

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

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Filer Identificati Number				ort Filed I ark X)	By Cand	date		X	Comr	nittee	•				Lobby	ist	
Name of Filing Committee, Candidate or Lobbyist			Todd	Trejchel			•		•								L
Street Address			4029	4029 Fargo St													
City	Erie			***************************************	State	PA			Zip Co	ode	1653	10					<del></del>
Type of Report (	Place x under	report type)		•					·								
1-6 <sup>th</sup> Tuesday	2- 2 <sup>nd</sup> Friday	3- 30 Day Post	/- 6th	Tuesday	5- 2 <sup>nd</sup> Frida	/ 6-	30 Da	y Post	7- An	nuat	Sne	rial 2	no Frida	337	Specia	130 0	iou ::
Pre-Primary	Pre-Primary	Primary	i i	Election	Pre- Election		ection	-		iiuu,	1 -	-Elect		- 1	Post-E		•
	X																-
Date Of Election			Year	†		An	nendr	nent		1	Ter	minat	tion	$\top$	Г		
(MM/DD/YYYY)	•	05/18/2021			2021	Re	port		<u> </u>		Rep	ort					
Summary of Rec Expenditures	eipts and	From Date		To Date	2					For	Office	Use	Only		-		
		03/29/2021		05	/07/2021												
A. Amount Brou					0.00												
B. Total Monetary Contributions and Receipts (From Schedule I)			\$		0.00												
C. Total Funds A			\$	5	0.00	1							. un <sup>26</sup>				
(Sum of Lines A													Ĉ	i F	<u></u>		
D. Total Expenditures (From Schedule III)			\$	1	818.58								F77	F77	and the same of th		
E. Ending Cash Balance			15	\$											1.3		
(Subtract Line D from Line C)			'		-818.58	I							f(t)	[T]	•		
F. Value of In-Kii (From Schedule		ns Received	\$	former													
G. Unpaid Debts		กร	\$			1							का करते । का किया का प्र का किया का प्र	S	خورون ما وحرفها بدر هجوان ما		
(From Schedule	IV)			<u> </u>									10 the		*****		
Part 1- If this is a Co	ommittee renor	t treasurer sign he	re lft	hic ic a Can	Affidavit S		ato cim	n here					E COM		C)		
I swear (or affirm)	that this report,	including the attac	hed so	hedules or	paper, is to the	e best	of my	knowled	ge and b	elief tr	ue, co	rrect a	nd comp	plete,			
Sworn to and subse								-,			•		·				
7th day of	May	20 21		• •		-	Loc	relek	- J 1	zesc.	Park						
			-	<u> </u> _	-		Sig	nature o	of Person	Sybm	itting t	eport	(		_		
S	Signature				•			-	Printed	Name	J				_		
My Commission ex	My Commission expires			81			882-8282										
•	MO.	DAY YR.	_		•	Area C	ode	_	•	Day	time T	eleph	one Num	nber	_		
Part II- If this is a re	port of a Candid	ate's Authorized	Commi	ttee, candi	date shall sign	here											
I swear (or affirm) t amended.	hat to the best o	of my knowledge a	nd bel	ief this poli	tical committe	has n	ot viola	ted any	provisio	ns of t	he Act	of Jur	e 3, 193	7 (P.I	. 1333,	NO.32	.0) as
Sworn to and subso	ribed before me	this:															
day of		20		, ,				•									
uuy 01	day of																
	ionatura		-	Ĭ,	_										-		
S	ignature			, I				ı	Printed N	lame							i
My Commission exp			-		_			_		٠					_		
	MO.	DAY YR.				Area C	ode		•	Dayti	me Tei	lephor	ne Numb	oer			

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	Todd Trejchel	
· · · · · · · · · · · · · · · · · · ·		······································

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$
2. Contributions of CEO Of the EREA ON (Farmer	
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.

Filer Ide	entification Number	Todd Trejch	nel					_
					<u>, · · · · · · · · · · · · · · · · · · ·</u>			Amount
	me of Contributing					Date [MM/DD/YYYY]	\$	
Commi								
House	# Stre	eet Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Na Commi	me of Contributing ittee		<u> </u>		<sub>pel</sub> l	Date [MM/DD/YYYY]	\$	
House #	‡ Stre	eet Address	<u>.</u>			Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Nar Commit	me of Contributing ttee					Date [MM/DD/YYYY]	\$	
House #	Stre	et Address			**************************************	Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Fuli Nan Commit	me of Contributing ttee					Date [MM/DD/YYYY]	\$	
House #	Stree	et Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Commit						Date [MM/DD/YYYY]	\$	
House #	Stree	et Address				Date [MM/DD/YYYY]	\$	
City			State	Zip Code		Date [MM/DD/YYYY]	\$	
Commit						Date [MM/DD/YYYY]	\$	
House #	Stree	et 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	on Number:	-1			
	Todd Trejcl	iei			
				***	··
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
				***************************************	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		Jiale	Zip Code	Date [www/DD/1111]	
Full Name of Co	antributor			Deste Endad (DD (VVVV)	
ruii itailie (7 C				Date [MM/DD/YYYY]	\$
			40-150		
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	intributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
	Juleet Audress				
City		State	Zip Code	Date [MM/DD/YYYY]	
City		State	Zip Code	Date [ININ/DD/1111]	\$
			of walkers		1. 2.5. A
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
7.7				***************************************	
Full Name of Co	ntributor	<u>-</u>		Date [MM/DD/YYYY]	\$
House #	Street Address		******	Date [MM/DD/YYYY]	\$.
110030 11	Street Address			Pare Harrist Prof. 1 1.11	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		e gr			
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
				ļ	
House #	Street Address		•	Date [MM/DD/YYYY]	\$
City		State	Zin Code	Date (MM/DD/YYYY)	e

#### 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:

	Todd Trejo	chel			
Full Name of	The state of the s			Date [MM/DD/YYYY]	\$
Contributing C	ommittee			Date Light Dol 11 111	
House #	Street Addre	<u> </u>	<del></del>	D-t [8484 /DD /00003	
House #	Street Addres	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			-ip sout	Pare finant political	
Full Name of Contributing C	ommittee			Date [MM/DD/YYYY]	\$
House #				Page In a format	
nouse #	Street Addres	55		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of		vet <sup>er to</sup>		Terral publication	
Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	5 <b>S</b>		Date [MM/DD/YYYY]	\$
City	0894	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Addres			Date [MM/DD/YYYY]	\$
	JUECT AUG ES	3		Date fining DOLITER	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of	Salar Salar			Date [MM/DD/YYYY]	\$
Contributing Co	mmittee			nare final pol 11111.	
House #	Street Address	s		Date [MM/DD/YYYY]	\$ .
City		Senten	71	To and Imm house	R. C.
City		State	ZIp Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
				pace frame political	Š.
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)

mer identificatio	Todd Trreich	el		
ull Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	V + 400	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			· · · · · · · · · · · · · · · · · · ·	Occupation
Employer Mailir Principal Place o	ng Address / of Business	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************
full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	tu tempera ya asah ini waliota.			Occupation
				Оссирации
Employer Mailin Principal Place o				
ull Name of Co	ntributor			Date [MM/DD/YYYY] \$
louse #	Street Address	<del></del>		Date [MM/DD/YYYY] \$
ity		State	Zip Code	Date [MM/DD/YYYY] \$
mployer Name				Occupation
mployer Mailin Principal Place of		7.77.0		
ull Name of Con				Date [MM/DD/YYYY] \$
louse #	Street Address			Date [MM/DD/YYYY] \$
ity	·	State	Zip Code	Date [MM/DD/YYYY] \$
mployer Name			<u> </u>	Occupation
mployer Mailing	Address /		CON.	

**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 Num	nber: Todd Trejchel			
CRET CLASS	touu rejona			
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name		J		
House #	Street Address		1997-7-0-186-7	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>		1.
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	4.
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address		· · ·	
City		State	Zip	Date [MM/DD/YYYY] \$
	불대		Code	
Receipt Description			<del></del>	
Full Name	2+ W 1 - 2 :			
House #	Street Address			
City	- Incompany of the Control of the Co	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Keceibt nescribtion	*			,

#### 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: Todd Tre	jchel		
1. UNITEMIZED IN-KIND CONTR	BUTIONS RECEIVED-VA	UE OF \$50.00 OR LESS PER CONTRI	BUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.0	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECE	IVED-VALUE OVER \$250	.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals for page 1, Report Cover Page, Item F)		1 ' 1	

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:		 	
	Todd Trejchel		

Full Name of Contril	outor			Date [MM/DD/YYYY]	\$
• • • • • • • • • • • • • • • • • • •			<del></del>		. 3
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		Perg H			1
Description of Contr	ibution		<u></u>		4
Full Name of Contrib	butor	il		Date [MM/DD/YYYY]	\$
				- Transfer	
	· 经			ļ	
House #	Street Address	All and a second		Date [MM/DD/YYYY]	\$
					<b>1</b> .21
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$
			asp or au	Sare figure cale and	
Description of Contr	-: b, a.!				
Description of Cons.	<b>IDUTION</b>				I
Full Name of Contrib	outor			Date [MM/DD/YYYY]	\$
					27
House #	Street Address			Date [MM/DD/YYYY]	\$
	[[[[]]]] [[]] [[]] [[]] [[]] [[]] [[]]				
CI.		T ##_#	T-910-2-1-	- I the lan honors	
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
				***************************************	
Description of Contri	ibution				
Full Name of Contrib	outor	h		Date [MM/DD/YYYY]	\$
	7.4				
<u> </u>					
House #	Street Address			Date [MM/DD/YYYY]	\$
				1	( vio. )
City	<del></del>	State	Zip Code	Date [MM/DD/YYYY]	\$
	1	$[\cdot]$			
Description of Contri	bution	, N	· I		ß (
Full Name of Contrib	urtae?	<u> </u>		Date [MM/DD/YYYY]	\$
Full Hulling O.	uto:		ı	Date Innalinal 1111	[*]
House #	Street Address			Date [MM/DD/YYYY]	\$
**************************************			!		
City	<del></del>	State	Zip Code	Date [MM/DD/YYYY]	\$
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Description of Contri	hitlan	<del> </del>		<u> </u>	<u></u>
Description of Contra	nation	ı			

## SCHEDULE II Part G

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

**VALUE OVER \$250** 

Filer Identification Number:	•
	Todd Trejchei

Full Name of C	Contributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
				[
City		State	Zip Code	Date Installed hound   c
City		State	zip Coue	Date [MM/DD/YYYY] \$
		<u> </u>		
Employer Nam				Occupation
	ing Address / Principal			Description
Place of Busine				of Contribution
Full Name of C	ontributor			Date [MM/DD/YYYY] \$
				(4.1)
House #	Street Address		- same	Date [MM/DD/YYYY] \$
	Street Audress			Date [MM/DD/YYYY] \$
City	<u>. 11 1</u>	State	Zip Code	Date [MM/DD/YYYY] \$
				**************************************
Employer Nam	_			
			·	Occupation
	ing Address / Principal			Description
Place of Busine				of Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Carred Address			Date [MM/DD/YYYY] \$
Nonac ,	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	<u> </u>	<u> </u>		
				Occupation
	ng Address / Principal			Description
Place of Busines	SS			of
- Halama of Ca				Contribution
Full Name of Co	intributor			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				Description
Place of Busines				of
				Contribution

# Statement of Expenditures

Filer Identification Number:			
	Todd Treichel	· · · · · · · · · · · · · · · · · · ·	

To Whom Paid						Date [MM/DD/YYYY]	\$	
	Desantis Signs and Gra	aphics inc.				03/30/2021		290.44
House # 540	Street Address We	est 18th St.				Description of Expend	iture	
City Erie		State	PA	Zip Code	16510	50% payment for campaign	signs	
To Whom Paid	Desantis Signs and Gra	nhirs		•		Date [MM/DD/YYYY]	\$	202.44
	Desartes signs and are					04/08/2021		290.44
House # 540	Street Address We	est 18th St.				Description of Expendi	1.50	
City Erie		State	PA	Zip Code	16510	50% payment for campaign	signs	
To Whom Paid	Falconer Printing					Date [MM/DD/YYYY]	\$	227.70
	raiconer Printing					5/6/2021		237.70
House # 66	Street Address Eas	t Main St				Description of Expendi	ture	
<b>City</b> Falconer		State	NY	Zip Code	14733	Payment for Campaign T-Sh	irts	
To Whom Paid			•			Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expendit	ure	
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	·
House #	Street Address					Description of Expendit	ure	
City		State		Zip Code				
To Whom Paid		,				Date [MM/DD/YYYY]	\$	
House #	Street Address			•		Description of Expendit	ure	
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #	Street Address					Description of Expendit	ure	
City	<u> </u>	State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	\$	
	<del></del>							
House #	Street Address					Description of Expendit	ure	
City	1	State		Zip				<u>angan nangpan na aliki w</u>
				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 Identificatio	on Number:			
	Todd Trejchel			
Name of Credit	tor William			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
110430.11	Street Address		[MM/DD/YYYY]	
City		State	Zip Code	
Description of I	Debt		<u> </u>	
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
			[MM/DD/YYYY]	
City		State	Zip	
la Desarra de Cara. A la granda de la comoción.			Code	
Description of E	<b>Debt</b>		,	
	And the state of t		<u> </u>	
Name of Credite	or .			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		.  -	[MM/DD/YYYY]	
City		State	1.7:	
		State	Zip Code	
Description of D	Jebt	ب عاسبور و ب		
Name of Credito	or	<u> </u>		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	
			[MM/DD/YYYY]	
~~			T = • · · ·	<b>_</b>  :-
City		State	Zip Code	
Description of D	)ebt	<u>,   ·                                 </u>		
Name of Credito	or .			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		<u> </u>	[MM/DD/YYYY]	4:1
City		State	Zip	
		Jidle	Code	
Description of D	<b>lebt</b>			
Name of Credito	or and a			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$   \$   \$   \$   \$   \$   \$   \$   \$   \$
			[MM/DD/YYYY]	
City		State	Zip Code	
Description of D	vebt		Luge	[: · · ·]

#### PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Pepart 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 expanditures. Candidates must file separate reports when they make expanditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expanditures made individually by the candidate. A contributing lobbyist's report discloses only expanditures 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 GOVER 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 politions. A political committee or labbyist filer identification number is assigned when the committee or labbyist 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, edd 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 pro- 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 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: Uniterrized 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, Pert 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, Ican. 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 set. The word "contribution" includes any receipt or use of enything 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 loss, 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, meiling 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 deflar 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 cutcome 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 Ungaid Debts (Schedule (V).

#### 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/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

22 Dauphin

23 Delawore

01	Adams	24	Elk	47	Montour
02	Allegheny	25	Erie	48	Northampton
03	Armstrong	26	Fayette		Northumberla
04	Beaver		Franklin		Perry
05	Bedford	28	Forest		Philadelphia
06	Berks	29	Fulton		Pike
07	8lair	30	Greene		Potter
08	Bradford		Huntingdon		Schuylkill
09	Bucks		Indiana		Snyder
10	Butler	33	Jefferson		Somerset
11	Cambria		Juniata		
12	Cameron	35	Lackawanna		Susquehanna
13	Carbon		Languages		

45 Monroe

46 Montgomery

24 Elk

77	Cambria	34	Juniata
	Cameron	35	Lackawanna
13	Carbon	36	Lancaster
	Centre		Lawrence
	Chester		Lebanon
	Clarion	39	Lehigh
17	Clearfield		Luzerne
	Clinton	41	Lycoming
19	Columbia	42	McKean
20	Crawford		Mercer
21	Cumberland	44	Mifflin

	× 4 mg co (mg 4 ab) r (%) :
49	Northumberland
50	Perry
51	Philadelphia
52	Pike
	Potter
54	Schuylkill
55	Snyder
56	Somerset
57	Sullivan
	Susquehanna
59	Tioga
60	Union
61	Venango
62	Warren
63	Washington
64	Wayne
65	
66	Wyoming
67	York

#### Party Code Table:

REP	Republican Party
DEM	Democratic Party
CST	Constitutional Party
LIB	Libertarian Party
REF	Reform Party
OTH	Other

Offic	e 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
CP.J	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)



## 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.

		ndidate, or Lobby			
Reporting Cycle	Name				
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5
6 <sup>th</sup> Tuesday	2 <sup>nd</sup> Friday	30 Day	6 <sup>th</sup> T	uesday	2 <sup>nd</sup> Friday
Pre-Primary	Pre-Primary	Post Primary	· Pre-E	Election	Pre-Election
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		☐ Cy	cle 9
0 Day Post-Election	Annual Report	2 <sup>nd</sup> Friday Pre-Special	Election	30 Day Po	st-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.

Good & exclud	5-7-21
Signature of Treasurer, Candidate, or Lobbyist	Date (DD/MM/YYYY)
Printed Name	Eric County Courthouse Location (City/State/Country)