CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER			REPORT FILED	1.	2 3.
NAME OF FILING COMMITTEE,			ON BEHALF OF	CANDIDATE 1	COMMITTEE: LOSSYIST
STREET ADDRESS	Ilyan	D. M.	- Gregor		
95	Orchard Bear	ch Driv	-		
North	East		STATE PA	ZĮP	CODE 16428 - 1435
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDI		DISTRICT NO.	PARTY	DATE OF ELECTION
OTH TUESDAY	North East Bore	ough Courci	1 a	12	II 2 2001
2ND FRIDAY 2.	DATES OF REPORTING 5 4		0. DAY YEAR	-	FOR OFFICE USE ONLY
30 DAY 3.	PERIOD 3) , & 1		Section of
POST-PRIMARY X	CASH BALANCE AT E		_{\$_} /3.8	o	general (const.)
PRE-ELECTION 6.	TOTAL AMOUNT OF F	ILER'S			
ZND FRIDAY RRE-ELECTION	OUTSTANDING DEBTS AT THE END OF REPO	OR LIABILITIES PRTING PERIOD:	\$ O		의
30 day: Post-election	AMENDMENT REPORT?	YES N	o X	,	
ANNUAL REPORT	TERMINATION REPORT?	N YES N	· X		
		AFFIDAV	IT SECTION		
Succession in the contract of	on behalf of a <u>Political Com</u> on behalf of a <u>Candidate</u> , th on behalf of a <u>Contributing I</u>	e i anninate mi	iet einn hara		surer must sign here.
I SWEAR (OR AFFIRM) THAT	THE AGGREGATE RECEIPTS OR DISBUI D FIFTY DOLLARS (\$250.00) AND THIS	RSEMENTS OF HADILIT	ICC INCUSPED BURNIS	1 Tire 2222222	ERIOD INDICATED ABOVE DID NOT
	SSCRIBED BEFORE ME THIS	THE OWN IN TO THE	EST OF MY KNOWLED	ISE AND BELLEF, TRO	JE, CORRECT AND COMPLETE.
DAY OF _		20		_	JEMITTING REPORT
	SIGNATURE	· · · · · · · · · · · · · · · · · · ·	///	PRINTED NA	ME
MY COMMISSION EX	MO. DAY YE	₹.	AREA CODE		- 58 85 TELEPHONE NUMBER
ART II - statement is filed or	n behalf of a <u>Candidate's A</u>	uthorized Comr	nittee, Candida	te must sign l	here.
I SWEAR (OR AFFIRM)	THAT TO THE BEST OF MY KNOWLEDGE 1333, No. 320) AS AMENDED.			•	
SWORN TO AND SUB	SCRIBED BEFORE ME THIS				
DAY OF		20		SIGNATURE OF CA	NDIDATE
	SIGNATURE			PRINTED NAT	ME
MY COMMISSION EXP	IRES MO, DAY YR	·	AREA CODE	DAYTIME	TELEPHONE NUMBER

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Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Unsworn Declaration in Lieu of Sworn Statement for **Campaign Finance Reports**

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

Name of Filing	_	ididate, or Lobby	ist /		
Reporting Cycle	D. McGeg Name	70C			
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	30 Day Post Primary	6 th T	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	Election	-	cle 9 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.

Signature of Treasurer, Candidate, or Lobbyist

North East PA Location (City/State/Country)

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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)

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# -					
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