CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	L.	COMMITTEE	X	LÖBBYIST	3.				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST THE RDM COMMITTEE												
STREET ADDRESS	Orchard Beach)											
North	East	STATE PA		ZIP GODE	16428		1435	-				
TYPE OF REPORT (CHECK ONE) 6TH TUESDAY. PRE-PRIMARY	Name of office sought by candidate North East Borough	Council 2	NO. PARTY		мо. 1)	DAY A	ನಿಂದ	AR.				
2nd eriday: 2. PRE-PRIMARY: 3. 30 day 3. POST-PRIMARY:	DATES OF REPORTING 6 8 2		AR		FOR UP	HCE U	SE ONEY	Production of the control of the con				
67H TUESDAY 4. PRE-ELECTION 5. 2ND FRIDAY tre-election X	CASH BALANCE AT END OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR L AT THE END OF REPORTING	LIABILITIES	.00					TELIBE				
6. POST ELECTION 7. ANNUAL 7. REPORT	REPORT.	ES NO X		77000			And the second s	75 25 25				
T Statement is filed of	n behalf of a <u>Political Committe</u> n behalf of a <u>Candidate</u> , the Ca n behalf of a <u>Contributing Lobb</u> y	ındidate must sign her	nmittee, the	Treasu	rer must	: sig л	here.					
I SWEAR (OR AFFIRM) THAT EXCEED TWO HUNDRED AND	THE AGGREGATE RECEIPTS OR DISBURSEMEN FIFTY DOLLARS (\$250.00) AND THIS REPOR	NTS OR LIABILITIES INCURRED DI RT IS, TO THE BEST OF MY KNOW	URING THE REPORT	TING PERIO	OD INDICATE	D ABOV	E DID NOT IPLETE.					
SWORN TO AND SUB	SCRIBED BEFORE ME THIS	- H	NATURE OF PERS	ON SUBN	TITING REF	ORT						
			C L. N. M									
MY COMMISSION EXP	SIGNATURE IRES MO. DAY YR.	AREA.CODE		VTIME TE	17U LEPHONE N	<u>iumber</u>	2	ļ				
ART II - statement is filed or	behalf of a <u>Candidate's Author</u>	rized Committee, Can	didate must s	sign he	re,							
I SWEAR (OR AFFIRM) JUNE 3, 1937 (P.L.	THAT TO THE BEST OF MY KNOWLEDGE AND 8 1333, No. 320) as amended.	BELIEF THIS POLITICAL COMMITT	EE HAS NOT VIOLA	TED ANY I	PROVISIONS	OF THE	ACT OF					
SWORN TO AND SUB	SCRIBED BEFORE ME THIS		SIGNATURE	OF CAND	IDATE							
DAY OF	20	- Rya	_	Me GO								
	SIGNATURE	- 412	PRINTE	ed name 58								

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 • ra-stcampaignfinance@pa.gov

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 by hand where a signature is required.

Name of Filing The RDN Reporting Cycle	1 Committe	2			
☐ Cycle 1 6 th Tuesday Pre-Primary	□ Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	⊠ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	-		cle 9 st-Special Election

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report 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

9 | 10 | 2021 Date (DD/MM/YYYY)



Pennsylvania Department of State

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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)

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.

Printed Name

Location (City/State/Country)

North East PA