [MM/DD/YYYY]	<b>.5</b>
House # Street Address			Date [MM/DD/YYYY]	<b>\$</b>
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/3777]	\$

### 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/WYY]	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Malling Address / Principal Place of Business			Department of the property of	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street /	Addréss	, ""	Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		To the life of the same of the	Occupation .	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street A			Date [MM/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				

### Partc

 PA United PAC
 523 Hastings St
 Pittsburgh
 PA
 15206
 4/7/2021
 \$500.00

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Part D

Contact Name	Mailing Street Add	Mailing City	State	Zip	Date Rec'd	Amount
	3104 Mckee Rd	Erie	PA	16506	3/12/2021	\$258.32

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#### **PART E**

#### **Other Receipts**

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

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

	202820			
	<u></u>		<u> </u>	
Full Name				
House #	Street Address			······································
	30.00			
City		State	Zip.	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			
	Street Address		·	
City		State	Zip	Date [MM/DD/YYYY] \$
			.Code	Date [MM/DD/YYYY] \$
Receipt Description		(SEE STATE OF SEE STATE OF SEE SEE SEE SEE SEE SEE SEE SEE SEE SE		[2000a]
entra de la compansa				
Full Name				
House #	Street Address			
	Street Audiess		<u>.</u>	
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description		7.5		
Kereihi Describ				
Full Name ( ) And the				-
	Political Control of the Control of			
House #	Street Address		•	
City		State	Zip	Date IMM/DD/YYYYI
		4.5	Code	Date [MM/DD/YYYY) \$
	AND THE PROPERTY OF THE PROPER			
Receipt Description				
Full Name				
House #	Street Address			
City		State	ZIP	Date [MM/DD/YYYY]   \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			
City	3.4	State		
City	es de la companya de	:State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	3.7.7.2 3.7.7.3	7 A		
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

RIBUTIONS RECEIVED-VALUE OF	\$50,00.0	RELESS PER CONTRIBUTOR	
(1)	\$ 2	210.22	
ECEIVED-VALUE OF \$50.01 TO \$2	250.00 (FR	ROM PART F)	
(2)	\$	156.90	
	mae. June 199, and 7		Sing Viel besides morbiz
CEIVED-VALUE OVER \$250.00 (FI	ROM PAR	TG) in the second secon	
(3)	\$	1085.44	
	1 ' 1		,
		1452.56	
	(1)  CEIVED-VALUE OF \$50:01 TO \$2  (2)  CEIVED-VALUE OVER \$250:00 (FI	(2) \$ CEIVED-VALUE OF \$50.01 TO \$250.00 (FI  (2) \$ CEIVED-VALUE OVER \$250.00 (FROM PAR  (3) \$ TIONS DURING THIS REPORTING \$ From boxes 1, 2, and 3; also enter	

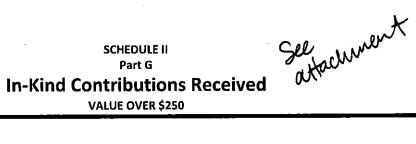
#### SCHEDULE II PART F



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

VALUE OF \$50.01 TO \$250

Filer Identification Num	iber.				
Full Name of Contrib	utor .			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] -\$	
Description of Contri	bution				
Full Name of Contrib				TATE OF THE PROPERTY OF THE PARTY OF THE PAR	Lu <sub>ni</sub> i
	utor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City.		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contril	bution				
Full Name of Contrib	utor	<u> </u>		Date [MM/DD/YYYY] #\$	<u> </u>
House #	Street Address			Date [MM/DD/YYYY] \$	
City	POPPERATE CONTRACTOR C	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contril	eria de la compania d	ASSESSANT CONTRACTOR	TE MERCH CONTROL		<u></u>
Full Name of Contribi	ator (			Date [MM/DD/YYYY] \$	
House #	Street Address		***************************************	Date [MM/DD/YYYY] \$	
Gty .		State	Zip Code	Date [MM/DD/YYYY] \$	No.
Description of Contrib				Khoster	1
Full Name of Contribu	jtar .			Date [MM/DD/YYYY] S	
House #	Street Address			Date [MM/DD/YYYY] S	
City.	ESSENCE ASSESS PROMING ROOMS	State	Zip Code	Date [MM/DD/YYYY] 5	
Description of Contrib	oution.		PARTIES OF THE THE PARTIES OF THE PA		<u> 20</u>



Filer Identification Number:	
Full Name of Contributor	Date [MM/DD/XYYYY] \$
House # Street Address	Date [MM/DD/YYYY] 5
City State Zip Code	Date [MM/DD/YYYY] 5
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	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] 5
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

# Part P

Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	3/3/2021	\$37.91	EveryAction subscription charges
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	3/22/2021	\$25.40	EveryAction subscription charges
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	4/21/2021	\$40.00	EveryAction subscription charges
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	5/1/2021	\$37.91	EveryAction subscription charges
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	4/26/2021	\$34.50	GetThru texting charges
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	2/17/2021	\$13.91	Supplies for canvassing
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	3/2/2021	\$5.91	Processing fees on donations
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	4/2/2021	\$55.14	Processing fees on donations
Pennsylvania United	841 California Ave, 3rd Floor Pittsburgh, PA 15212	5/3/2021	\$14.68	Processing fees on donations
Anna Lindvay		3/26/2021		Yard Signs

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# Part 9

Full name of Contributor	Mailing Address	Date	Amount	Description
	841 California Ave, 3rd Floor			
Pennsylvania United	Pittsburgh, PA 15212	5/3/2021	\$1,085.44	Staff time spent c

: 3			
· ·			

## SCHEDULE III Statement of Expenditures

Filer Identification Number:		
The state of the s		

To Whom Paid	<del>.</del>		*Date [MM/DD/YYYY] \$
House # Street	Address	***	Description of Expenditure
Gity	State	Zip Code	Style 270, page 2 deciminated on the page 2 decimal page 2 decimal of the page 2 decimal
To Whom Paid			Date [MM/DD/YYYY] \$
	Address		Description of Expenditure
-Gity	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
	Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/Db/XYYY] \$
	Address		Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street	Address		Description of Expenditure
City	State	Zip Gode	
To Whom Paid			Date [MM/DD/YYYY] \$
	Address		Description of Expenditure
eity	State	Zip Code	
To Whorn Paid			Date [MM/DD/YYYY]  \$
House # Street	Address		Description of Expenditure
Gity	State	Zip Gode	
To Whom Paid 4			Date [MM/DD/WW] 5
	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.

	2000 BART 48 BAR 400 C				
Name of Creditor				Outstanding Balance of Debt	ļ.
House #	Street Address		DATE DEBT INCURRED	5	
City	The state of the s	State	Zip Code		
Description of De	bit		[公元] [公元] [公元] [公元] [公元] [公元] [公元] [公元]	Frances (	
Name of Creditor		$\mathcal{C}_{\mathcal{A}} = \mathcal{C}_{\mathcal{A}}$	14	Outstanding Balance of Debi	t in the
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	)	
City .		State	Zip Code		
Description of De	st.	Exception of the control of the cont	No. 1 Profit Pro	Decompted	
Name of Creditor				Outstanding Balance of Deb	t
House #	Street Address		DATE DEBT INCURRE [MM/DD/YYYY]	) 	
City  Description of De	I second	State	Zip Code		
Name of Creditor				Outstanding Balance of Deb	t i
House #	Street Address		DATE DEBT INCURRE		
City		State	Zip Code		
Description of De	bt .				
Name of Creditor				Outstanding Balance of Deb	it !
House #	Street Address	Д.	DATE DEBT INCURRE [MM/DD/YYYY]		
City		State	Zip Code		
Description of De	bt .				
Name of Creditor		<u></u>		Outstanding Balance of Deb	)t
House #	Street Address		DATE DEBT INCURRE [MM/DD/YYYY]		
Clty		State	Zip Code		
Description of De	bt.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Payarel	



#### **Pennsylvania Department of State**

Name of Filing Committee Candidate

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 -7 AM 10: 20

# 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.

Para a militar in Summana and the Contract Section and	iends to E	lect Elspet	n Ka	penie	and makings as as as of a	
eporting Cycle	Name					
☐ Cycle 1	💢 Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle !	
6 <sup>th</sup> Tuesday	2 <sup>nd</sup> Friday	30 Day	6 <sup>th</sup> Т	uesday	2 <sup>nd</sup> Friday	
Pre-Primary	Pre-Primary	Post Primary	Pre-l	Election	Pre-Election	
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		□ Су	cle 9	
Day Post-Election	Annual Report	and siles si			t-Special Election	
is form is submit	is submitted wit	2 <sup>nd</sup> Friday Pre-Specia  h a Committee replate report, the care	oort, the	treasurer nust sign l	must sign here nere. If this rep	
is form is submits submitted with a eclare under per at the accompar	is submitted with ted with a Candid report by a cont nalty of perjury u	h a Committee rep	oort, the ndidate i the lobby	treasurer must sign h vist must s nonwealth	must sign here nere. If this rep ign here.	
is form is submits submitted with a eclare under per at the accompar	is submitted wit ted with a Candid report by a cont nalty of perjury u	h a Committee replate report, the care report, the care ributing lobbyist, the law of th	oort, the ndidate i the lobby ne Comn true and	treasurer must sign h vist must s nonwealth correct.	must sign hero nere. If this rep ign here. n of Pennsylva	
is form is submitted with a celare under per at the accompar	is submitted with ted with a Candid report by a cont nalty of perjury u	h a Committee replate report, the care report, the care ributing lobbyist, the care ributing lobbyist, the care ributing lobbyist, the law of t	oort, the ndidate i the lobby ne Comn true and	treasurer must sign h vist must s nonwealth correct.	must sign here nere. If this rep ign here.	
is form is submitted with a submitted with a sector at the accompanation of Treasing to the submitted with a	is submitted with ted with a Candid report by a continuity of perjury unying Campaign I	h a Committee replate report, the care report, the care ributing lobbyist, to under the law of the Finance Report is to be a control of the c	oort, the ndidate i the lobby ne Comn true and	treasurer must sign he dist must sign he distance to the dista	must sign hero nere. If this rep ign here. n of Pennsylva	



#### **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.

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

Date (DD/MM/YYYY)

Printed Name

Location (City/State/Country)