

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.


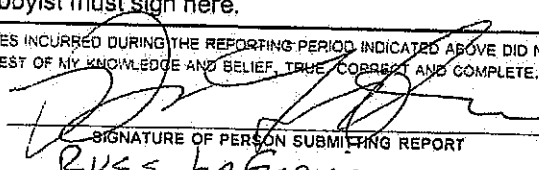
FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Russ LaFuria						
STREET ADDRESS 9747 W. MAIN ROAD						
CITY NORTH EAST			STATE PA.	ZIP CODE 16728		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		TOWNSHIP SUPERVISOR			R	MO. DAY YEAR 11 2 21
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> CASH BALANCE AT END OF REPORTING PERIOD: \$ -0- TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ -0- </div>		FOR OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/> </div>		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS		SIGNATURE OF PERSON SUBMITTING REPORT	
18 DAY OF October 20 21  SIGNATURE	 Russ LaFuria PRINTED NAME		
MY COMMISSION EXPIRES 3 MO. 3 DAY 2024	449-8084 DAYTIME TELEPHONE NUMBER		

Commonwealth of Pennsylvania - Notary Public
 Erica L. Carlstrom, Notary Public
 Erie County
 My commission expires March 3, 2024
 Commission Number 1296651
 Member, Pennsylvania Association of Notaries

PART II -

If statement is filed on behalf of a Candidate's Committee, Candidate must 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		SIGNATURE OF CANDIDATE	
DAY OF _____ 20____ SIGNATURE MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.	PRINTED NAME AREA CODE _____ DAYTIME TELEPHONE NUMBER _____		