Reset Form

Print Form

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

83 4376124  Lobbyist  Lobbyist	<del></del>					
Carrie de Autobraca	Commit	tee to	Elect M	6/1/y Bo	We 15	,
Street Address	2703 6	harlo	tto St			
City ERIE	( <del>)</del>	State	PA	Zip Code	16508	
Type of Report (Place x under report type)						
1- 6 <sup>th</sup> Tuesday   2- 2 <sup>nd</sup> Friday   3- 30 Day Post Pre-Primary   Pre-Primary   Primary	4- 6th Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Tre-riminary Tre-riminary	Tre-Election		<u> </u>			
Date Of Election (MM/DD/YYYY) 05/21/3019	Year 2019		Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Date			For	Office Use Only	
03/28/201	·	6/2019		<u> </u>		
A. Amount Brought Forward From Last Report  B. Total Monetary Contributions and Receipts  (From Schedule I)	\$ 14	68				239 154 YA
C. Total Funds Available (Sum of Lines A and B)  D. Total Expenditures \$ 127.00					0	
(From Schedule III)  E. Ending Cash Balance  \$ 16.27						
(Subtract Line D from Line C)  F. Value of In-Kind Contributions Received	\$ 700	32.01 24.00				** 
(From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)	- c .	12.46			میں 'دوتھ <u>ے</u>	
(FIDIT Scredule IV)		Affidavit Se	ction			
Part 1- If this is a Committee report, treasurer sign h	ere. If this is a Can	didate report, ca	andidate sign here.			
I swear (or affirm) that this report, including the atta	ched schedules on	paper, is to the	best of my knowled	ige and belief t	rue, correct and comple	te.
Sworn to and subscribed before me this  day of May 20/9  Welly House  Signature  Signature  Printed Name						
My Commission expires			8/4 Area Code		392 5019	 er
WIO. DAI TR.	-	, , , , , , , , , , , , , , , , , , ,			,e receptions matter	
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.  I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.						
Sworn to and subscribed before me this  day of	<u>1</u> .	- -	SILL SILL Area Code	nature of Candi	BOWLS  602-3494  time Telephone Numbe	<u> </u>

### SCHEDULE I

# Contributions and Receipts Detailed Summary Page

Filer Identification Number	83-4376124	
111 3-11 3-11		

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	ar (3) á í	
Total for the reporting period (1)	\$	693.
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0.
All Other Contributions (Part B)	\$	475.
Total for the reporting period (2)	\$	
3. Contributions Over \$250.00 (From Part Cland Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	300.
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	yw.	
Total for the reporting period (4)	\$	1468 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, Report Cover Page, Item B)	\$	1,468.

#### 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 Identification	n Number 83	4370	6124		_
		<del> </del>			Amount
Full Name of Co	intributing			Date [MM/DD/YYYY] \$	12112
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		360			
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House#	Street Address			Date [MM/DD/YYYY] \$	
Citý	The state of the s	State	Zip Code	Date [MM/DD/YYYY] \$	
3014	many to the comment				
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	<del></del>
				· · · · · · · · · · · · · · · · · · ·	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
FOUNT STATES	<b>医囊体 医紫蓝素 医</b> 亚德 化邻	母类繁		THE STATE OF THE S	
Full Name of Cor Committee	าเมเซนติกฐ			Date [MM/DD/YYYY] \$	
House #	Street Address	<del></del>		Date [MM/DD/YYYY]   \$	
	学 (学) (基) (基) (基) (基) (基) (基) (基) (基) (基) (基			1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
City	[4] 李安生李徽的代金雜剧图	State	Zip Code	Date [MM/DD/YYYY] \$	***
				The second secon	
Full Name of Cor	ntributing	gr	A STATE OF THE STA	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address		<del></del>	Date [MM/DD/YYYY] \$	
City	(1886年,1988年) 著書記書記書記書記	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	25% [15] [15] [15] [15] [15] [15] [15] [15]			Date [MM/DD/YYYY] \$	
SHARIN PLANS	Terror Arb. and		***	AD-4 (NAMA/DD/VVVVI)	N-14
House#	Street Address			Date [MM/DD/YYYY] \$	
City		6. <b>6.2</b> 00.000	(@#120 #PEE 200000 A	CALL DEPARTMENT AND ADDRESS OF THE PARTMENT AND ADDRESS OF	
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 Number 83-437 G/24	
Full Name of Contributor  Lucas Danowski  House # Street Address	Date [MM/DD/YYYY] \$   /00.
Clty. State Zip Code	Date (MM/DD/XXXX) S
Full Name of Contributor:  Oonna Delinski	100.
House 415 Street Address Put nam Dr	#Date [MM/DD/XXXXI] \$>
Gity Erie State PA Zip Code 1 1651	/ *Date(MM/DD/MM) \$  *(Date(MM/DD/MM) \$
Latricia + James Bourt	4/28/19 75.
Thouse # 139 Street Address E. 6+h	*Date[MM/DD/MMM] \$
Gity Waterfurd State PA 210, Code 16441	<b>海線(25)</b>
Conald Wagner	Date [MM/DD/XXXXI   S   100.
Housett 526 Street: Address West Plum	Date [MM/DD/AWAM]
ETTE SERIE PA 1215 1650;	
Rull Nameron Contributor Roger Lamison	10ate: MM/DD/AMMA   \$   5   5   100 °
House # 8770 Street Address Horses Lee Dr	*Date([MM/OD/MMM])
Erie State PA 1500 16510	<u> 85.3632</u>
Full Name of Contributor	Date[MM/DD/AYAY]
Street Address	Date IMM/DD/AYAMI

#### 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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COMMENTAL SPECIAL CONTRACT OF THE SPECIAL CONTRACT CONTRA			:	
क्रमभीवरामञ्जू क्रमभीवरामञ्जू			(Date [MM/DD/YWA]) \$	
House## Street#Afd	iress		Date (MM/DD/AVVA)] S	
(Glay)	Sate	∕4jp.€ode	(Pate (IXIX))(DD)/XXX(I) S	
Hull Newe of Constituting Contribute	Total surgery decomposit	The section of the se	_Gerce fxllx//ddb/kxxxx/dj \$	
Rouse III SheatAdd	firess		Date [VIM/DD/AWW] \$	
<u>ला</u> कु	Sinie	Zlp@de -	Date [[Y][Y][V][Y][Y][Y]	
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(dray)	Seta	Æfp.©ode	Date (MINY)DDY/MM/) \$	
Goveryprink Commisses Government			Dete (IVIM/ODYAYAYA) 5	
(House(f) Street Adh	liress		DETATE   TATALAN	
(Q159	Since	2्यों) (Gode		
લિયાની પ્રાથમિક હિલ્લામાં ક્ષેત્ર કરે છે. દિલ્લાની પ્રાથમિક હિલ્લામાં ક્ષેત્ર કરો છે.				
(House :: Street Add			(deig[[vim/addy/n/a/a/] 8	_
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Tull Neme of Contribuding Committee	· · · · · · · · · · · · · · · · · · ·		. Dece [VIVIODAVVVVI] S	
House (# StnestwAdd			Date     Vana Vana Val	
Clay	Skips	Zip@de	Detre (Inim)/Formany S	

#### 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)

		 <del></del>
Filer identification Number	83-4376124	

Full Name of Contributors			Date [MM/DD/YYYY] \$	
Rick	talox C	oleman	4/28/19	300.
House # Street Address 2139	Gatesmill  state  PA	Or	Date [MM/bd/MYY] 35	
ene Ene	State PA	Zip:Göde	Date [MM/DD/XYYY] \$	
Employer/Name 4	Ext. Strang Ballion 54. so 1	because the second seco	Occupation :	****
länglogarMelling/Addicess// PithalpaliPhaeof/Bashress			1 - control de control	
Full-Name of Contributor			{Date (MM/dd/AYYM) \$	
House#  Street Address			Date [MIVI/DD/YYYY] \$	
(City)	State:	Zip@ode	Date [MM/DD/YYYY]	
Employer Names	and the state of t	Processor of the Control of the Cont	Occupation	
Employar Meilling/Addicess// Ontropell/Decesofibreiness			[ १) प्रश्नेतन् वाराण्यात्रप्रशास्त्रम् व्यवस्थान्यस्य व्यवस्थानस्य वर्षः	,
Full-Name of Contributor			AN EXPLORATION STORY OF THE PROPERTY OF STATE OF THE STORY OF THE STATE OF THE STAT	
Printente Court (CCC)			Date [MM/DD/AYYAY] \$	
House## Street Address	· .		#Date (MM//DD//Y/YA).	
	State	zipicode:		
Rouse  }   Street/Address	State	Zipicode:	#Date (MM//DD//Y/YA).	
	State	zip:code	Date [MM/DD/YYYY]  Date [MM/DD/YYYYY]  Occupation	
Street Address     Glay     Employed Value     Employed Value     Employed Value     Employed Value     Principal Place of Purfuess     Fill     Value of Good History	State	Zipicode	Date [MM/DD/MAM]  Date [MM/DD/MAM]  Date [MM/DD/MAM]  S  Date [MM/DD/MAM]	
Street/Address   Gisy   Gisy	State		Date [MM/DD/YYYY]  Date [MM/DD/YYYYY]  Date [MW/DD/YYYYY]  Date [MW/DD/YYYYY]  Date [MW/DD/YYYYY]  S	
Street Address   Stre	State	Zip.Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	
Street Address     Gity			Date [MM/DD/MAYA]  Date [MM/DD/MAYA]  Date [MM/DD/MAYA]  Date [MM/DD/MAYA]  Date [MM/DD/MAYA]  Date [MM/DD/MAYA]  S.	

#### 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.

Aler dentification Number				
Full Name				
FulliName   Fouse:##   Stre	et Address			····
Höuse# Stre Gity		State	Zip (Gode)	*Date-{MM/DD/YYYY] * \$5
Receipt Description			(Code)	
	et Address			
Gray		State	[2]p	Date [MM/DD/YYYY] \$
Receipt Description			Zip Godea :	Date [MM/DD/YYYYY] \$
Hulkieme Nausewe Str	et Address			
(Riouse (II) (Giay		State	/Др Code	Date [MM/DD/XYYY]   S
			(Code	Date:[MM/DD/YYYY] \$
(प्रकलीयः क्रिक्सनम्बद्धानम्				
17:00 Name				
liliouse# stre Glay	et-Address	State	Z[0.5]	*Date:IMM/DD/MWWI \$
			Żip;   Gode	
प्रिस्त्वीयः क्रस्त्ववीयान्त				
(FUI) (VEI INC)				
	et Address	*States	7/10-N	#Date MM/DD/YYYY # KS
			Ζip Gode	#Dates[MM/DD/XXXXV] \$ \$
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laulit/enne	TO AND HON I COMMANDE AND T	,		
	et/Address			
etiy		State	Ир Code	(Cate (MM/PD/MYYM)\$
सिख्डोतर Densilpifon				

#### 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

Filler (deatification Number: 83	-437612	14	·		•••
1. UNITEMIZED IN KIND CONTRI	BUTIONS REGELVED V	ALUE OF S50 00 0	R LESS PER CONTRI	BUITOR	
TOTAL for the reporting period	(1)	\$	49.00	- · · ·	
					Company of the Compan
2: IN-KIND CONTRIBUTIONS REC	EIVED-VAIUJE OF SEO	01 10 S250 00 HR	(OM PARTE)		
TOTAL for the reporting period	(2)	\$			_
		And the section of th			V
34 INEXINDICONTRIBUMON/REGE	IMED-WALUE OMER 52	50.00%(FRO MEPARE	(6)		
TOTAL for the reporting period	(3)	\$	415		
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F)			524.		i
<b>L</b>					

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

The identification connects	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House## StreetAddress	*Date [MM/DD//YYYY] \$
City State Zip'Code	Date:[MM/DD/MYY]; \$
Description of Contribution	
######################################	Date [MM/DD/MYM] \$
House## Street/Address	*Date: MM/DD/XXXXII \$
(Gity Zip Gode)	Date [MIM/DD/WYYI]
Description of Contribution	
RVIII/Jame of Contribution	*Date([MM/DD/AXXXI] S
(House::: Street/Address	Date [MM/DD/WWM] S
Gity State Zip.Gode	Date (MIM/DD/AYAY)) \$
Pereription of Contribution	HE THE STREET AND ADDRESS OF THE STREET AND
Activities Novement Inches	(Date [MIM/DD//WWW]) \$
Street/Address	Date(IMM/DD/M/A/I) \$
City State: Zip/Gode	Date (MM/DD/XXXXI)
Description of South building	
Halli Name of Contributor	Date (MM/DD/MY/X) 45
(House (F) Street) Address	₹Dateվ(MM)/DD/MAA(II S
Othy State ZipiGode	ADate(MM/DD/MAXA) \$-
(Peral)itono (Contribution)	

## SCHEDULE II

#### Part G

## **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Numbers 83 437 6124

		1887年   24年   14年   14年
Full Name of contributors Scott	Bonnell	05/03/2019 475.
House's HHIS Street Address	+ Bonnell rsimmon Or	Date (MM/DD/XYYX) 15.
Girard	State PA Sp. Code 16417	Date [MM/DD/YYYY] \$53
Employer/Name	.	Occupation .
निmployer Melling Address // Principal । Place of Business		Description of Contribution
Full Name of Contributor		(Control (MIM/) DD/MY/Y)
(#louse## Street/Address		(Sate [MM/DD/YYYY)
(GLy)	State Zip Code	Date(IMM//bb//xxxx/), 35
iEmployeriName		(Occupation
FamployeriMailling/Addiness//Palindpub Placerof/Busliness		Disseriation iof contribution
[JulliName of Contributor		Dara [MM/DD/AYAY]
(House :: 3 Street Address		*Date[MM/DD/AAAA]
<u>बिस्</u>	State Zip(Code	Date [MIV/ADD/AAYAY]), ₹
Small/rexyologner	(Manufacture)	Occupation
lamployar(Yelling/Yddiress//Paindpell (Recevo)Businass		Precipitor of Contribution
Hall Main (a lot Coint iil butoir		Date (MM/DD/MYY)
(House/#) Street/Address		Date   MIVI/DD//YYYYI   S
Gity	Sate Zpote	ADate([MIM/DD//YYYY]) 200 [S
Employee/Name		(Occupation 1
Pingloyer(Ybilling/Yddiress//Painelpell Plerand/Büsiness		Of Contribution

#### **SCHEDULE III**

*)*.

## **Statement of Expenditures**

## 

Howhom Pality Staples House # 10   Street Address   10   10	Date IMM/ADD/WAMI S 4/24/19 // A. 35  Description of Expenditure
7902 Reystone Ur	
ETTE PA Code 16509	ADATO HMIN/JODY/MANA/
octane	4/26/19 106.00
House H 5635 Street Address W. Ridge Rd	Description of Broentiture
Gity Erie State PA Gode 16506	
Dollar Tree	1926/19 29.72
Houseld 1914 Street Address Keystone Dr	Description of Expanditure
Erie PA Gode 16509	Table Items
Gordon Foods	100 49.50
House # 4740 Streen Additions Peach St	। ऐंडेस्सोव्यंनिक्वित्वार्थीस्थान
City Erie State PA Gode 16509	Dect Paper Goods & Popcorn
The Whom Paid Walmart	# 35.54
1825 Street/Addicess Downs Or	Permittionoflypendline
Giv Erie State PA Code 16509	Beverages
MoWhom Pald Staples	12.44 1/27/19 72.44
House 1902 Street Additions Keystone Dr	Dev.joinofExpendium
Glay State Alp Gode	for Fundralson
Wowthom Raid Dollar Tree	4/27/19 6.36
House # 2211 Street Additions Keystone Dr	Description of Expanditure
Gliv Erie PA Gode 16505	Paper Tray Holders
nowhen Pald Dollar Tree,	19-08 19.08
House # 3708 Street/Address Keystone BY	Description of Expanditure
GIV Erie State PA Gode 16508	Patriotic Decorations
North West Sound Bank	3-24.99

North West Squing Bank Blank Checks

5/6/19 \$5.00 435.99

#### **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.

File (Rentification Wumbas)

Nemeofdellibr			OdistandingBalancero/Pebt
	Street Address	ON DATIE DEBT INGURRE	
2836	Kirsch Rol	[MM/Jed/Aran/]	105.00
(etay)	EME	State PA Code 165	10
Description of Dabe	Campaign Tshi		[ 75] [ 75]
soffeneline	Visto Print		Outstanding Balance of Debt
House(#)	Street Address Internet	OATEDESENINGURRE	
etsy.		State 40 Gode	- Ld3,17
Description of Debit	18		Mineral I
ivence of Gradius			©પાલ Emding/Balance/વર્ષ થયેલ
Blosse#	Street (Atthess	AVAVAAKAGEAKATANI AVAVAAKAGEAKATANI AVAVAAKAGEAKATANI	
City		State Zip Gode	
ক্রিজনামিকে প্রক্রিক		eate	
Manusoji@ieijiios L		······································	्रीपाञ्चलातीत्वक्षित्रात्तात्व <b>्री</b> म् <b>रीवर्गः</b>
House()	Sinei/Address	DANS DEED INCURRE	P S
		[[\piny\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
CCUTAN		State 746 Gode	
তিহ্বরণীগুলোক্ট তিহ্বস্ট			, 000-000
(kine of Geeffich			OutstandingBalance के गिर्निहें
House#!	Street Additions	(DYNANA) (MANA) (MANANA) (MANA) (MANANA) (MANA)	
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<u> जिल्ह्यमुक्तालक लिल्ह</u> ी		Participated (1)	(at 6458)
ા (Name of Geoffici			(वेगस्त्रकाती) दुस्ति। तब्द वर्गे हिन्देशे
l∦louse#	SuestAddiess	[KAKANADDAVAAA]] IONALEDISIMEHNICARISIS	
Chy		Stelle Z(p	
। विश्वस्थानीय प्राचित्र व्यक्तिस्था		මෝගම	
		_	

#### 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 Goda - 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, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the 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: Unitemized 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 by the Flection Code