

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 <input type="checkbox"/>										
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Anthony D'Sini</i>																
STREET ADDRESS <i>2423 Rudolph Ave</i>																
CITY <i>ERIE</i>		STATE <i>PA</i>		ZIP CODE <i>16502</i>												
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION											
	<i>6TH Ward Constable</i>				MO. DAY YEAR											
					11 2 21											
	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY											
	MO. DAY YEAR		MO. DAY YEAR													
	6 8 21 TO 10 18 21															
6TH TUESDAY PRE-PRIMARY	1.	<p>CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>-202.08</i></p> <p>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>0</i></p> <table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td></td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>					AMENDMENT REPORT?	YES		NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES		NO	<input checked="" type="checkbox"/>
AMENDMENT REPORT?	YES							NO	<input checked="" type="checkbox"/>							
TERMINATION REPORT?	YES							NO	<input checked="" type="checkbox"/>							
2ND FRIDAY PRE-PRIMARY	2.															
30 DAY POST-PRIMARY	3.															
6TH TUESDAY PRE-ELECTION	4.															
2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>															
30 DAY POST-ELECTION	6.															
ANNUAL REPORT	7.															

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 DAY OF <i>October</i> 20 <i>02</i> SIGNATURE MY COMMISSION EXPIRES <i>October 18 2002</i> MO. DAY YR.	SIGNATURE OF PERSON SUBMITTING REPORT <i>Anthony D'Sini</i> PRINTED NAME AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

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