## COMMONWEALTH OF PENNSYLVANIA

## **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	COMMITTEE	2. LOBBYIST 3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST		<u> </u>		S.E. St. St. St. St. Co.
RUSS LAFURIA	<u> </u>	<del>.</del>		
STREET ADDRESS 9747 W. MAIN	1 ROAD			
NORTH BAST	STATE PA		ZIP CODE 16428	·/
TYPE OF REPORT NAME OF OFFICE SOUGHT BY CANDIDATE (CHECK ONE)	DISTRICT NO.	PARTY	2.21.14(1).4(1).4(1).4(1).4(1).4(1).4(1).4(	TE OF ELECTION
6TH TUESDAY 1. 10WNS HIP SUPERVISOR		12		DAY YEAR
PRE-PRIMARY  ZND-FRIDAY PRE-PRIMARY PRE-PRIMARY  30 DAY  3.	MO. DAY YEAR // 222/	· ·	FOR (	DEFICE USE ONLY
POST-PRIMARY  CASH BALANCE AT END OF REPORTING PERIOD:	s	)		,
ZND FRIDAY  5.  OUTSTANDING DEBTS OR LIABIL AT THE END OF REPORTING PER				The second secon
30 DAY POST-ELECTION  AMENDMENT REPORT?  7. ANNUAE REPORT?  YES	NO NO	······································		
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	DAVIT SECTION			<u> </u>
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