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.

		REPORT FILED ON BEHALF OF	TE COMMITTEE LOBBYIST 3.
NAME OF FILING COMMITTEE, CA			
STREET ADDRESS	ITTEE TO ELECT EOL	NARA WILSON	
914	REED ST.		
ENE		STATE PA	16563 —
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE 06-1-02	DISTRICT NO. PARTY	DATE OF ELECTION MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY	06-1-02	9 12	FOR OFFICE USE ONLY
2nd Friday PRE-PRIMARY	DATES OF REPORTING PERIOD 6 7 21	TO 10 18 21	
30 DAY POST-PRIMARY	CASH BALANCE AT END OF REPORTING PERIOD:	\$ 249.47	
6TH TUESDAY 4. PRE-ELECTION 5.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIAB		en de la companya de
2ND FRIDAY PRE-ELECTION 6.	AT THE END OF REPORTING PE		
30 DAY POST-ELECTION 7.	AMENDMENT YES	NO X	
ANNUAL REPORT	TERMINATION YES	NO X	
	AF	FIDAVIT SECTION	
f statement is filed or f statement is filed or	n behalf of a <u>Political Committee o</u> n behalf of a <u>Candidate,</u> the Candi n behalf of a <u>Contributing Lobbyist</u>	idate must sign here. , the Lobbyist must sign her	. 9.
I SWEAR (OR AFFIRM) THAT	THE AGGREGATE RECEIPTS OR DISBURSEMENTS (or liabilities incurred during the re	PORTING PERIOD INDICATED ABOVE DID NOT
EXCEED TWO HUNDRED AND	THE AGGREGATE RECEIPTS OR DISBURSEMENTS OF FIFTY DOLLARS (\$250.00) AND THIS REPORT IS	OR LIABILITIES INCOURRED DURING THE RE 5, TO THE BEST OF MY KNOWLEDGE AND	PORTING PERIOD INDICATED ABOVE DID NOT BELIEF, TRUE, CORRECT AND COMPLETE.
SWORN TO AND SUB	THE AGGREGATE RECEIPTS OR DISBURSEMENTS OF FIFTY DOLLARS (\$250.00) AND THIS REPORT IS ISCRIBED BEFORE ME THIS 20	S, TO THE BEST OF ANY KNOWLEDGE AND SIGNATURE OF	BELIEF, TRUE, CORRECT AND COMPLETE. PERSON SUBMITTING REPORT
SWORN TO AND SUB	D FIFTY DOLLARS (\$250.00) AND THIS REPORT IS ISCRIBED BEFORE ME THIS	S, TO THE BEST OF MY KNOWLEDGE AND SIGNATURE OF MANUAL	BELIEF, TRUE, CORRECT AND COMPLETE. PERSON SUBMITTING REPORT 1 PEENEY
SWORN TO AND SUB	D FIFTY DOLLARS (\$250.00) AND THIS REPORT IS ISCRIBED BEFORE ME THIS 20 SIGNATURE	S, TO THE BEST OF MY KNOWLEDGE AND SIGNATURE OF MANUAL	BELIEF, TRUE, CORRECT AND COMPLETE.
SWORN TO AND SUB DAY OF MY COMMISSION EXP	SIGNATURE DEFITY DOLLARS (\$250.00) AND THIS REPORT IS SCRIBED BEFORE ME THIS 20 SIGNATURE	SIGNATURE OF MANUAL PROPERTY AREA CODE	PERSON SUBMITTING REPORT FEENEY RINTED NAME 464440 DAYTIME TELEPHONE NUMBER
SWORN TO AND SUB DAY OF MY COMMISSION EXP FART II - statement is filed or	SIGNATURE SIGNATURE MO. DAY YR.	SIGNATURE OF MANUAL SIGNAT	PERSON SUBMITTING REPORT FEENEY RINTED NAME AGO 4/40 DAYTIME TELEPHONE NUMBER UST SIGN HERE.
SWORN TO AND SUB DAY OF MY COMMISSION EXP **ART II - ** statement is filed or 1 SWEAR (OR AFFIRM) JUNE 3, 1937 (P.L.	SIGNATURE SIGNATURE MO. DAY YR. THAT TO THE BEST OF MY KNOWLEDGE AND BELLI	SIGNATURE OF MANUAL EDGE AND SIGNATURE OF AREA CODE EF THIS POLITICAL COMMENTEE HAS NOT COMME	PERSON SUBMITTING REPORT FEENEY RINTED NAME AUG 4/4/ DAYTIME TELEPHONE NUMBER JUDICIATED ANY PROVISIONS OF THE ACT OF
SWORN TO AND SUB DAY OF MY COMMISSION EXP PART II - f statement is filed or SWEAR (OR AFFIRM) JUNE 3, 1937 (P.L.	SIGNATURE SIGNATURE NO. DAY YR. THAT TO THE BEST OF MY KNOWLEDGE AND BELLIA 1333, No. 320) AS AMENDED. SCRIBED BEFORE ME THIS	SIGNATURE OF ANY KNOWLEDGE AND SIGNATURE OF AREA CODE EF THIS POLITICAL COMMENTEE HAS NOT SIGNATURE OF AREA CODE EF THIS POLITICAL COMMENTEE HAS NOT SIGNATURE OF AREA CODE	PERSON SUBMITTING REPORT FEENEY RINTED NAME HOGHHO DAYTIME TELEPHONE NUMBER JULIANE PROVISIONS OF THE ACT OF URE OF CANDIDATE WUSSAN
SWORN TO AND SUB DAY OF MY COMMISSION EXP PART !! - [statement is filed or SWEAR (OR AFFIRM) JUNE 3, 1937 (P.L. SWORN TO AND SUB-	SIGNATURE SIGNATURE SIGNATURE DAY THAT TO THE BEST OF MY KNOWLEDGE AND BELLE 1333, No. 320) AS AMENDED. SCRIBED BEFORE ME THIS 20 SIGNATURE	SIGNATURE OF ANY KNOWLEDGE AND SIGNATURE OF AREA CODE EF THIS POLITICAL COMMENTEE HAS NOT SIGNATURE OF AREA CODE EF THIS POLITICAL COMMENTEE HAS NOT SIGNATURE OF AREA CODE	PERSON SUBMITTING REPORT FEENEY RINTED NAME AUGUSTIME TELEPHONE NUMBER JOLATED ANY PROVISIONS OF THE ACT OF URE OF CANDIDATE

Department of State • Bureau of Commissions, Elections and Legislation 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280



Pennsylvania Department of State

Name of Filing Committee, Candidate, or Lobbyist

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

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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.

				. 1	
Reporting Cycle	Name				
□ Cycle 1	☐ Cycle 2	☐ Cycle 3		Cycle 4	∠X Cycle 5
6 th Tuesday	2 nd Friday	30 Day	6 th Tuesday Pre-Election		2 nd Friday Pre-Election
Pre-Primary	Pre-Primary	Post Primary			
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8	□ Cyc		cle 9
30 Day Post-Election	Annual Report	2 nd Friday Pre-Special Election 30 Day Po		st-Special Election	
		inder the law of the			of Pennsylvar
Signature of Treasurer, Candidate, or Lobbyist				<u> </u>	
, ,	(, or Lobbyist			PA ERIS
Pr	inted Name				tate/Country)
					0.050.0



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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)

10.22-21

ENWARD WILSON

Printed Name

Location (City/State/Country)