Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

	te: This report thus					
Filer Identification Number	Report Filed I	By Candida	ate X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist		TRU	AUR	<u> </u>		<u>- </u>
Street Address	50 B	LAINE	57			
City Norma		State	PA	Zip Code	16428	
Type of Report (Place x under report type		1			10100	
		l = and rutal	C: 20 Day Bank		Control and situation	16
1- 6 th Tuesday	Post 4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election	Year		Amendment		Termination	
(MM/DD/YYYY)			Report		Report	
Summary of Receipts and From Da	te To Date	e		For	Office Use Only	
Expenditures	422	- 10th				
A. Amount Brought Forward From Last R	eport \$	T 1832				
	<i>U</i> .				,	
B. Total Monetary Contributions and Red (From Schedule I)	eipts \$ 40	10,15				
C. Total Funds Available	\$ 5		ł			
(Sum of Lines A and B)	40	xx.15			En.	
D. Total Expenditures			ERIE COUNTY			
(From Schedule III)	<u> </u>					
E. Ending Cash Balance	\$	50, 100 ic	OCT 20 2021			
(Subtract Line D from Line C) F. Value of In-Kind Contributions Receive		400.15		1/0		
(From Schedule II)	s 0,0	s o co		VC	TER REGISTRA	TION
G. Unpaid Debts and Obligations	\$ 0.0	0				
(From Schedule IV)	\$ 0.0					
		Affidavit Se				
Part 1- If this is a Committee report, treasurer I swear (or affirm) that this report, including the				lae and holiof to	cup correct and comple	ato.
Sworn to and subscribed before me this	·	in paper, is to the	best of my knowled	ige and Dener C	rue, correct and comple	ite.
	4 .		An a	1		
day of20		6	Signature	of Person Suhm	sitting report	
	<u></u>		JON ATHIN		KIANA	
Signature	, ,			Printed Nam	e	
My Commission expires		J	હીવ	آگہ	28-4 <i>594</i>	
MO. DAY	YR.		Area Code	Day	time Telephone Numb	er
Bart II. If this is a report of a Candidate - 4	wind Committee and	lidata shell sies !-	0.00			
Part II- If this is a report of a Candidate's Author I swear (or affirm) that to the best of my know				v provisions of t	the Act of June 3, 1937	(P.L. 1333, NO 320) as
amended.				, , 2		(
Sworn to and subscribed before me this						
day of20	· 1	_				
			Sign	nature of Candi	date	_
Signature	<u> </u>	_		Printed Name	,	
Signature	, 1			rinted Name		
My Commission expires		_			 	
MO. DAY	YR.	A	Area Code	Dayt	time Telephone Numbe	r

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (:	\$ <u>。 144</u> 5 - 2015 - 2014 <u>- 1</u> 50 - 2015
2. Contributions of \$50.01 to \$250,00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3	\$
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4	\$
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identificatio					
					Amount
Full Name of Co	ontributing			Date [MM/DD/YYYY]	, \$
Committee					7.61
House #	Street Address	<u> </u>		Date [MM/DD/YYYY]	\$
				一声が変異。というでは、中華をおります。4	1.7
City		Canalia	7000000	To an a from horard	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Uity a	[-	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co	Listing in the state of the sta	10.30			of the state of th
Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1 N. 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State	Zip Code	Date [MM/DD/YYYY]	\$
9. T. E	P.			<u> </u>	134
Full Name of Contributing				Date [MM/DD/YYYY]	\$
Committee				THE BOOM THE COURSE	
10:18/2017:1- ••===================================	Texas of a process				745 / 100 /
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
] - 1
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address	····	 :	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
				Date lianal political	
		(100 kg			
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	.\$3 2.3
House #	Street Address			Date [MM/DD/YYYY]	\$
	基层基础				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				Sace Lines Sept. 1.11	
Full Name of Co	ntributing	1 3/1	1 1 N 1 N	Date [MM/DD/YYYY]	\$
Committee				Date limiting Litted	
House #	Street Address			Date [MM/DD/YYYY]	
				Date figure bolt in it	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
100 - 120 110 - 120					

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identificatio	on Nümber:				
SECTION OF SECTION AND SECTION OF	o Augustica estado da 1440 ys.	<u> </u>			
Full Name of C	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			A Maria	Date [MM/DD/YYYY] \$	
Full Name of C	ARCHARAC			INVESTMENT/SSTANDATES	_
				Date [MM/DD/YYYY] \$	
设施设置				The second of the second secon	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	风服 師原本質數學的影響問題不多項	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor.	Sign of the State	(380/388) 1888/88 1888 188	Date [MM/DD/YYYY] \$	_
				Date [MM/DD/YYYY] \$	
	A SECTION AND ADDRESS OF THE PROPERTY OF THE P				
House#	Street Address			Date [MM/DD/YYYY] \$	
City	[100.00 to 80 80 81 1 18]	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor	2017年1月月1日日日	等。17日制度自溶解學語言於成體	Date [MM/DD/YYYY] \$	
海豚 医直流					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ontributor	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
	Carl Vision Committee Committee			Spare Tallah ophy LUULI 3	
C. C					
City		State	Zip Code	Date [MM/DD/YYYY] \$	
1.40.1					
Full Name of Co	ontributor		-	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
				HATERIA AND MARK TOWN SAIL WARRANT SAIL WARRANT SAIL SAIL SAIL SAIL SAIL SAIL SAIL SAIL	
		0.074-4 (1992-998 to 1	Marie a a special constraint transfer		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
金属			(1) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:				
12 第12 章 18 章 2 章 3 章 2 章 2 章 2 章 2 章 2 章 2 章 2 章 2				
Full Name of Contributing Committee		•	Date [MM/DD/YYYY] \$	
House # Street Ac	ddress		Date [MM/DD/YYYY] \$	
	9190. 015			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of				
Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Ad	ldress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			28 (2007) 10 (2007) 28 (2007) 28 (2007) 28 (2007) 28 (2007) 28 (2007) 28 (2007) 28 (2007) 28 (2007) 28 (2007)	
Full Name of		《新聞传》的《	Date [MM/DD/YYYY] \$	
Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Ad	Page 1879		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$.
	19 19 19 19 19 19 19 19 19 19 19 19 19 1		Approximately to the control of the	
Full Name of	[in the second plant is a limited of the second plant is a limited	D.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C	Date [MM/DD/YYYY] \$	
Contributing Committee				
	in Marie 1	<u> </u>		
House # Street Ad	ldress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Ad	drocc		Date [MM/DD/YYYY] \$	
			16.15 St. 18.15	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of		·	Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Ad	dress	 .	Date [MM/DD/YYYY] \$	
			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	(4.5%3) (1.6%3) (1.6%3)	01-44(1922-001		
City	State	Zip Code	Date [MM/DD/YYYY] \$	
		[28] (SAN 258 25) (SAN 25) (SA		

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Num	iber:				
<u>্ৰ্</u> ত <u>প্ৰত্যক্ৰ প্ৰশাসক্ষ</u> ণৰ প্ৰক্ৰোপ্ৰক্ৰাৰ ক্ৰিপ্ৰস্থিত স্থানিক ক্ৰিয়াৰ প্ৰতিষ্ঠান কৰি কৰি	######################################			4	
Full Name of Contrib		·		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
City Employer Name		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Mailing Ad Principal Place of Bus				Occupation	. ,
Full Name of Contrib	Schold Age Colored Prices Charles of the 1 Galls II.			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	
City	· 医克勒克斯氏征 (克勒克克 (克勒克克克克克克克克克克克克克克克克克克克克克克克克克克克克克	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name Employer Mailing Ad Principal Place of Bus	dress /			Occupation (
Full Name of Contribu	Second Michael Performation for the Uniform Salvender, No. (Los Mark)		"	Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City	- Pol Pol - Alfold - In the same and a sound of	State	Zip Code	Date [MM/DD/YYYY]	
Employer Name Employer Mailing Add			<u> </u>	Occupation	
Principal Place of Bus Full Name of Contribu	KIRCH IS A WHITTER THE CASH BUILD BY DISK OF AND A STANDARD			I SPECIAL AND PROPERTY	
				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code.	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Add Principal Place of Bus				1 7247 of 900 the 10000 to 1	-

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Filer Identification Number:

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Full Name		PART	110 (
House #	Street Address			
City	Facilities and the second seco	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				······································
House #	Street Address	· ,		
City	A A C. L	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House#	Street Address			
	Differ Address	700 Day 1 (m 270 L00) (1	F. Arrestasent G	Topo destrict a Salada
City		State	Zîp Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name	(基本) (基本)			
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$ \$
		in sub	Code	Date [MM/DD/YYYY] \$
Receipt Description		Proce occounty	- विकास विकासित के समिति । - विकास विकासित के समिति ।	1 (1989)
Full Name				
House #	Street Address	 -		
City	本語の C C 可称中部の ()	State	Zip .	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name	764 764			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
127年的日本語》(1277年)	蘇和 蒙			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number			
1 PINITEMIZED IN KIND COND	FRIRITIANS DECENSA VA	UE OF \$50:00 OR LESS PER CON	Thin it of the same of the sam
TOTAL for the reporting period	(1)		
2. IN-KIND CONTRIBUTIONS R	ECEIVED-VALUE OF \$50.0	ITO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	The state of the s
3 IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$250	loo (FROM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN (UND CONTRIBUTION			
TOTAL VALÜE OF IN-KIND CONTRIBU PERIOD (Add and enter amount total on Page 1, Report Cover Page, Item F	s from boxes 1, 2, and 3; a		

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

			71202 01 930:01 10 9230		
Filer Identification Numbe	er:			·· ·	
16.00mm 15.00mm	(2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				
Full Name of Contribute	or			Date [MM/DD/YYYY]	S
			,	The state of the s	
House #	treet Address			Date [MM/DD/YYYY]	S
					ji u
City	reast to be seen to the seed of the seed o	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribu	tion				
Full Name of Contributo	Or.		<u> </u>	Date [MM/DD/YYYY]	is:
		-			
House # S	treet Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	is
Description of Contribut	tion				
Full Name of Contributo	or .			Date [MM/DD/YYYY]	\$
House #	treet Address			Date [MM/DD/YYYY]	S
			i		
City		State	Zip Code	Date [MM/DD/YYYY]	Š
Description of Contribut	ion /		And the Control of th		
		-			
Full Name of Contributo				Date [MM/DD/YYYY]	\$ 1
House# Si					
Flouse # Si	treet Address			Date [MM/DD/YYYY]	'\$
City		State		SEC. STRAKE IN A ANALYST	
		otate .	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribut	tion	A 2048001			
Full Name of Contributo				Date [MM/DD/YYYY]	*C3
					Š
House # St	treet Address			Date [MM/DD/YYYY]	<u> </u>
[SEP 20 E-A PAN DAM) Care				securious roughes out that of play you for a substitute for the	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				and the second second second second second second (1990). The	(2016年) - 1777 - 1788年
Description of Contribut	** *** *** *** **** **** ***** ***** ****				1.66.66.5

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

■ 小蓝星星形的中国企业,不是一个企业,不是一个企业,但是一个企业,但是一个企业,但是一个企业,但是一个企业,但是一个企业,但是一个企业,但是一个企业,但是一个	
Il Filer Identification Number:®	
Filer Identification Number:	
■ 克雷斯海豚素病国物海系素脂类的原因 4.65.15%,在19	

Full Name of Contributor			Date [MM/DD/YYYY] \$
House'# Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] *** \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	(2012年 - 1927年 - 1945年 - 1	1 issues to the transfer for	Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] 4 \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution

Statement of Expenditures

		•	
· 法自然企业 医性视性 15 · 1000 (1500 年) 医生活性 经股份 (1500 年) (1500 年) (1500 年) (1500 年)	***************************************		
Filer Identification Number:			
Supplied to the supplied of th			

To Whom Pa	I (AC	PRIN	17 MG)				400,	15
Administration and appropriate to	3 Street Address	PRIN	1	LAKE	ST	Description of Ex	(penditure		
City	JOHTH GAST	State	PA	Zip Code	ST 16428	YARD		S	
To Whom Pai	d *	ق	air.			Date [MM/DD/Y	4.6	Supplied a control Alexand	
House #	Street Address	12.00 400, 200 01				Description of Ex	penditure		
Gity		State		Zip Code					
To Whom Pai						Date [MM/DD/Y			
House #	Street Address	har though the	1.			Description of Ex	penditure		
City		State	1	Zip Code					
To Whom Pai	d .					Date [MM/DD/Y			
House#	Street Address					Description of Ex	penditure		
City		State	2. P. T. T. S.	Zip Code					
To Whom Pai						Date [MM/DD/Y			
House #	Street Address					Description of Ex	penditure		
City		State	7	Zip Code					
To Whom Pai						Date [MM/DD/Y			
House #	Street Address					Description of Ex	penditure	rinde in 151 (1) 1 (1) (1)	
City		State		Zip Code					
To Whom Pai						Date [MM/DD/Y			
House #	Street Address					Description of Ex	penditure		
City		State		Zip Code					
To Whom Pai	d 🏋					Date [MM/DD/Y	100		
House #	Street Address					Description of Ex	在第4回及下流性是含量等件		
City	The state of the s	State) 2 3 1 1	Zip Code			e med Protection		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer identification			<u> </u>
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
		All policy of control of the control	
City		State Zip Code	
Description of Debt		1998(6):171.9866	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			[848]
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$ 1
City		State Zip Code	
Description of Debt			
Name of Creditor	(1496) (3)	Transie a complex deservition and the second	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	**************************************
City		State Zip	
Description of Debt		Code	
Name of Creditor		It, was a second	Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	.\$
City		State Zip	
Description of Debt	1	Code	
THE RESERVENCE			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED. [MM/DD/YYYY]	\$
The state of the s		CAAAC I RESERVED	
City		State Zip Code	
Description of Debt			

PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed legibly in blue or black ink.

INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

Filer Identification Number - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination petitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type.

Amendment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

Summary of Receipts and Expenditures - Enter the appropriate dates of the reporting period covered.

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

Items B through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on Diskette: The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page - provides a summary of all monetary contributions and receipts during the reporting period.

Item 1: Unitemized Contributions and Receipts represents the total amount of contributions and receipts of \$50.00 or less in the aggregate *per contributor* received during the reporting period. Items 2, 3 and 4: Enter the total for each section from the corresponding schedules in the report (Part A, Part B, Part C, Part D and Part E).

Enter the total from Schedule I on the Report Cover Page, Item B.

Definition of Contribution: Any payment, gift, subscription, assessment, contract, payment for services, dues, loan, forbearance, advance or deposit of money or any valuable thing, to a candidate or political committee made for the purpose of influencing any election in this Commonwealth or for paying debts incurred by or for a candidate or committee before or after any election. "Contribution" shall also include the purchase of tickets for events such as dinners, luncheons, rallies and other fund-raising events; the granting of discounts or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates for the same office; and any payments provided for the benefit of any candidate, including any payments for the services of any person serving as an agent of a candidate or committee by a person other than the candidate or committee or a person whose expenditures the candidate or committee must report under the act. The word "contribution" includes any receipt or use of anything of value received by a political committee from another political committee and also includes any return on investments by a political committee. (See 25 P.S. §3241)

Instructions for Reporting Contributions

The aggregate total of contributions from an individual contributor within a reporting period determines which part of the report form should be used to disclose a contribution or receipt. The form is designed to list the dates and amounts of as many as three separate contributions from the same source in one line item.

Contributions and receipts of \$50 or less, per contributor, during the reporting period, need not be itemized on the report. The total amount of all unitemized contributions should appear on Schedule I, Contributions and Receipts Detailed Summary Page, Line 1. A record must be kept of the receipt dates of contributions and the names and addresses of each person from whom a contribution of over \$10 has been received.

Contributions and receipts over \$50 to \$250 - report the name of the contributor, mailing address, amount and date received on Schedule I, Part A, "Contributions Received from Political Committees," or Part B "All Other Contributions."

Contributions and receipts over \$250 - report the name of the contributor, mailing address, occupation, employer's name and address, amount and date received on Schedule I, Part C, "Contributions Received from Political Committees," or Part D, "All Other Contributions."

Receipts - Use Part E, "Other Receipts" to report all other monetary receipts or income; e.g. refunds received, interest income, returned checks and prior expenditures that were returned to the filer during the reporting period.

Address - In all Parts, a complete address, including zip code, must be provided. Space is provided for the Zip Code Plus Four. The State block should be completed with the U.S. Postal Service's standard two-letter abbreviation, such as PA for Pennsylvania.

Date - all date blocks in the report must be completed with eight digits. For instance, March 24, 2000 would appear as 03 24 2000.

Total - of each Part should be transferred to the appropriate section on the Schedule I, "Contributions and Receipts Detailed Summary Page" (Page 2 of the report form).

Occupation and Employer - Part D, which lists individuals who have contributed over \$250, also requires the occupation and name and address of the employer of the contributor. Report the principal place of business of any contributor who is self-employed,

SCHEDULE II

IN-KIND CONTRIBUTIONS RECEIVED

Detailed Summery Page - provides a summary of all in-kind contributions and valuable things received during the reporting period.

Item 1: Unitemized In-Kind Contributions Received represents the total value of in-kind contributions of \$50.00 or less, in the aggregate per contributor, received during the reporting period.

Items 2 and 3: Enter the total for each section from the corresponding schedules in the report (Part F and Part G).

Enter the page total on Page 1, Report Cover Page, Item F.

Part F and Part G - Use these Parts to itemize in-kind contributions from individuals or political committees according to the dollar value of the contribution. The form is designed to list the dates and amounts of as many as three separate in-kind contributions from the same source in one line item. The amount is equal to the current market value of the item or service contributed.

Totals of Parts F and G should be transferred to the appropriate section on the Schedule II Detailed Summary Page.

SCHEDULE III

EXPENDITURES

Definition of Expenditure: The payment, distribution, loan or advancement of money or any valuable thing by a candidate, political committee or other person for the purpose of influencing the outcome of an election; the payment, distribution, loan, advance or transfer of money or other valuable thing between or among political committees; the providing of a service or other valuable thing for the purpose of influencing the outcome of a nomination or election of any person to any public office to be voted for in this Commonwealth; or the payment or providing of money or other valuable thing by any person other than a candidate or political committee, to compensate any person for services rendered to a candidate or political committee. (See 25 P.S. §3241)

Instructions for Reporting Expenditures

Pursuant to state law, the Statement of Expenditures requires the filer to report the purposes for which funds were expended, the name and address of the entity to whom the expenditure was made, and the amount and date of each expenditure.

Vouchers for all expenditures over \$25.00 must be retained by the candidate or committee treasurer and shall be available for public inspection or copying. Filers are not required to submit vouchers with reports; however, vouchers must be retained for a period of three years.

Transactions between a candidate and his/her committee should be recorded on both the candidate's and committee's reports. For example, if a candidate contributes to or loans the committee money, the amount should appear on the candidate's report as an expenditure and on the committee's report as a receipt. A loan must also be reported by the recipient on the Statement of Unpaid Debts (Schedule IV).

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

All unpaid debts and obligations which are outstanding at the end of the reporting period must be reported. If a debt is incurred in one reporting period and not repaid, every report filed must continue to show the outstanding debt, even though there was no activity during the current reporting period.

A debt owed to an individual may be forgiven. A copy of the letter of forgiveness from the individual to the committee must accompany the report filed by the committee in the reporting period in which the debt was forgiven. A debt that is forgiven is considered a contribution to the committee. Such contributions from corporations or unincorporated associations are prohibited by the Election Code.

REPORT FILING DEADLINES

Sixth Tuesday Pre-Election - Reporting period closes 50 days prior to election day. Filed only by candidates for Statewide office and political committees/lobbyists supporting such candidates.

Second Friday Pre-Election - Reporting period closes 15 days prior to election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Thirty Day Post-Election - Reporting period closes 20 days after election day. File 30 days after election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Annual Report - Reporting period closes December 31. File by January 31 of the year following the reporting period. Filed by all candidates for nomination or election, political committees and contributing lobbyists.

Political committees required to file pre-election reports must also file post-election reports.

Postmarks - are acceptable as proof of timely filing where report is sent by first class mail and postmarked by the U.S. Postal Service no later than the day prior to the filing deadline.

Late filing fee - A late filing fee of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the report is overdue, plus an additional fee of \$10.00 for the first six days that a report is overdue will be assessed.

County Code Table:

01 Adams 02 Allegheny 03 Armstrong 04 Beaver 05 Bedford 06 Berks 07 Blair 08 Bradford 09 Bucks 10 Butler 11 Cambria 12 Cameron 13 Carbon 14 Centre 15 Chester 16 Clarion 17 Clearfield 18 Clinton 19 Columbia

20 Crawford

22 Dauphin

23 Delaware

21 Cumberland

24 Elk 47 Montour 25 Erie 48 Northampton 26 Fayette 49 Northumberland 27 Franklin 50 Perry 28 Forest 51 Philadelphia 29 Fulton 52 Pike 30 Greene 53 Potter 31 Huntingdon 54 Schuvlkill 32 Indiana 55 Snyder 33 Jefferson 56 Somerset 34 Juniata 57 Sullivan 35 Lackawanna 58 Susquehanna 36 Lancaster 59 Tioga 37 Lawrence 60 Union 38 Lebanon 61 Venango 62 Warren 39 Lehigh 63 Washington 40 Luzerne 41 Lycoming 64 Wayne 65 Westmoreland 42 McKean 43 Mercer 66 Wyoming 44 Mifflin 67 York

45 Monroe

46 Montgomery

Party Code Table:

REP DEM CST LIB REF	Republican Party Democratic Party Constitutional Party Libertarian Party Reform Party Other
OTH	Öther
	DEM CST LIB REF

REF OTH	Reform Party Other
0,,,,	
Office	Code Table:
GOV	Governor
LTG	Lieutenant Governor
ATT	Attorney General
AUD	Auditor General
TRE	State Treasurer
SPM	Justice of the Supreme Court
SPR	Judge of the Superior Court
CCJ	Judge of the Commonwealth Court
STS	Senator in the General Assembly
STH	Representative in the General
	Assembly
CPJ	Judge of the Court of Common Pleas
MCJ	Judge of the Municipal Court
TCJ	Judge of the Traffic Court
OTH	Other (Candidates for local offices

who file only with the County

Board of Elections)



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 OCT 20 2021
VOTER REGISTRATION

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 ON Reporting Cycle	TRIANA		ist		
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 ☐ Cycle 4 30 Day 6 th Tuesday Post Primary Pre-Election		uesday	Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 ☐ Cycle 7 ☐ Cycle 8 30 Day Post-Election Annual Report 2 nd Friday Pre-Special		Election	☐ Cycle 9 30 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.

gnature of Treasurer, Candidate, or Lobbyist

IAN LIRIAMA

Printed Name

Date (DD/MM/YYYY)

Location (City/State/Country)