

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		•	Repo	rt Filed E rk X)	ly Ca	ndida	te	/	Committee		Lobbyist
Name of Filing Cor Lobbyist	mmittee, Ca	ndidate or	escise!	Core	- 13,		£.	CH	y Care	<u></u>	
Street Address				271	gr 13. 3 Si	· fa ha	adel.	131			
City	Εγ	r e		501.	Sta	ate	114	,,,,,,,	Zip Code	16509	
Type of Report (Pla					\$000000 \$000000	100000000000000000000000000000000000000	•			, , , , ,	
1- 6 th Tuesday 2-			Service etc."	Tuerdaio	e-i-Andice	ida	6-30 Day	/Doct	7- Annual	Special 2 nd Friday	y Special 30 Day
· (, or , or , or , or other , or other , or other , or ,	re-Primary	Primary	2007 100 100	lection	Pre-Ele	COLUMN A STATE OF	Election	/ FUSI	/-Ainua	Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY)		11/02/2021 CE EFH2024	Year		KOREK!		Amendm Report	ent		Termination Report	
Summary of Receip	pts and	From Date		To Date	•				For	Office Use Only	
Expenditures		(1/8/2021	72	10/10	12021						
A. Amount Brough				43	9.70				tomer also, et errivies		
B. Total Monetary (From Schedule I)		ns and Receipts		1,10	0-00						
C. Total Funds Ava (Sum of Lines A an			\$	1,53	9.70					. 1	**************************************
D. Total Expenditu	res		\$ 1,258.53					r ii menig	Associate The Land		
(From Schedule III) E. Ending Cash Bala	har the form plant of me		error.					1 45 145 j			
(Subtract Line D fro	om Line C)		2 5 9,17						and for the second seco		
F. Value of In-Kind (From Schedule II)			\$ 6					. 12. 14.			
G. Unpaid Debts ar (From Schedule IV)		ns	\$		G						
						vit Se			•••		
Part 1- If this is a Com I swear (or affirm) tha									ge and helief tr	ue, correct and comm	ulete
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day of		20	_	1		_		11			
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Sign	nature		_						Printed Name		
My Commission expire			_			16509			(314) 277-2937		
	MO.	DAY YR.				Α	rea Code		Day	time Telephone Num	nber
Part II- If this is a repo								ited anv	provisions of t	he Act of June 3, 193	7 (P.L. 1333, NO.320) as
amended.		,						,	F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. (2000) ((0.020) 0.0
Sworn to and subscribed before me this											
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My Commission expire		DAV VB	_			_	×0.0 Ca-l-	_	B- (1	ma Talanh N: /	
	MO.	DAY YR,				А	rea Code		Dayti	me Telephone Numb	per

SCHEDULE 1 Contributions and Receipts

Detailed Summary Page

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Filer Identification Number	T			
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The transfer of the contract o				

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)	Name V		
Contributions Received from Political Committees (Part A)		\$	· · · · · · · · · · · · · · · · · · ·
All Other Contributions (Part B)		\$	100
Total for the reporting period (2)	\$	100
3. Contributions Over \$250.00 (From Part C and Part D)		un Viêt	
Contributions Received from Political Committees (Part C)	(NAVA)	\$	
All Other Contributions (Part D)		\$	1, cr
Total for the reporting period (3)	\$	1, cm 1, cm
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
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, Repo Cover Page, Item B)		\$	1,100

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 Cont					Amount
	tributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
				Francisco C. Prop. (1) (1)	15.50 10.50
City		State	D.Zimeradae wool	Date [MM/DD/YYYY]	१ १ ' दं
-:+ 7		State	Zip Code	Pare [IMIM/DD/AAAA]	(\$
Full Name of Cont	tributing	province and		Date [MM/DD/YYYY]	\$:
Committee					1097 440
House #	County Halan		PATELING &	The section of the se	* 15
I IVUSE #	Street Address			Date [MM/DD/YYYY]	*\$ ***
				protection and the second seco	
City		State	Zip Code	Date [MM/DD/YYYY]	·\$
		1			
Full Name of Cont	tributing			Date [MM/DD/YYYY]	•\$*
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	projektornia († 1820 klais	State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
n A.S A. Carrier - A.				processor of the state of the s	7.6
Full Name of Cont	tributing		produced to the total	Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$ \$
**************************************					7
PART -	mal lag - 42		1 - 1 April 1		de la companya de la
Full Name of Cont Committee	CIDUTING			Date [MM/DD/YYYY]	\$
		_			
House #	Street Address			Date [MM/DD/YYYY]	\$
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City	p. 52/weenstativii (2000)	State	Zip Code	Date [MM/DD/YYYY]	\$
		A CONTRACTOR OF THE CONTRACTOR			
Full Name of Cont	tributing	p., 2,,	p. 1. 11. 11. 11. 11.	Date [MM/DD/YYYY]	\$
Committee					v. + (4) - 1,5
House #	Street Address			Date [MM/DD/YYYY]	\$
City,		Canacini	27im C1-	Date Date from house	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
3		1 3 A A	program or the common of the		(#V#)

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:		

				_	
Full:Name of Contributor			Date [MM/DD/YYYY]	 \$	
	Tullio		10/05/2021		100.00
House # Street Address			Date [MM/DD/YYYY]	61 5 /4	
422	Upland D	n've			
En'e	State JA	Zip-Code // // 509	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	a britana samandi di distra	godinink 2 in septim i dir seperah godininer edah 2012.	Date [MM/DD/YYYY]	:5 2	
House # Street Address			Date [MM/DD/YYYY]	S	
STANDARD AND AND AND AND AND AND AND AND AND AN					
Gity	State	Zip Code	Date [MM/DD/YYYY]	\S :	
Eull Name of Contributor			Date [MM/DD/YYYY]	\$ 52	
arungwanie oksonich botol a			- Dace: IIVIIVI/DD/15: IVI		
House # Street Address			Date [MM/DD/YYYY]	\$	
Superior Sup			Electrical he last contain he last all contains a state of the last and the last an		
Gity	State	Zip:Code ::	Date [MM/DD/YYYY]	8 5)	
Concept Service Control Contro					
Full Name of Contributor			Date:[MM/DD/YYYY]	S	
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	: \$	
	Control of the Contro	Company of the Compan			
Full:Name of Contributor			Date [MM/DD/YYYY)	5	
Record of the second of the se					
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
House # Street Address			Date [MM/DD/YYYY]	"S "	
				7	
City	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:

Full Name of			Date [MM/DD/XYYY] \$	
Contributing Committee				
House # Street A	(Magaza	<u> </u>	Date/[MM/DD/YYYY] \$	
Street	101.C33		Date (IMIM/DD/) (That)	
	A CONTROL OF THE PROPERTY OF T			
City	State	Zip Code	Date [MM/DD/YYYYY] \$	
	100 April 100 Ap		A Committee of the Comm	
Full Name of	To the second second		Date [MM/DD/YYYY] \$	
Contributing Committee				
House# Street A	ldress		Date [MM/DD/YWY] \$	
City	State	Zip Gode	Date [MM/DD/YYYY] \$	
	700,000 and 2000 2000 and 2000 2000 and 2000	Control of the second		
Full Name of	2000 0000000000000000000000000000000000		Date [MM/DD/XXXX) \$	
Contributing Committee			Date [MM/DD/YYYYY] \$	
EPON WHILE STORY			Control of the contro	
House# Street Ac	ldress	•	Date [MM/DD/YYYY] \$	
	And the second s		100 miles	
City:	State	Zip Code	Date [MM/DD/YYYY] 25	
	Jace	zipicoue	Date [MIM/DD/Mim/] 33	
Full Name of		Burger School of the Control of the		
Contributing Committee			Date [MM/DD/YYYY) \$	
			100 200 200 200 200 200 200 200 200 200	
#House# Street Ac	dress		Date [MM/DD/XXXX] S	
City	State	Zip Code	Date [MM/DD/YYYYY] \$	
Full Name of	Company of the Compan	Agency of the second of the se	Control of the contro	
Contributing Committee			Date [MM/DD/YYYY) \$	
			# 100 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	
House# Street Ac	dress		Date [MM/DD/YYYY/] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
and the second				
*Full Name of				
-Contributing Committee			Date [MM/DD/YYYY] \$	
			######################################	
House # Street Ac	dress		Date [MM/DD/YYYY] \$	
	Control of			
EGity.	State	Zip Code	Date [MM/DD/YYYY] \$	****
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CONTROL OF THE PROPERTY OF THE	0.000		SCHOOL STATE BODY OF A FOR BODY OF A FOR A FOR A SCHOOL AND A FOR	

PART D All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:		
Full Name of Contributor.	0 1 1	Date [MM/DD/YYYY) \$
160gu	Richards	10/13/2021 1,000.00
House # /928 Street Address	Richards South Shore Drive	Date [MM/DD/XYYY] \$
City En'e	State PA Zip Code // // // // // // // // // // // // //	Date [MM/DD/YYYY] \$
Employer:Name	Atturny	Occupation Attumy
Employer:Mailing:Address:/ Principal:Place.of:Business	230 West Sixth St. Finie	PA 16507
Full Name of Contributor		Date [MM/DD/YYYY]
House:#: Street:Address	·	Date [MM/DD/YYYY] \$
City	State Zip Gode	Date [MM/DD/AYYY] \$
Employer Name	[25:25:25:25:25:25:25:25:25:25:25:25:25:2	Occupation
Employer Mailing Address / Principal Place of Business		Extract grantening agency A
Full Name of Contributor		Date [MM/DD/XXYY] \$
House # Street Address		Date [MM/DD/YYYY]
City	State Zip:Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer:Mailing Address:/ Principal:Place of Business		
Full Name of Contributor		Date [MM/DD/YYYY]
House:# Street Address		Date [MM/DD/XYYY] \$
City	State Zip Gode	Date [MM/DD/YYYY] \$
Employer:Name		Occupation
Employer:Mailing;Address:// Principal Place of Business		

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Filer Identification Number:

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

	190 A.				
	. Alba Navêsa	r			
Full:Name					
House #	Stre	et Address			'
City	(E. 1/2)	Service Constitution	State	Zip	Date [MM/DD/YYYY] \$
				Code	
Receipt Description			VICEUTS (CICEUTS)	mineral control of the control	IF 35
Full Name	e de la composition della comp		***		
House #	Stre	et Address			
City			State	Zip Code	Date [MM/DD/XYYY] \$
Receipt Description			\$5000 A4000 1,1000		[2.00]
Full Name					· · · · · · · · · · · · · · · · · · ·
House:#	Stre	et Address			
(City)	fire and		State	Zip	Date [MM/DD/YYYY] \$
			Committee or a committee of the committe	Code	社談公 新統治 新統治 新統治
Receipt Description				A_1002243480122011	[Particol]
Füll Name					
House #	Stre	et Address			
City	Ariana Mariana	socia e assertinte escerial.	State	Zip Code	Date [MM/DD/XXYY] \$
			Total Control		20 miles 2 mil
Receipt Description					
Full Name					
House #	Stre	et Address			
City	And Justice 1		State	Zip Code	Date [MM/DD/YYYY] \$
				- COUC	200 A
Receipt Description					
Full Name	72:14 75:70				
House #	Stre	et Address			
City			State	Zip	Date [MM/DD/YYYY]
				Code	Date [MM/DD/YYYY] \$
Receipt Description					•

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 CONT	RIBUTIONS RECEIVED-VALUE OF	\$50.00 OR L	LESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2IN-KIND CONTRIBUTIONS R	EGEIVED-VALUE OF \$50.01 TO \$	250:00//ER@N	WPART FI
	anta integral (1865). Buga nitsaan taraha da Turkasan Masali, inta integral (1865).		
TOTAL for the reporting period	(2)	\$	
3. IN-KIND(GONTRIBUTION RE	GENVEDEVALUE:OMER:\$250:00:(F	ROM:PART G	3).
			and the same of
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBU PERIOD (Add and enter amount total on Page 1, Report Cover Page, Item F	s from boxes 1, 2, and 3; also ent	1 1	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	n:Number:		**************************************
Category and promoted and are an artistic formation			,
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$
House#	Street Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of C	ontribution		
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$
House #	Street Address		_Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of C	ontribution		
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DD/YYYY]
City.	State	Zip Code	Date [MMI/DD/YYYY] \$
Description of C		The Conference of the Conference States	[5,658]
Full Name of Co	ntributor		Date [MM/DD/YYYY) \$
House #	Street Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of C	ontribution	20 11000000 100000000000000000000000000	
Full Name of Co	ntributor		Date [MM/DD/YYYY] \$
House#	Street Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM//DD/YYYY] \$
Description of C	ontribution.	家共享完全的企业。 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identificati	on:Number:	
Full Name of C	Contributors	Date [MM/DD/YYYY] \$
House #	Street Address	Date [MM/DD/YYYY] \$
		Control of the contro
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Nam	(a	Occupation
	ling Address / Principal	Description
Place of Busin	ESS.	of Gontribution
Full Name of C	ontributor	Dates[MM/DD/YYYY] \$
House #	Street:Address	Date [MM/DD/YYYY] \$
Committee of the commit		
City	State Zip:Code	Date [MM/DD/YYYY] \$
	And of the state o	
Employer Nam	16	Occupation.
	ing Address //Principal	Description
Place of Busin	BSS	of Contribution
Full Name of C	ontributor	Date [MM//DD/XYYY] \$
		200 may 1 ma
House #	Street Address	Date [MM/DD/YYYY] \$
	Water of a risk of shadows the state of the shadows th	<u> </u>
City	State Zip Code	Date [MM/DD/YYYY] \$
		SC 2005 SC 2005 SC 2005 SC 2005 SC 2005 SC 2005
Employer Nam	le // / / / / / / / / / / / / / / / / /	Occupation
Employer Mail	ing:Address://Principal	Description
Place of Busine		of
Full Name of C		Contribution
Full Name of C	Official	Date [MM/DD/YYYY] 25
House #	Street-Address	Date [MM/DD/YYYY] \$
City	State Zip/Gode	Date [MM/DD/YYYY] \$
months of management and program and progr		
Employer Nam	le	Occupation
	ing Address / Principal	Description
Place of Busine	25S	of Contribution

Statement of Expenditures

Section 1 to the section of the sect		 	 	
Filer Identification Number:	1			
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and the state of the second second second	.i			
	i .			

To Who	m Paid	0 1		Date [MM/DD/YYYY] \$	
	ernoteriora incluio dialetta	Pro ferm 4		07/24/221	1,255,53
House #	640874 Street Ad	Idress		Description of Expenditure	
	64084 Street Ad Cincinnass	State O /7	Y Code 45344	y Signs	
To Who	m Paid			Date [MM/DD/YYYY] \$	
(House:#	Street Ad	idress		Description of Expenditure	And the season of the season o
City	A RIW Westerness	State	Zip Code		
To Whor	m Paid	. Triber 100 p	Water Street	Date [MM/DD/YYYY] \$	n de la constitución de la const
House #	Street Add	dress		Description of Expenditure	
City	With a significant control of the significant co	State	Zip:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
To:Whor	m Paid ===	(2017年1月2日) (2017年1月2日) (2017年1月2日)		Date [MM/DD/YYYY] ×\$	Transport of the Control of the Cont
House #	Street Add	dress		Description of Expenditure	
City	Section of the sectio	State	Zip. Code		
To Whon	m Paid	PAS A Constant	West Talking of Land	Date [MM/DD/YYYY] \$	Tr. cle
House #	Street Add	dress		Description of Expenditure	
City	THE CONTRACTOR SERVICE	State	Zip Code		
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House #	Street Add	dress		Description of Expenditure	
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To Whon	n Paid	\$77,657 \$6,666,00 minut	2017-2017-2019-2024	Date [MM/DD/Y/YYY] \$	
House:#	Street Add	dress		Description of Expenditure:	
City:	William Control of Survey Space	State	Zip Code		
To Whom	n Paid	Total consump	(Mand: Instruments)	Date [MM/DD/YYYY] \$	
House #	Street Add	dress		Description of Expenditure	
City	<u> </u>	State	Zip Code:		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Nu	ımber:		·	
tag Bulgary n Tagar da Land				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	- Marian	DATE DEBT INCURRED	S
		8 4	[MM/DD/YYYY]	
City	Established the property	State	lobal man, capped	
	Policy Communication	Jiaic	Zip Code	
Description of Debt			1 ***	
Name of Creditor	AND	·		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		<u> </u>	[MM/DD/YYYY]	
City		`State	Zip	The state of the s
Description of Debt	And the first of t		Code	
PERIOD OF THE PROPERTY OF THE				
Name of Creditor				Outstanding Balance of Debt
House #	Street/Address		DATE DEBT INCURRED	<u>.</u> .\$.
			[MM/DD/YYYY]	7
City		State	Zip	
	A STATE OF THE STA		Code	Re. Court
Description of Debt				
Name of Creditor	Asia P. Asia Santa Santa			Outstanding Balance of Debt
House #	Street Address	e constant of the constant of	DATE DEBT INCURRED	**************************************
		e e e e e e e e e e e e e e e e e e e	[MM/DD/YYYY]	
City	The Market Marke	State	Zip	###### ###############################
Description of Debt	60 0000 40% (\$5%)	Commence of the commence of th	Code	20 (20 (20 (20 (20 (20 (20 (20 (20 (20 (
Name of Creditor	Charles de la companya de la company			Outstanding Balance of Debt
House #	Street Address		DATE DEBT-INCURRED [MM/DD/YYYY]	A Company of the Comp
		(20.00)	IMIMA DO PER EST	
City	Reconstructions and a second	State	Zip	
Description of Debt			Code	
n galaxii				
Name of Creditor	在1000000000000000000000000000000000000			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	The state of the s
		<u> </u>		The state of the s
City	Management 1 1 1 1 1 1 1 1 1	State	Zip	\$2.1 (0) \$1.0 (1) \$1.0 (1) \$1.0 (1) \$1.0 (1) \$1.0 (1)
Description of Debt			Code	
entiation and the same of the same				

PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report 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 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 Board 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 petitions. 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 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 filled to correct, add to, or in some way change a report that has already been filled.

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 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: Unitermized 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 B.

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. [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 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 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 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 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 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/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 filling fee - A late filling 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	24	Elk	47	Montour	REP	Republican Party
02	Allegheny	25	Erie	48	Northampton	DEM	Democratic Party
03	Armstrong	26	Fayette	49	Northumberland	CST	Constitutional Party
04	Beaver	27	Franklin	50	Perry	LIB	Libertarian Party
05	Bedford	28	Forest	51	Philadelphia	REF	Reform Party
06	Berks	29	Fulton	52	Pike	OTH	Other
.07	Blair	30	Greene	53	Potter		
08	Bradford	31	Huntingdon	54	Schuylkill	Office	Code Table:
09	Bucks	32	I nd iana	55	Snyder		
10	Butler	33	Jefferson	56	Somerset	GOV	Governor
11	Cambria	34	Juniata	57	Sullivan	LTG	Lieutenant Governor
12	Cameron	35	Lackawanna	58	Susquehanna	ATT	Attorney General
13	Carbon	36	Lancaster	59	Tioga	AUD	Auditor General
14	Centre	37	Lawrence	60	Union	TRE	State Treasurer
15	Chester	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	Columbia	42	McKean	65	Westmoreland	STH	Representative in the General
20	Crawford	43	Mercer	66	Wyoming		Assembly
21	Cumberland	44	Mifflin	67	York	CPJ	Judge of the Court of Common Plea
22	Dauphin	45	Monroe			MCJ	Judge of the Municipal Court
23	Delaware	46	Montgomery			TCJ	Judge of the Traffic Court
							Other (Candidates for local offices who file only with the County

Party Code Table:

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REF	Reform Party
OTH	Other
Office	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
CPJ	Judge of the Court of Common Pleas
VICJ	Judge of the Municipal Court
rcJ -	Judge of the Traffic Court

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

Reporting Cycle	Name				
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	Cycle 4 6 th Tuesday Pre-Election		Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 0 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	Election		cle 9 ost-Special Election

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

Eriel PA/ USA



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 • rasketampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist	Date (DD/MM/YYYY)	
Printed Name	Location (City/State/Country)	