

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

Filer Identification Number	Report Filed ( (Mark X)	By Candida	ite 🔀	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	ANTHO	NY OF	RSINI			
Street Address	2423	RUDOLI				
City ERIE	<u>α 142</u>	State	PA	Zip Code	16502	
Type of Report (Place x under report type)						
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Post Pre-Primary Pre-Primary Primary	4-6th 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
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Date			For	Office Use Only	
2-1-21 A. Amount Brought Forward From Last Report	\$				The second secon	
B. Total Monetary Contributions and Receipts (From Schedule !)	\$ 40	0.00				<b>S</b>
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)	\$ -20	2.08	9: 23			
F. Value of In-Kind Contributions Received (From Schedule II)	\$				en-Verd en-Verd	<b></b>
G. Unpaid Debts and Obligations (From Schedule IV)	\$					
Part 1- If this is a Committee report, treasurer sign he	ro If this is a Can	Affidavit Sec				
i swear (or affirm) that this report, including the attac	hed schedules on	pape is to the b	est of my knowledg	e and belief tr	ue, correct and comple	ete.
Sworn to end subscribed before me this	Notar Public	1288912 Mon of No	114	16	~	
Sonia Germander	ylvania - Notar Notary Public Inty Tes Aoril 3 20	ber 12889	Signature	Person Submi	itting report	
Signatule  My Commission expires 43-23	Pennsi ndez, ie Cou	· ~ 1 / 6	814	Printed/Name	d8-3503	
MO, DAY YR.	aith of Ferns Ferns	Si C	ea Code	Dayı	ime Telephone Numb	er
Part II- If this is a report of a Candidate's Authorized Commits a candidate and being being being part II- If this is a report of a Candidate's Authorized Commits a candidate and being being part II- If this is a report of a Candidate's Authorized Commits and II- II- II- II- II- II- II- II- II- II						
Sworn to and subscribed before me this						
day of20	•		Sìgna	ture of Candid	ate	
Signature			Printed Name			
My Commission expires MO. DAY YR.		Ar	ea Code	Daytin	me Telephone Numbe	r
				·		

# Statement of Expenditures

Filer Identification Number:	
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发展的 2017 - 1917 -	

To Whom Paid			And the second s	Date [MM/DD/YYYY] \$	
	DESAN	TIS SIGNS		3-19-2021	602.08
House#	Street Address	540 W. 18th	ST	Description of Expenditure	
City		State	Zip		
ERI	É	PA	Code 16502	Signs	
To Whom Paid		A STATE OF THE PARTY OF THE PAR		Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	2016: 25 - 1. E. F.
City		State	Zip		
251 (7.4 Kg) (7.5 kg) (7.5 kg) (7.5 kg) (7.5 kg)			Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
	20 10 10 10 10 10 10 10 10 10 10 10 10 10			Description of Expenditure	
House #	Street Address		•	Description of expenditure	
City	[ 2 20 21 + 21 L8 #7670.pt ]	State	Zip		A STATE OF THE STA
			Code	Secretary (Description See	
To Whom Paid				Date [MM/DD/YYYY] - \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid			- COUCE	Date [MM/DD/YYYY] \$	
				Figure 1	
House#	Street Address			Description of Expenditure	in the state of th
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		李·教道·安圣是李春
City		State	Zip Code		
To Whom Paid	9 :			Date [MM/DD/YYYY] \$	
				1. 3. 3. 2. 3. 3. 2. 3. 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	
House#	Street Address			Description of Expenditure	
City		State	Zip	The state of the s	
			Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
	No. 10 To 10			Description of Expenditure	
House #	Street Address			- Description of Experience	
City	2002 (0.1.1.1.10)	State	Zip		
			Code	Date [MM/DD/YYYY]	
To Whom Paid				Pare finish privated = 5	
House#	Street Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Description of Expenditure	
	JueerAddress	١			Pakis (180.48
City		State	Zip Code		
200 CO		(大学)	SOURCE SEE		

## 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 Identificatio	n Number:	and the same of th			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
	DR.G	JIUSEPPE	P. LOMBARDI	3-22-2021	400.00
House #	Street Address			Date [MM/DD/YYYY] \$	
		1430 W.	38th ST		
City		State	Zip Code 14508	Date [MM/DD/YYYY] \$	
Employer Name	RIE	PA	16300	Occupation	
mployer Maili					
employer Main Principal Place					
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
Jity.		State	Zip Code	Date [MM/DD/YYYY] \$	•
mployer Name			\$25 (2000) \$4.00 (2000) \$1 (2000) \$2.00 (2000)	Occupation [	
mployer Maili					
rincipal Place			necessarium montum en en emploses una se-sais e a lleva d'emplote si à inte-visit de l'interessitate de l'in	18201H 14101H 11101	
ull Name of Co	ntributor			Date [MM/DD/YYYY] \$	
louse #	Street Address			Date [MM/DD/YYYY] \$	
			A state of the sta		
lity		State	Zip Code	Date [MM/DD/YYYY] \$	
mployer Name				Occupation	
mployer Mailir	ng Address /				
rincipal Place c					
ull Name of Co	ntributor			Date [MM/DD/YYYY] \$	
ouse#	Street Address			Date [MM/DD/YYYY] \$	
				Employee	
ity	■ できる政治・総合です。・・・ 本	State	Zip Code	Date [MM/DD/YYYY] \$	
			1 1. 188 % 138 % % 1 - 1 1 188 % 138 %		
mnlover Namo				Occupation	

Employer Mailing Address / Principal Place of Business

## SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		
	( <del>Dispunitari</del>	
1, Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	) \$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	) \$	
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period (3)	) \$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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.

Full Name of Contributing Committee    Date [MM/DD/YYYY]   S
Full Name of Contributing Committee    Date [MM/DD/YYYY]   \$
Full Name of Contributing Committee    Date [MM/DD/YYYY]   \$
Date [MM/DD/YYYY]   S
City   State   Zip Code   Date [MM/DD/YYYY]   \$  Full Name of Contributing   Date [MM/DD/YYYY]   \$  City   State   Zip Code   Date [MM/DD/YYYY]   \$  City   State   Zip Code   Date [MM/DD/YYYY]   \$  Full Name of Contributing   Date [MM/DD/YYYY]   \$  City   State   Zip Code   Date [MM/DD/YYYY]   \$  Committee   Date [MM/DD/YYYY]   \$
City   State   Zip Code   Date [MM/DD/YYYY]   \$  Full Name of Contributing   Date [MM/DD/YYYY]   \$  City   State   Zip Code   Date [MM/DD/YYYY]   \$  City   State   Zip Code   Date [MM/DD/YYYY]   \$  Full Name of Contributing   Date [MM/DD/YYYY]   \$  City   State   Zip Code   Date [MM/DD/YYYY]   \$  Committee   Date [MM/DD/YYYY]   \$
City   State   Zip Code   Date [MM/DD/YYYY]   S
Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  City   State   Zip Code   Date [MM/DD/YYYY] \$  Full Name of Contributing Committee  Date [MM/DD/YYYY] \$  State   Zip Code   Date [MM/DD/YYYY] \$  Lity   State   Zip Code   Date [MM/DD/YYYY] \$
Full Name of Contributing Committee    Date [MM/DD/YYYY]   \$
Committee   Contributing   Contrib
House # Street Address Date [MM/DD/YYYY] \$  City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee Date [MM/DD/YYYY] \$  City D
City State Zip Code Date [MM/DD/YYYY] \$  Full Name of Contributing Committee Date [MM/DD/YYYY] \$  Flouse # Street Address Date [MM/DD/YYYY] \$  Formal Name of Contributing Date [MM/DD/Y
State   Zip Code   Date [MM/DD/YYYY]   S
State   Zip Code   Date [MM/DD/YYYY]   S
Date [MM/DD/YYYY]   S
Full Name of Contributing Committee    Date [MM/DD/YYYY]   S
Date   MM/DD/YYYY    S
Date [MM/DD/YYYY]   S
Date   MM/DD/YYYY    S
Date [MM/DD/YYYY]   \$
Date [MM/DD/YYYY]   S
Date [MM/DD/YYYY]   S
Date [MM/DD/YYYY]   S
Date [MM/DD/YYYY]   \$
ity   State   Zip Code   Date [MM/DD/YYYY]   \$    ull Name of Contributing ommittee   Date [MM/DD/YYYY]   \$    ouse #   Street Address   Date [MM/DD/YYYY]   \$    ty   State   Zip Code   Date [MM/DD/YYYY]   \$    ull Name of Contributing   Date [MM/DD/YYYY]   \$    ommittee   Date [MM/DD/YYYY]   \$
State   Zip Code   Date [MM/DD/YYYY]   S
State Zip Code Date [MM/DD/YYYY] \$  ull Name of Contributing ommittee  Date [MM/DD/YYYY] \$  Ull Name of Contributing ommittee  Date [MM/DD/YYYY] \$  Ull Name of Contributing ommittee  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$
Date [MM/DD/YYYY] \$ outse # Street Address Date [MM/DD/YYYY] \$ ty State Zip Code Date [MM/DD/YYYY] \$ outset MM/DD/YYYYY] \$ outset MM/DD/YYYYY \$ Date [MM/DD/YYYYY] \$
Outse # Street Address Date [MM/DD/YYYY] \$  ty State Zip Code Date [MM/DD/YYYY] \$  Ommittee Date [MM/DD/YYYY] \$
Outse # Street Address Date [MM/DD/YYYY] \$  ty State Zip Code Date [MM/DD/YYYY] \$  Ommittee Date [MM/DD/YYYY] \$
ty   State   Zip Code   Date [MM/DD/YYYY]   \$
ty   State   Zip Code   Date [MM/DD/YYYY]   \$
Ill Name of Contributing Date [MM/DD/ÝYYY] \$ Dommittee
Ill Name of Contributing Date [MM/DD/ÝYYY] \$ Dommittee
ommittee .
ommittee
Duse #   Street Address   Date [MM/DD/YYYY]   \$
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:

- 4181-2-2-4-6-6				Lance to Line 1 Act to grant of Local	
Full Name of Co				Date [MM/DD/YYYY] \$	
House #	Ctacat Add	- Colonia		(2005)   (	
House #	Street Add	ress		Date [MM/DD/YYYY] \$	
			177 - 177 <u>- 177 - 177 - 177 - 1</u> 77 - 177	7 33	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co		# 12 No. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Presidentation (NUM) (1866)	
Cull Name of the				Date [MM/DD/YYYY] \$	
House #	Street Add	ress		Date [MM/DD/YYYY] \$	
		and the second s			
City	1.0 Th 680 101	State	Zip Code	Date [MM/DD/YYYY] \$	
				(************************************	
Full Name of Co	intributor		A CONTRACTOR OF THE PARTY OF TH	Date [MM/DD/YYYY] \$	
House #	Street Addi	ress		Date [MM/DD/YYYY] \$	
	30.5 March 1984				
City	<u> Trojin Jakotonio i</u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributor	**************************************	Participants of the second sec	Date [MM/DD/YYYY] \$	
House #	Street Addr	ess		Date [MM/DD/YYYY] \$	-
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			Service of the servic		
Full Name of Con	ntributor			Date [MM/DD/YYYY] \$	
					:
House #	Street Addre	ess		Date [MM/DD/YYYY] \$	
				\$250 to 100 to 1	
City	1: ALAEM (1009), 12	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Con	itributor			Date [MM/DD/YYYY] \$	
House #	Street Addre	25\$		Date [MM/DD/YYYY] \$	
		-410 -1410 -839			J
City	Transferring states of the control of	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:

2000					
Full Name of	15 (2 5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			Date [MM/DD/YYYY] \$	
Contributing Co	mmittee			(4) (4) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
House#	Street Addre	ess		Date [MM/DD/YYYY] \$	
				(A)	
		Ctatas	Zip Code	Date [MM/DD/YYYY] \$	
City		State	ZID COUC	Pare IMM PRATE X	
				The state of the s	
Full Name of		_		Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Addre	ess		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	mark to the
Full Name of	WF 6 584 (2011) 337	िक्षा केल्ट भन्नाव	Provident Services and American	Date [MM/DD/XYYY] \$	
Contributing Co	ommittee				
House#	Street Addre	255		Date [MIM/DD/YYYY] \$	
		· 함 24개		(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	
City	- 1.00 CAARTE 1947 - TT 1542 -	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		The state of the s	grand the state of	Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Addres			Date [MM/DD/YYYY] \$	
HUUSE #	Sireinuus	SS		The state of the s	
2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2			The figure of Court of the States	The second of th	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			Park Company of the C	\$50.45 500.000	
Full Name of				Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Addres	:SS		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
ALL SERVE				100 To 10	
Full Name of			8-25 TOP (	Date [MM/DD/YYYY] \$	
Contributing Cor	mmittee			The state of the s	
	. WALE SEE				
House #	Street Addres	ss		Date [MM/DD/YYYY] \$	
		(1) 원기			
City	1 / NT ROBERT 19924 / June 1	State	Zip Code	Date [MM/DD/YYYY] \$	

## 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 Num	ber:			
Full Name			The second secon	
House #	Street Address			
		[925a_12a_125]	E w	D. Transportunit
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				Provinces Provinces
The second secon		nter de la completa que de la completa del la completa de la completa del la completa de la completa del la completa de la completa de la completa del la completa de la completa del la completa del la completa del la completa del la completa della della completa della completa della completa della complet		
Full Name				
House #	Street Address			
Citý		State	Zip	Date [MM/DD/YYYY] \$
Agent and the second se			Code	in the second se
Receipt Description			and the state of t	
Full Name				
House#	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	1
Receipt Description				
Full Name				
House#	Street Address			
City	10 10 10 10 10 10 10 10 10 10 10 10 10 1	State	Zip	Date [MM/DD/YYYY] \$
			Code	20 (A)
Receipt Description	* * * * * * * * * * * * * * * * * * *			
Full Name				
House #	Street Address			
City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY] \$
	- 1 (4) 4 - 1 (4) 4 - 2 (4) 4 - 3 (4) 4 - 4 (4		Code	
Receipt Description				
Full Name				
House #	Street Address			
City	I AN ANY STATE AND I	State	Zip Zio	Date [MM/DD/YYYY] 5
Receipt Description		NE COMMENT OF THE PROPERTY OF		[325]
- Negros at the Agreement			and the state of t	

## 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

Filer Identification Number:	
1. Unitemized in-kind contributions received-value of	- \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$2	250.00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FR	ROM PART G)
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)	

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

			TALUE OF 930.01 TO 9		<u> </u>
Filer Identification N	umber:				
		alan mendalang alan kanya melandi ada ada ada ada ada da da da da da da d		12.0% - 10.00	
Full Name of Contr	ibutor	A PARTIE DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR	entre i i i i i i i i i i i i i i i i i i i	Date [MM/DD/YYYY)	San San San
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
			· · · · · · · · · · · · · · · · · · ·		
City		State	Zip Code	Date [MM/DD/YYYY]	
	etteren i Legi teren kiri kiri kansadek katen kele	Section 1 to 1			
Description of Con					
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	
And the second s				·	
House #	Street Address			Date [MM/DD/YYYY]	
		Figure M	15 705 95 46 55 51	Date [MM/DD/YYYY]	
City		State	Zip Code	Date [WW/DD/1111]	
Description of Cont	ribution		ENERGY CONTROL OF		
Catally and the later than the later				Date [MM/DD/YYYY]	
Full Name of Contri	butor			Date [IVIIVI/DD/1111]	
House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
II WASE #	Street Address			, sats (min/55/1414)	
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of Cont		English and the second			
Full Name of Contri	butor			Date [MM/DD/YYYY]	
			<del></del>	The state of the s	
House #	Street Address			Date [MM/DD/YYYY]	
City	The second secon	State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b> .
		Siale	Zap Coue	Odic Harry Obyta in I	- 1900) 1 w 1 m
Description of Cont	ibution	Sec. 1997.	Pages 1 to gradient by 12 fb.		
Full Name of Contril	outor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
		2 <b>0</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		The Indeed from America	(1) 10 (1:0) (호텔: 1)
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contr	lbution	A STATE OF THE STA	作時歌語中間的。	<u> </u>	and the state of t

## SCHEDULE II Part G

## **In-Kind Contributions Received**

Marine Andrews Commence of the	and the second s	VALUE OVER \$25	50
Filer Identificat	ion Number:		The state of the s
Full Name of	Called Lands		MACA AND MICHAEL STREET, AND
	CONTRIBUCION TO LASTOS A TARA BARRAGA LACO		Date [MM/DD/YYYY] \$
11224	を終うして、 では、 では、 では、 では、 では、 では、 では、 では		## 15 mm
House #	Street Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Complete At Name	S. Activities		
Employer Nan			Occupation
Employer Mail Place of Busini	ling Address / Principal		Description
Flace of Dusing			of Contribution
Full Name of C	ontributor		Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DD/YYYY]
			Sare lianal troler and
City	State	Zip Code	Date [MM/DD/YYYY] \$
			100 mg/m
Employer Nam	e e	Patricia de esta sentido de la compansión de la compansió	Occupation
Employer Maili	ng Address / Principal		Description
Place of Busine	<b>SS</b>		of
Full Name of Co	ntributor		Contribution
			Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
mployer Mailin	g Address / Principal		Description
Place of Busines	S		of
ull Name of Cor	At History	the process of the state of the	: Contribution:
	INTERVISION OF THE PROPERTY OF		Date [MM/DD/YYYY] \$
louse #	Street Address		Date [MM/DD/YYYY] \$
ity	State	Zip Code	Date [MM/DD/YYYY] \$
28/07			(
mployer Name			Occupation
mployer Mailing lace of Business	Address / Principal	· · · · · · · · · · · · · · · · · · ·	Description
ace of business			of Contribution
and the control of the section of	ergegyes var udda od selig elgewyg gawn ergd whit Ny i y dwid f		ETYLINING HY I E

## 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 Identificat	ion Number:	AND THE COMMENT OF TH	
Name of Cred	litor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of			150.00
Name of Credi			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	•
City Description of		State Zip Code	
Description of	Debt	*	
Name of Credit	tor		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of I	Dobt*	State Zip Code	
Name of Credit			A TOTAL CONTRACTOR OF THE SECOND CONTRACTOR OF
House #	Street Address		Outstanding Balance of Debt \$\\\\$\
City	Sti ect Audress	[MM/DD/YYYY]	
		State Zip Code	
Description of D	/ebt		
Name of Credito	OL.		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	Sign. Visit in the second seco
City		State Zip Code	
Pescription of D	ebt	[Section 197] Residence Section 1979	
lame of Credito			Outstanding Balance of Debt
louse#	Street Address	DATE DEBT INCURRED \$ [MIM/DD/YYYY]	
ity		State Zip	
Description of De	abt	[1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	<u>.231</u>

## PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed lealbly 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 Beard 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 potitions. 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 Hiling 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.

Amondment 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 diffice 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 - Most 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 or by contacting the Bureau.

### SCHEDULE !

#### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page - provides a summary of all manetary contributions and receipts during the reporting period.

Item 1: Uniteralized 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 8.

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. 1See 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 fists 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 capying. 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 50 days prior to election day. Filed only by candidates for Statewide office and political committees/lobbylists 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 partod 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 convibuting lobbyists.

Political committees required to file pre-alection reports must also like 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 filling fee - A late filling fee of \$10,00 for each day or part of the day loxeluding 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.

Party Code Table:

Pieas

#### County Code Table:

	4111 4000 100101					,	,
01	Adams	24	<b>萨</b> 談	47	Montour	REP	Republican Party
02	Allegheny	25	Erie	48	Northampton	DÉN	i Democratic Party
03		26	Fayetto	49	Northumberland	CST	Constitutional Party
()4	Beaver		Franklin	50	Perry	LJB	Libertarian Party
05	Bedford	28	Forest	51	Philadelphia	* AEF	Reform Party
06	Berks	29	Fulton		Pike	ÓΤΗ	l Other
07	Blair	30	Greene	53	Potter		
08	Bradford	31	Huntingdon	54	Schuylkill	Offic	e Code Table:
09	Bucks	32	Indiana	55	Snyder		
10	Butler	33	Jefferson	56	Somerset	GOV	Governor
11	Cambria-	34	Juniata	57	Sullivan	LTG	Lieutenant Governor
12	Cameron	35	Lackawanna	58	Susquahanna	ATT	Attorney General
13	Carbon	36	Lancaster	59	Tioga	GUA	Auditor General
14	Centre	37	Lawrence	60	Union	TRE	State Treasurer
15	Chaster	38	Lebanon	61	Venango	SPM	Justice of the Supreme Court
16	Clarion	39	Lehigh	62	Warren	SPR	Judge of the Superior Court
17	Clearfield	40	Luzerne	63	Washington	CCJ	Judge of the Commonwealth Court
18	Clinton	41	Lycoming	64	Wayne	STS	Senator in the General Assembly
19	Cohumbia	42	McKean	65	Westmoreland	STH	Representative in the General
20	Crawford	43	Marcer	66	Wyoming		Assembly
21	Cumberland	$Q_{i} L_{i}$	Mifflin	67	York	CPJ	Judge of the Court of Common Pleas
2.2	Dauphin	45	Monroe			MCJ	Judge of the Municipal Court
23	Delaware	46	Montgomery			TCJ	Judge of the Traffic Court
						OTH	Other (Candidates for local offices
							who file only with the County
							Board of Elections)