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	GANDIDATE	Y COMMITTEE 7	LOBBYIST 3.
NAME OF FILING COMMITTEE, CA		ON BEHALF OF	State	ΔΙ	TOBBAISE
	ROBERT MARTIN 10955 MAY RD.				
STREET ADDRESS	10000			<u> </u>	
CITY	10933 MAY 10.				
1 .	TSBURG	STATE	Z	IP CODE	
TYPE OF REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE			16442	
(CHECK ONE)		DISTRICT NO.	PARTY	at 53Y or otherwise procedure for the	OF ELECTION
6th tuesday 1.	CONSTABLE	Tw	10	MO.	DAY YEAR
PRE-PRIMARY				EOR OF	ICE USE ONLY
2ND FRIDAY 2.	DATES OF	MO, DAY YEAR]		renge ONLY
PRE-PRIMARY	REPORTING // 22 Z/ TO /	2 31 21			
30 DAY 3.		_ _	.		*****
POST-PRIMARY	CASH BALANCE AT END				
6TH TUESDAY 4.	OF REPORTING PERIOD:	\$ <i>O</i>	·····		A CONTRACTOR OF THE CONTRACTOR
PRE*ELECTION	TOTAL AMOUNT OF FILER'S				5 II
2ND FRIDAY 5.	OUTSTANDING DEBTS OR LIABILITIES	. ^	ļ	7	os Os
PRE-ÉLECTION	AT THE END OF REPORTING PERIOD:	\$ <u>U</u>			
30 DAY 6				atu eregan, e	
POST-ELECTION 7	AMENOMENT YES YES	NO		fitti e ee	*
ANNUAL X	TERMINATION YES				
	REPORT? TES	NO	er versen av en skriver i de		
	AFEIDAN	/IT SECTION			
ART I -					
statement is filed on	behalf of a Political Committee or Cand	lidates's Commi	ttee the Tri	easurer muset s	ion nova
statement is filed on	behalf of a <u>Candidate</u> , the Candidate metalf of a <u>Contributing Lobbyist</u> , the L	iust sign here.	<u> </u>	adamer indat s	nAir ireis"
LSWEAR (OR AFFIRM) THAT T	benan of a <u>contributing Lobbyist</u> , the L	obbyist must sig	n here		
EXCEED TWO HUNDRED AND	HE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILI FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE	TIES INCURRED DURING BEST OF MY KNOW! FIN	THE REPORTING	PERIOD INDICATED	ABOVE DID NOT
SWORN TO AND SUBS	CRIBED BEFORE ME THIS		2/2	, CORRECT AND	COMPLETE.
DAY OF	20	SIGNATU	1 71/E	SUBMITTING REPO	
				SUBMITTING REPO	RT
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	MO. DAY YR.	AREA CODE		ME TELEPHONE NUM	MBER
NRT # -				· · · · · · · · · · · · · · · · · · ·	
statement is filed on	behalf of a Candidate's Authorized Com	mittee Candida	to milet ela	a hara	
	the control of the co			the second of th	
JUNE 3, 1937 (P.L. 1	HAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS PO 333, No. 320) AS AMENDED	LITICAL COMMITTEE HA	S NOT VIOLATED	ANY PROVISIONS OF	THE ACT OF
the state of the s	RIBED BEFORE ME THIS				[
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Pennsylvania Department of State

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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.

Reporting Cycle	Name	te de la transfer de la servició de la composition della compositi	ing the strength of the streng	sale e parella. Sale de Sale
☐ Cycle 1 6 th Tuesday Pre-Primary	□ Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	□ Cycle 6 th Tuesday Pre-Election	2 nd Friday
Cycle 6 BO Day Post-Election	Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special E	[lection 30	☐ Cycle 9 Day Post-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.

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Signature of Treasu	irer, Candidate, or Lobb	yist Date (DD/MM/YYYY)
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Prin	ted Name	Location (City/State/Country)