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

Filer Identification Number	86-2622360	Report Filed B ( Mark X)	By Candid:	ate	Committee		Lobbyist
Name of Filing Comm	nittee, Candidate or		+ 7 1 1	~ 5/,		5016	<u> </u>
Lobbyist Street Address			11111	10/540	51 10	in SPAG	-e(
		451	7 56	masda	10 B	CUD	<del></del>
City	2004	2	State	PA	Zip Code	16509	
Type of Report (Place	e x under report type)					<u></u>	
	2 <sup>nd</sup> Friday 3- 30 Day Post	4- 6th Tuesday	5- 2 <sup>nd</sup> Friday	6- 30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
		Pre- Election	Pre- Election			Pre-Election	Post-Election
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				'			
Date Of Election	aslina	Year		Amendment		Termination	
(MM/DD/YYYY)	05/18/21		· 	Report	'لــا أ	Report	
Summary of Receipts	s and From Date	To Date			For	Office Use Only	
Expenditures	1/10/05/2	1 7		ł			
A Amount Drought E	4Mg d	·   _ / _ ·	in dl				
A. Amount brought r	orward From Last Report	t   \$ > 9 >	80.1)	1			
	ontributions and Receipts	S .		1	•	قنع.	ans. M
(From Schedule I)		1,0	10C	1		** <u>C</u>	Caraca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca Ca
C. Total Funds Availal		\$ > \	50/1	4	v *	Luitui —4	2021 UN
(Sum of Lines A and B D. Total Expenditures			280.12	1		months and the second	
(From Schedule III)	<b>特别</b> 在"自己"	\$ > \$1	147781	1		Mo	2
E. Ending Cash Balanc	ce	\$ 7 8 0	- 1-00	1			
(Subtract Line D from	Line C)	11715	7.841	1		ما ويواد الله الما الله الله الله الله الله الله	
	ontributions Received	\$	^	1		12 C	·
(From Schedule II)			0 -	1		ganeral ganeral	CFI
G. Unpaid Debts and ( (From Schedule IV)	Obligations	\$ 100	100	1		200	8
(FIOM Schedule IV)	<u> Professional de la companya de la</u>	1.		<u> </u>			
Part 1- If this is a Commit	ttee report, treasurer sign he	ere. If this is a Canc	Affidavit Sec didate report, car	indidate sign here.			
I swear (or affirm) that th	his report, including the attac	hed schedules on	paper, is to the	best of my knowled	ge and belief to	us, correct and comple	te.
Sworn to and subscribed	before me this		V	Ma	14//	M	
day of	20	• 1	$\sim$	MANUE	I was	ster -	
			' <u>f</u>	Signature o	of Person Submit	itting report	
Signatu	liva .	- [		COSIFT	$ C(t)_{\ell}$	110	_
•	ne.	, 1	7	7111	Printed Name	- 1 1- 5	
My Commission expires_	*	_	_0	, (4	86	24-1105	· ——
	MO. DAY YR.		Ar	rea Code	Dayt	time Telephone Numbe	ir .
Part II- If this is a report o	of a Candidate's Authorized C	Committee, candid	late shall sign he	ere.			
I swear (or affirm) that to	the best of my knowledge a	nd belief this politi	ical committee h	nas not violated any	provisions of th	ne Act of June 3, 1937 (	P.L. 1333, NO.320) as
amended.					•		
Sworn to and subscribed	before me this			•			
day of	20	1					
		1.	-	Signa	ature of Candida	ate	_
Signatu	ira	. 1		r	J Blampo		<del></del>
_	4e	, 1		г	Printed Name		
My Commission expires_		<b>-</b> .	_				— <del>_</del>
	MO. DAY YR.		Ar	rea Code	Daytin	me 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) <a href="https://www.dos.pa.gov/campaignfinance">www.dos.pa.gov/campaignfinance</a> • <a href="mailto:ra-stcampaignfinance@pa.gov">ra-stcampaignfinance@pa.gov</a>

2021 JUN 21 PM 2:52

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

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

Name of Filing	Committee, Can	didate, or Lobby	ist		
Reporting Cycle	e Name				
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	☐ <b>Cycle 2</b> 2 <sup>nd</sup> Friday  Pre-Primary	Cycle 3 30 Day Post Primary	oy 6 <sup>th</sup> Tuesday		☐ <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Special Election			cle 9 ost-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

bert S. CASILLO

Printed Name

Date (DD/MM/YYYY)

Englose (City/State/Country)



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

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) <a href="https://www.dos.pa.gov/campaignfinance">www.dos.pa.gov/campaignfinance</a> • <a href="mailto:ra-stcampaignfinance@pa.gov">ra-stcampaignfinance@pa.gov</a>

**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

**Printed Name** 

Date (DD/MM/YYYY)

Location (City/State/Country)

## SCHEDULE I Contributions and Receipts

**Detailed Summary Page** 

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r Nach and Belgin de Challes and Challes	* -		
T. Unitemized Contributions and Receipts-\$50.00 or liess per Contributor			
Total for the reporting period	(1)	\$	1,000.00
2. Contributions of \$50.01 to \$250.00 (From 17 Table 18 Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	-O-
All Other Contributions (Part B)		\$	-0-
Total for the reporting period	(2)	\$	- 0 -
3. Contributions Over \$250.00 (From Part Cand Part D)			
Contributions Received from Political Committees (Part C)	>	\$	-0-
All Other Contributions (Part D)		\$	1 000.00
Total for the reporting period	(3)	\$	1,000.00
. 4. Other Receipts Refunds, interest Earned, Returned Checks, ETC. (From Part E)		ř	
Total for the reporting period	(4)	\$	-0-
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep Cover Page, Item B)	port	\$	1 000.00
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#### 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.

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Committee	•			J
House # Street Address	***		Date [MM/DD/YYYY] S	1
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City	第 [			
Eull Name of Contributing	1917.5		HDATE (VIM/DIP/MYM)	
Committee				
			Date [MM/DD/YYYY] \$.	
House # Street Address		•		
			TEAM/ND/AMAGE	
City	State	Z[p Code	Date [MM/DD/YYYY] S	
			Date [MM/DD/YYYY] . S	
Full Name of Contributing. Committee			Cate (MIWADZ) (MITE)	
	747 			
House # Street Address			Date [MM/DD/YYYY] . \$	\ \ \ \
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Ety	State	Zip Code	Date [MM/DD/YYYY] Si	
Full Name of Contributing	<del></del>		Date [VIM/DD/YYYY] 5.	
Committee				
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alty .	State	Zip Gode	Date [MM/DD/YYYY] S	
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Gommittee				
House # Street Address			Date [MM/DD/YYYY] \$	
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Full Name of Contributing		三安王永公成(35年70年)	Date MM/DD/YYYY	
Committee	•			/ /
House # Street Address			Date [MM/DD/YYYY] S	
		•		
City	State	Zip Code	Date [MM/DD/YYYY] 2 5	$\overline{}$
	17.5		British Taran Cara A No Barrier	-0-

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#### 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.)

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			17/25/11	167	and the state of t	

Hull Name of Contributors		Date (MM//bb//YYYY) 5 - C -
House, it. Street Address		Date (MIN/DD/AYYY)
State 2	vZ p Code	Date [MIVI/DD/YYYY)] & \$.
Full!Name of Contributor		Date (MW/DP/YAY))
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(Full Name of Contributor		Date MM/DD/Arra/
House)# Street Address		Date [MIVI/DD/YYYY] \$5.
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#### 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.

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Full Name of s Contributing Committee			Date (MM/DD/MAN)
House # Stre	et Address		Date [WW/DD/AYYYY] (5
City	State:	ZIp Code	Date (MM//DD//YYY) 4
Full Name of Contributing Committee			Date MM/DD/YYM) 3
Parties	et Address		Pate IMM/DD/AYMI \$
icity	State	ZIP Code	Date (MM/OD/AAA)
Contributing Committee	teacquesc		© Date) [MM//DD/YYYY] ) \$
	State	Zip Gode	Date [MM/DD/YYYY] \$
Full Name of			Pate (MIV/DE)AYAY)
Contributing Committee  House # Street	Address		Date [MM//DD/AYYA), 4] (\$
GRV.	State	Zip Code:	Plate (MM/DD/YYYY) 15
rull Name of Captulbuting Committee			Date:(MM//DD//YYYY)
House'# Street	/Aūθress		Pate [MM/DD/YYYY] S
City 3	State	*ZIp Code	Date (MW/DD/XXX/): \$
Full Name of Contributing Committee			DATE (MIV)/DD/XXXXI) & S
	Address		Date [MM/DD/MM] %
jiy ,	State	Zip Code	Date [MM/DD/XXXVI] . 65 — O

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#### 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)

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	ATE BURTT	05/10/201 500.00
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701 MBUVO,	State PA Zipicoda 1641	Date [MIN/ADD/YYYY] \$
Employer Malling Address /	Unknown	Occupation Logistics
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House# Street Address	had weber	05/27/2011 5 500.00
House # 5337 Street Address	NURNIS Rd	Date [MM/DD/YYYY] \$
SQ 4 EmployerName	State PA 210 code 16509	
Employer Mailing Address /	rone	Occupation ROTIROL
Britiopaliplace of Business.		
FUII Name of Contributor		Pate (MM/pb/YYY) \$
House # Street Address		Date (MM/DD/XXXX)
	State: Zip Gode	Date (MM//DD/YYYY)
Employer Name: Employer Malling Address /-		- Occupation:
Brincipal Place of Business		
Kull Name of Contributor		Dàte (ViM/Dib/AYYA)
House# Street Address		Date (MIM/db/////)
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mployer Name Mployer Mailing Address /	The state of the s	Occupation
Place of Business		

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#### 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.

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Foll Name »				
House #	lreet Address		· · · · · · · · · · · · · · · · · · ·	
Citys E		State	Zip. Code, /	Dates[MM/DD/YYYY] -5
Receipt Description		144		
Full Name				
	reet Address			
City		State	<b>Z</b> p 3: 15	Parte (MIN/DD/XYXX)
		TENT TE	Code	PATG(MM//DD/XXXX)
Receipt Description				Photograph
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	eer Address			
CIV.		State	2 p Gode	Date [MM/DD/YYYY] \$
Receipt Description			And the second s	
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Receipt Description //		<u>(19</u>		
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#### **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

Tiler la entification Number	86-7	62)3	60		
L. UNITEMIZEDINAKINDGON	RIBUIIIONS REGRIVED:	VA cue opsisionor	alessiper gontirii	SUVOR STATE	
TOTAL for the reporting period	(1)	\$		-O.	
"	GEWED VALUE OF \$50	7,01 TOESZS07,00 (FRG	IV(PARTE)	Tark Grangganan	
TOTAL for the reporting period	(2)	\$		-G-	
3 IN KIND CONTRIBUTION REC	EVED-VALUEOVERS	50.00 (FROM PART (			
TOTAL for the reporting period	(3)	\$		-0.	
TOTAL VALUE OF IN-KIND CONTRIBUTI PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	ONS DURING THIS REP from boxes 1, 2, and 3	ORTING \$		<i>-</i> 0 .	

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## SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

Filer Identification Number: 80-2621360	

55/200-19-200-19-200-19-200-19-200-19-200-19-200-19-200-19-200-19-200-19-200-19-200-19-200-19-200-19-200-19-20				
Full Name of Contributor			Datei(MM/DD/XXYY)	0-
	Address		Date [MM/DD/YYYY] S	
Gity  Description of Contribution	State	Zip Code	Date (MM//DD/YYYY)	
Process and the second			<u></u>	
Full Name of Contributor			Date [MM//DD/YYYY) IS	
House'# Street,#	Address		Date (MM/Db/YYYY)	
(CIN)	State	4ip.Gode	Date (MM/DD/YYYY) \$1	
Description of Committeelon				
Juli Nameio, Contributor			Date IMM/DD/MC(X) 13	
House # Street A			Date (MM/DD/YYYY) \$	
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City.  Description of Contribution	State	Zip Códe	/Date:[MM/DD/YYYY]	
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full Name of Contributor			Date (MM/PD/AAAA)	
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## SCHEDULE II Part G

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

VALUE OVER \$250

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Full Name of Contributor	*Date (MM/DD/YYYY) 3
House iff Street Address	ADSTRUMNADDYAAAA
State. ZipiGode	Date (MM/DD/XYYY) \$
Employer Name	Occupation
Employer Mailing Address / Principal	(Description)
Place of Business	Contribution
Full Name of Contributor	Date (MIM/Dp//MAA) 5
House# Street Address	Date (MM/DD/AYXX) S
(Glty) State: Zlp,code	Date (MM/DD/YYYY) \$
Employe Name	Occupation
Employer Mailing Address / Principal Place of Business	Description > of
Full (Nemero (Compristinos)	«Pates (MIX/APP/ASAM)».
House # Street Address	Date MM/DD/AYAY
State Zip Code	
City State Zip Code	Date (VIM/OD/YYYY) 5
Employer Name	+Occupation
Employer Mailing Address / Principal	
Place of Business	Description of Contribution
Juli Name of Contributor	Date (MM/Jole/AVAV)
House # Street Address	Date   [MM//DD/YYYY]
City Zip.Code Zip.Code	
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## Statement of Expenditures

## 86-2622360

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To Whom Paid UPS	05/20/201 638.65
House # 70) Street Address W. 38	Description of Expenditure
City 5 M & State PA 215 (6508	printed material
To Whom Paid VD LG CONSULTING	05/10/2011 \$ 18,000
Housein 307 Street Address 4th Ave	Description of Expenditure:
CITY PITISBUGH State PA Gode 157)	modificansuling
molanie Brewer	Date [MIM/DD/MM/] \$ ) 000,00
House # 617 Street Address USONIA DRILL	Description of Expenditure
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House # 347 Street Addiness 474 AUD	Description of Expenditure
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CRIATUR INPOLAT	Date [MM/DD/MMM] 18 330.50
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House # JGO Street Address West 117  City Snight DA Code of 16505  To!Whom Paid!  US DOST Office  House # 1401 Street Address STAIR STVIIT  City Street Address State  PA Code 16501  To:Whom Paid  House # Street Address	Description of Expenditure  T - Skints  Date [MM/pb/xyyy]   S   27,00  Description of Expenditure  STAMPS
House # 100 street Address West 117  City Snight State PA Code 116505  TolWhom Paid US POST Office House # 1401 Street Address STATE 57 VILT  City State PA Code 16501  TolWhom Paid Code 16501	Description of Expenditure  T - Shints  Date [MM/pp//YYY]  S J J, 00  Description of Expenditure  STAMPS  Date [MM/pp//YYYY]  S  Date [MM/pp//YYYY]  S
House # JGO Street Address West 117  City Snight DA Code 1 16505  To! Whom Paid!  US DOST Office  House # 1401 Street Address STAIR STVIIT  City State DA Code 16501  To: Whom Paid!  House # Street Address  City State Address  State Zip	Description of Expenditure  T - Shints  Date [MM/pp//YYY]  S J J, 00  Description of Expenditure  STAMPS  Date [MM/pp//YYYY]  S  Date [MM/pp//YYYY]  S
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#### **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.

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Houself Stre	DATE DEBTINGURRED S
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