FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE 2. LOBBYIST 3.
NAME OF FILING COMMITT	TEE, CANDIDATE OR LOBBYIST			
STREET ADDRESS	5338 Norr	sDr.		
CITY	Crise	STATE		16509
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE NICAULIFOR 1. NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY	MO. DAY YEAR	MO. DAY YEAR	1 +-6 -	FOR OFFICE USE ONLY
2nd FRIDAY PRE-PRIMARY	2. DATES OF REPORTING PERIOD 18 21	11 22 21		
30 DAY POST-PRIMARY	cash balance at end	* <i>Ô</i>		
6TH TUESDAY PRE-ELECTION	4. OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S	<u> </u>	· -	
2ND FRIDAY PRE-ELECTION	OUTSTANDING DEBTS OR LIAI AT THE END OF REPORTING F	PERIOD: \$		
30 day Post-election	AMENDMENT YES	NO X		
ANNUAL REPORT	TERMINATION YES	NO Y		
if statement is fi If statement is fi	lled on behalf of a <u>Political Committee</u> iled on behalf of a <u>Candidate,</u> the Cand iled on behalf of a <u>Contributing Lobby</u> is	didate must sign here. st, the Lobbyist must s	ign here.	
EXCEED TWO HUNDS	M) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENT. RED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT	S OR LIABILITIES INCURRED DURI IS, TO THE BEST OF MY KNOWL	ING THE REPOI EDGE AND BEL	RTING PERIOD INDICATED ABOVE DID NOT LIEF, TRUE, CORRECT AND COMPLETE.
	ND SUBSCRIBED BEFORE ME THIS Y OF	SIGNA	TURE OF PER	RSON SUBMITTING REPORT
	SIGNATURE	•	PRIN	NTED NAME
MY COMMISSI	MO. DAY YR.	AREA CODE		DAYTIME TELEPHONE NUMBER
PART II - If statement is fi	iled on behalf of a <u>Candidate's Authori</u>	zed Committee, Cand	idate mus	st sign here.
I SWEAR (OR JUNE 3, 193	AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND B 37 (P.L. 1333, No. 320) AS AMENDED.	ELIEF THIS POLITICAL COMMITTE	E HAS NOT VIO	DLATED ANY PROVISIONS OF THE ACT OF
	AND SUBSCRIBED BEFORE ME THIS AY OF		SIGNATUR	RE OF CANDIDATE
	SIGNATURE		PRI	INTED NAME
MY COMMISS	MO. DAY YR.	AREA CODE		DAYTIME TELEPHONE NUMBER
L				

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. Department of State

Bureau of Commissions, Elections and Legislation

10 North Office Building

Harrisburg, PA 17120-0029

(717) 787-5280 DSEB-503 (12-99)



Name of Filing Committee, Candidate, or Lobbyist

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.

Reporting Cycle	e Name					
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle 4		☐ Cycle 5	
6 th Tuesday	2 nd Friday	30 Day	6 th Tuesday		2 nd Friday	
Pre-Primary	Pre-Primary	Post Primary	Pre-Election		Pre-Election	
	31					
Cycle 6	☐ Cycle 7	☐ Cycle 8	□ Cy		cle 9	
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	Election 30 Day Po		ost-Special Election	
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 Date (DD/MM/YYYY) Leanne Uther Date (DD/MM/YYYY)						
P	rinted Name		Locat	ion (City/S	tate/Country)	

DSEB-502R Updated 1/22/2021



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

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)

JUELLEBEL

i. VA L

Printed Name

Location (City/State/Country)

DSEB-502R Updated 1/22/2021