

# Commonwealth of Pennsylvania - Campaign Finance Report

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

<b>Filer Identification Number</b>		<b>Report Filed By (Mark X)</b>	<input checked="" type="checkbox"/>	<b>Candidate</b>	<input type="checkbox"/>	<b>Committee</b>	<input type="checkbox"/>	<b>Lobbyist</b>	<input type="checkbox"/>
<b>Name of Filing Committee, Candidate or Lobbyist</b>		Michael Pace							
<b>Street Address</b>		770 W. Townhall Rd.							
<b>City</b>	Waterford	<b>State</b>	PA	<b>Zip Code</b>	16441				

Type of Report (Place x under report type)

<b>1- 6<sup>th</sup> Tuesday Pre-Primary</b>	<b>2- 2<sup>nd</sup> Friday Pre-Primary</b>	<b>3- 30 Day Post Primary</b>	<b>4- 6<sup>th</sup> Tuesday Pre- Election</b>	<b>5- 2<sup>nd</sup> Friday Pre- Election</b>	<b>6- 30 Day Post Election</b>	<b>7- Annual</b>	<b>Special 2<sup>nd</sup> Friday Pre-Election</b>	<b>Special 30 Day Post-Election</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Date Of Election (MM/DD/YYYY)</b>		11/5	<b>Year</b>	2019	<b>Amendment Report</b>	<input type="checkbox"/>	<b>Termination Report</b>	<input type="checkbox"/>

<b>Summary of Receipts and Expenditures</b>	<b>From Date</b>	<b>To Date</b>	<b>For Office Use Only</b>
	5/7/19	6/10/19	
<b>A. Amount Brought Forward From Last Report</b>	\$	-798.95	<p>COPIES OF THIS REPORT ARE AVAILABLE FOR REVIEW AT THE OFFICE OF THE CLERK OF THE SUPREME COURT, 100 N. 3RD ST., PHILADELPHIA, PA 19106</p> <p>10</p>
<b>B. Total Monetary Contributions and Receipts (From Schedule I)</b>	\$	0	
<b>C. Total Funds Available (Sum of Lines A and B)</b>	\$	-798.95	
<b>D. Total Expenditures (From Schedule III)</b>	\$	0	
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>	\$	-798.95	
<b>F. Value of In-Kind Contributions Received (From Schedule II)</b>	\$	0	
<b>G. Unpaid Debts and Obligations (From Schedule IV)</b>	\$	0	

## Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 13<sup>th</sup> day of June 2019

Janina Hernandez  
Signature

My Commission expires 4-3-23  
MO. DAY YR.

Michael Pace  
Signature of Person Submitting report

MICHAEL PACE  
Printed Name

(814) 460-5851  
Area Code Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate and authorized committee member 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 \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_ MO. DAY YR.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Filer Identification Number	Michael Pace
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$

**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.

<b>Filer Identification Number</b>	Michael Pace
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Amount

<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$

## 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:	Michael Pace
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
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:	Michael Pace
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Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City				State		Zip Code		Date [MM/DD/YYYY]

## 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:	Michael Pace
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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								

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								

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								

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								

## 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.

Filer Identification Number:	Michael Pace
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Full Name												
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												
Full Name												
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												
Full Name												
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												

**SCHEDULE II**

**IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
DETAILED SUMMARY PAGE**

<b>Filer Identification Number:</b>	Michael Pace
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>
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TOTAL for the reporting period (1)	\$	0
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<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>
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TOTAL for the reporting period (2)	\$	0
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<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>
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TOTAL for the reporting period (3)	\$	0
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	0
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**SCHEDULE II  
PART F**

**In-Kind Contributions Received**

**VALUE OF \$50.01 TO \$250**

<b>Filer Identification Number:</b>	Michael Pace
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								

**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

<b>Filer Identification Number:</b>	Michael Pace
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>				
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>				
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>				
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$		
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>				

SCHEDULE III  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	Michael Pace
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<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>				<b>Street Address</b>		<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>				<b>Street Address</b>		<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>				<b>Street Address</b>		<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>				<b>Street Address</b>		<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>				<b>Street Address</b>		<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>				<b>Street Address</b>		<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>				<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>				<b>Street Address</b>		<b>Description of Expenditure</b>	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			

**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.

<b>Filer Identification Number:</b>	Michael Pace
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<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							