

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

Filer Identification	Report File		ate S	Committee	<u> </u>	ما المالية ا	- T
Number	(Mark X)	.a by Candid		Committee	·	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	J. Michael Lin	dner	· <u> </u>		·	<u> </u>	
Street Address	2606 Kimberl	y Dr					
City Erie	<u> </u>	State	PA	Zip Code	16509		
Type of Report (Place x under report type)					· <u> </u>		
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post	4- 6th Tuesd	ay 5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30	Day
Pre-Primary Pre-Primary Primary	Pre- Election				Pre-Election	Post-Elect	
Date Of Election 05/21/2019	Year	2019	Amendment Report	\boxtimes	Termination Report		···········
Summary of Receipts and From Date Expenditures	To D	ate		For	Office Use Only		
04/02/2019		04/25/2019					
A. Amount Brought Forward From Last Report	.	0	·		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	<u></u>	-
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	747.84	15 15 16			Burganan Burganan Burganan Burganan Burganan	
C. Total Funds Available (Sum of Lines A and B)	\$	747.84				TOTAL CARE	
D. Total Expenditures	\$					φ K	A
(From Schedule III) E. Ending Cash Balance		747.84			C 3 C		-73
(Subtract Line D from Line C)	\$	0				ত্	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0			man name (Annual) (Annua	2	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	!			A A	blic 019
		Affidavit Se	tion			~ 1	- A
Part 1- If this is a Committee report, treasurer sign her I swear (or affirm) that this report, including the attack	re. If this is a C hed schedules	andidate report, ca	ndidate sign here.	go and hallofter		S	2 2 2 0 0
Sworn to and subscribed before me this		on paper, is to the	Dest of the knowledg	ge and belief tri	ue, correct and complet	PENN SEAL	Social So
6, May of May 20 19		\mathcal{O}	mill to	4			der, Erie
Kimbay & allexander	,	· <u>[].</u>	Signature o Michael Lindner	of Person Submi		ARIV	Alexan Frie, on Exp
Signature 100	, i			Printed Name	!		y of y of issi
My Commission expires 10 31 201 MO. DAY YR.	7	814		397-2		OMMONWE NC	Comment
			rea Code	Dayt	ime Telephone Numbe	T WO	
Part II- If this is a report of a Candidate's Authorized C I swear (or affirm) that to the best of my knowledge ar amended.	ommittee, can id belief this p	didate shall sign he olitical committee h	re. nas not violated any	provisions of th	ne Act of June 3, 1937 (I	P.L. 1333, NO.	320) as
					· ·		
Sworn to and subscribed before me this	_		1 6			•	
day of20	1		Signa	eture of Candida	ate		
Signature	j,	_	-	rinted Name			
My Commission expires	· '						
MO. DAY YR.			ea Code	Daytin	ne Telephone Number	_	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

(1)	\$	0
	\$	0
	7\$	150
(2)	\$	150
	4	
	\$	0
	\$	597.84
(3)	\$	597.84
(4)	\$	0
ort		0
	(3)	(2) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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.

						Amount
Full Name of Cont	ributing		<u></u>	Date [MM/DD/YYYY]	\$	
Committee]	*
House #	Street Address			Date [MM/DD/YYYY]	\$	
nouse #	Su eet Muui ess			pare fraint set		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cont	ributing			Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address	-	·	Date [MM/DD/YYYY]	\$	-
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
City	•	State	Zip Code	Date frankly political		
	· A1 _A2			D-1- (5484 (DD (5000))	1	
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
				·	1	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
City		Jeac	Lip code	Same Institution 1		
Full Name of Cont	مرد (در مادر	47		Date [MM/DD/YYYY]	\$	
Committee	/touting		4 - 2	Date [MIM/DD/1111]	7 1	
House #	Fancas Address		· .	Date [MM/DD/YYYY]	\$	
House #	Street Address		•	Date [WilWI/DD/1111]		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
					1	
Full Name of Cont	ributing			Date [MM/DD/YYYY]	\$	
Committee						
				- F4 46 4 (mm /1000)/1		
House #	Street Address			Date [MM/DD/YYYY]	\$	
			•			
City	, <u> </u>	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cont	ributing			Date [MM/DD/YYYY]	\$	
Committee		•				:
House #	Street Address			Date [MM/DD/YYYY]	\$	
0.00			7!- 6-3-	Data [5404 (DD (VVVV)]		·
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:

A Company of the Comp				
Full Name of Contributor			Date [MM/DD/YYYY] .\$	3
J.M	lichael Lindner		04/02/2019	100
	Address		Date [MM/DD/YYYY] \$	XI
2606	Kimberly Dr		04/17/2019	50
City	State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
Erie	PA	16509		ĺ.
Full Name of Contributor			Date [MM/DD/YYYY] \$	
				7
House # Street	Address		Date [MM/DD/YYYY] \$	\$
		"		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	100	and the second s		
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street	Address		Date [MM/DD/YYYY] \$	
				Š Ž
City	State	Zip Code	Date [MM/DD/YYYY] \$	3
				7 6 7 8 7
Full Name of Contributor	0.0000 0.000 4, 0.00	Antibotic Control (Control Control Control	Date [MM/DD/YYYY] \$	
				51 55 55 56 56 56
House # Street /	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Full Name of Contributor			Date [MM/DD/YYYY] \$	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
House # Street /	Address	·	Date [MM/DD/YYYY] \$	8 6 8
City	State	Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
Full Name of Contributor			Date [MM/DD/YYYY] \$	
				50 C
House # Street /	Address		Date [MM/DD/YYYY] \$	
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	15. M. S. G.			Date [MM/DD/YYYY]	1 \$	
Contributing Comm	ittee			and the state of t		
					6.2	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	[1408388888888888888888888888888888888888	State	Zip Code	Date [MM/DD/YYYY]	\$	
						4
J. 54,65		£ 35 %				
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Comm	iittee					}
House #	Street Address			Date [MM/DD/YYYY]	\$	
	Suect Addicss			Destruction and State of the St		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of	2.23	12. 11. 11. 11. 11. 11.	The state of the s	Date [MM/DD/YYYY]	\$	
Contributing Comm	ittee	•	-	303 (Sec.) (S		
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	<u> </u>	State S	Zip Code	Date [MM/DD/YYYY]	\$	
		15.62.43		Constrained that the unit absence of the file of the factors of		
Full Name of	(E) (E) (E)	(VERTICAL STREET	Sec. Section Contracts	Date [MM/DD/YYYY]	\$	
Contributing Comm	ittee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	Section 19 School 19	State	Zip Code	Date [MM/DD/YYYY]	\$	<u> </u>
and the second	•					
Full Name of		\$569206		Date [MM/DD/YYYY]	\$	
Contributing Comm	ittee			Date HAIMADD I III. 17		
					i k	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Gode	Date [MM/DD/YYYY]	\$	
					6	
	Controvers me					
Full Name of			•	Date [MM/DD/YYYY]	¢	
Contributing Comm	nice .					:
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
					1	
		NAME OF THE PARTY	00-12-12-12-12-12-12-12-12-12-12-12-12-12-	DELETARA/DD/OODA		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
	a.					

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)

				- 100-17
Full Name of Contributor			Date [MM/DD/YYYY]	\$
	J. Michael Lindner		04/02/2019	597.84
200 Page 1900 Pa	et Address		Date [MM/DD/YYYY]	\$
2606	Kimberly Dr			
City Erie	State PA	Zip Code 16509	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business	K			
Full Name of Contributor	Apparation of the second of th		Date [MM/DD/YYYY]	\$
			- 7	
House# Stree	et Address		Date [MM/DD/YYYY]	Š
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	iokii .
Employer Mailing Address / Principal Place of Business		<u> </u>		·
Full Name of Contributor			Date [MM/DD/YYYY]	\$
1.00 pt) 	
House # Stree	rt Address	,	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		484	Occupation	·
Employer Mailing Address / Principal Place of Business				•
Full Name of Contributor			Date [MM/DD/YYYY]	\$
	•			
House # Stree	t-Address		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	S
Employer Name		A CONTRACT CONTRACT CONTRACT	Occupation	966.3
Employer Mailing Address / Principal Place of Business			.a. 1026688801488888888888	

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.

rier identification Num	DEI.			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
	×		Code	
Receipt Description				
Full Name				
House#	Street:Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
	ON YOR			
Full Name		•	a de la companya del companya de la companya del companya de la co	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
		·		
Full Name			,	•
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
ig filosoficial in the following				·
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	Page 1	·		
House #	Street Address			
Citý		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				[233]
BASATARAS	W600			

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 Numbers				
ć.				
1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED-VAI	LUE OF \$50.00 OR LESS PER	CONTRIBUTOR	描述
TOTAL for the reporting period	(1)	\$		
2 IN-KIND CONTRIBUTIONS REC	CEIVED:VALUE OF \$50.01	L TO \$250.00 (FROM PART F	7)	
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION REGI	EIVED-VALUE OVER \$250	0.00 (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:

• 17				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	t Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
			The control of the property of the control of the c	
Description of Contribution				XXX
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	t Address		Date [MM/DD/YYYY]	\$
City	State.	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	71,500,000	Figure 2 ft propagation and the second	1	S 75-14
Full Name of Contributor			Date [MM/DD/YYYY]	
House# Stree	t Address		Date [MM/DD/YYYY]	3
Juee 30 ee	: Audress			*
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
				· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Stree	t Address	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	FRANKES ACCOUNT OF CARLEY AND			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House# Stree	t Address		Date [MM/DD/YYYY]	\$
		6,		
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
And the state of t	a state of the profession and the second			

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
A Source State of the second state of			
A THY DELAY COLOR TO A COLOR COLOR COLOR COLOR CONTROL COLOR			

Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Late to All the Management of America	Occupation
Employer Mailing Address / Principal Place of Business		Description of Contribution
Full Name of Contributor		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 Place of Business.		Description of Contribution
ARTHUR AND	70	Takin bedaye kulosi dag diede jaya jagi di gagi b
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House# Street Address City	State Zip Code	Date [MM/DD/YYYY] \$
House# Street Address City Employer Name	State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House# Street Address City	State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City Employer Name Employer Mailing Address / Principal	State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor. House # Street Address		Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor. House # Street Address City	State Zip Code State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$
House # Street Address City Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Street Address City	State Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$

Statement of Expenditures

Filer Identification Number:		
SE VARIANTELE AN ELEKT CALENT VALUE AND AN AND AND AND AND AND AND AND AND		

To Whom Paid		_		Date [MM/DD/YYYY] \$	400
1-49 kg	R Frank Photography LL	.C		04/03/2019	100
House # 2199	Street Address	ooro Ct		Description of Expenditur	
	l OAI		Lineau testumen, massi		
City Erie		State pa	Zip Code 16510	Social Media Photographs	
To Whom Paid	DeSantis Signs & Graph	ics Inc		Date [MM/DD/YYYY] \$	
	Desantia signa & Graph	ida IIIda		04/02/2019	597.48
House# 540	Street Address	st 18th Street		Description of Expenditure	
	<u> </u>		TAN-1200000001		
City Erie		State PA	Zip Code 16502	Campaign Yard Signs	
To Whom Paid	Community Access Med	lia .		Date [MM/DD/YYYY] \$	50
	Community Access Mec	lia .	•	04/17/2019	å
House# 142	Street Address Wes	t 12th Street		Description of Expenditure	
City Erie		State PA	Zip Code 16501	Candidate Media Segment	
To Whom Paid		Tables of recision residents	10 Sent as forms and actions	Date [MM/DD/YYYY] # \$	Ø.
	-				
House#	Street Address			Description of Expenditure	
g Million (1)					
City	·	State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
					2 2
House #	Street Address			Description of Expenditure	
City		State	Zip Code	The Second Control of the Control of	
To Whom Paid	·			Date [MM/DD/YYYY] \$	Al Control
			•		
House #	Street Address		:	Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	1
City		State	Zip Code		alowo ee
To Whom Paid				Date [MM/DD/YYYY] \$	
io whom Palo				Date [MM/DD/TTT]	
House#	Street Address			Description of Expenditure	
City	1 to 100,000 to 100,000,000,000 (100 to 100	State	Zip Code	 A segment is a server as the contract of a contract of the contra	e new Art Committee and Art Committee a

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.

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt			·
Name of Creditor			Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip	
Description of Debt		Code	
Name of Greditor		Beet transfer and the second s	Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	•
City		State Zip	
Description of Debt		Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED	S
		[MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
		2 CONTROL OF THE PROPERTY OF T	
City		State Zip Code	
Description of Debt			

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 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 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:

	and about rubici				
01	Adams	24	EIK	47	Montour
02	Allegheny	25	Eri e	48	Northampton
03	Armstrong	26	Fayette	49	Northumberland
04	Beaver	27	Franklin	50	Perry
05	Bedford	28	Forest	51	Philadelphia
06	Berks	29	Fulton	52	Pike
07	Bleir	30	Greene	53	Potter
OB	Bradford	31	Huntingdon	54	Schuylkill
09	Bucks	32	Indiana	55	Snyder
10	Butler	33	Jefferson	56	Somerset
11	Cambria	34	Juniata	57	Sullivan
12	Cameron	35	Lackawanna	58	Susquehanna
13	Carbon	36	Lancaster	59	Tioga
14	Centre	37	Lawrence	60	Union
15	Chester	38	Lebanon	61	Venango
16	Clarion	39	Lehigh	62	Warren
17	Clearfield	40	Luzerne	63	Washington
18	Clinton	41	Lycoming	64	Wayne
19	Columbia	42	McKean	65	Westmoreland
20	Crawford	43	Mercer	66	Wyoming
21	Cumberland	44	Mifflin	67	York
22	Dauphin	45	Monroe		
23	Delaware	46	Montgomery		

Party Code Table:

REP	Republican Party
DEM	Democratic Party
CST	Constitutional Party
LIB	Libertarian Party
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
ÇPJ	Judge of the Court of Common Pleas
VICJ	Judge of the Municipal Court
LC1	Judge of the Traffic Court
HTC	Other (Candidates for local offices
	who file only with the County
	Board of Elections)