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### Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

	Report Filed By Candidat ( Mark X)	ė	Committee Lobi	oyist
Name of Filing Committee, Candidate or Lobbyist	MICHAEL	KFYS	Tradication as a Wild communication of the Communic	
Street Address	3617 REE	n -5,		
City is a second of EATP	State	PA	Zip Code 16564	
Type of Report (Place x under report type)				ial 30 Day
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary		6- 30 Day Post Election		-Election
		$\times$		
Date Of Election (MM/DD/YYYY)	Year	Amendment Report	Termination Report	$\triangleright$
Summary of Receipts and From Date Expenditures	To Date		For Office Use Only	
A. Amount Brought Forward From Last Report	\$ 40	esiasiaa mad eggarisi		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 00		20	
C. Total Funds Available (Sum of Lines A and B)	\$ 00		VOTE DEC	
D. Total Expenditures (From Schedule III)	\$ 384			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 10			
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 00			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0()		를 🚨 🔪	
Part 1- If this is a Committee report, treasurer sign her	Affidavit Sect			
I swear (or affirm) that this report, including the attack	ned schedules on paper, is to the b	est of my knowledg	e and belief true, correct and complete.	
Sworn pand subscribed before me this	·1 -	Marka S	Dhy _	
Jone Clemano	len -	Signature of	Person Submitting report	
Signature mmonwealth of Pennsylvania - Notary Seal	0.1	·	Printed Name	
My commission expires April 3, 2023	Ar	rea Code	Daytime Telephone Number	`\
Partitu <u>-"If this is a new block of a Candidate</u> 's Authorized C	ommittee, candidate shall sign her	re.	2 1027/DI 12	22 NO 220) 35
mpsweap ក្រុ <b>ងរូបគេរាងបង្អន់ចំខ្យែងរស់ក្រុះ Notaries</b> amended.	nd belief this political committee h	as not violated any i	orovisions of the Act of June 3, 1937 (P.L. 15.	35, NO.320) as
Sworn to and subscribed before me this	,	May 61	000	(1)
day of da	0, 1	Signa ^ Signa	IVIII \	
Signature, Signature,	<b>9</b> .1 -	At 100%	rinted Name	
My Commission expires	Arı	ea Code	<u> </u>	
Gommonwealth of Pennsylvania - Notary Seal Tonia Fernandez, Notary Public Erie County				

My commission expires April 3, 2023 Commission number 1288912

Member, Pennsylvania Association of Notaries

### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number				

<u></u>		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	1	
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, Re Cover Page, Item B)	port	\$

#### 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.

rier identification Number				
The second of th			Executive and the second second	Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY]. \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	And the second s		Date [MM/DD/YYYY] 2 \$	
House# Street Address			Date [MM/DD/YYYY] . \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City,	State	Zip Code	Date (MM/DD/YYYY) \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY]\$	
House # Street Address	Eddean	Big Casemar and Casemar Constitution (Constitution Constitution Consti	Date [MM/DD/YYYY] \$	<u></u>
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM//DD/YYYY] \$	
House # . Street Address			Date [MM/DD/YYYY] S	
City !	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address	\$500,000,000,000,000,000,000,000,000,000	THE THE STATE OF T	Date [MM/DD/YYYY] :: \$	#6
City	State	Zip Code	Date [MM/DD/YYYY] S	

#### 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 identification Number:

· 图·维斯·维德·罗斯·奇拉克·雷		
Salar Sa		
Full Name of Contributor	Date [MM/DD/AMYY] S	
House # Street Address	Date (MM/DD/YYYY) S.	
City State Zip C		
Full Name of Contributors	Date [MM//DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] 5	
City State 24p.Cd		
Full-Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street-Address	Date [MM/DD/XYYY] \$	
City State Zip.Co	Date [MM/DD/XYYY]   \$	
Full Name of Contributor	Sparies [MMM/DID/AMAMA]   \$5	
House # Street Address	Date MM/DD/YYY1 \$	
City State Zip Ci		
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address	Date (MM/DD/XYY)] \$	
City State Zip Ci		
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/YYYY] - \$	
City State Zip C	ode Date [MM/DD/YYYY] \$	

#### 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: »

		<u> </u>		
				22 (1200)
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$ <b>.</b>
House # Street Address			Date [MM/DD/YYYY]	\$
	•			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
		r grantes for the other to		
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Address		<u></u>	Date [MM/DD/YYYY]	S
or vertically an experience of the control of the c				
City	State	Zip Code	Date [MIM/DD/YYYY]	\$
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee			<u> </u>	
House # Street Address			Date [MM/DD/YYYY]	1 <b>5.</b> 1.2. 1.7.
City	State	Zip Code	Date [MM/DD/YYYY]	<b>*</b>
Full Name of Contributing Committee		To the second of	Date [MM/DD/YYYY]	<b>15</b>
Name of the State			Date [MM/DD/YYYY]	\$
House # Street Address				
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
and the second second			Date [MM/DD/YYYY]	5
House # Street Address				
City.	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of		# does not necessary 6.00-0000000000000000000000000000000000	Date [MIVI/DD/YYYY]	5
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$

### 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 Number:				
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				consistence where years.
Full Name of Contributor			Date [MM/DD/YYYY]	S I
House # Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name Employer Mailing Address /			Occupation	
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address	- 141 <u>- 1</u>		Date [MM/DD/YYYY]	\$
City	State	Zip Gode	Date (MM/DD/YYYY)	<u></u> \$
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			Processing and the control of the co	
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address			Date IMM/DD/YYYY	
City	State	Zip Code	Date [MM/BD/YYYY]	<u> </u>
Employer Name			Decupation	
Employer Mailing Address / Principal Place of Business			The control of the co	

#### **PART E**

### **Other Receipts**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

Filer identification Number:				
Full Name ::				
	eet Address	Toda vogovodovomom	EAVEMANDAM MARKET	TOTAL SOCIETY THE CONTINUE STATE AND ADDRESS AND ADDRE
City Historian and the second and the second Control of the second and the second		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		TO POWER STATE AND ALL		
Full Name House # Stre				
City	et Address	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			Construction of the American Construction of the Construction of t	Name
Full Name				
	et Address	State	Zip ·	Date [MM/DD/YYYY] \$
City and the city of the city		1 1	Code	
Receipt Description				
Full Name House # Stre	et Address			
City	et Address	State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	
Full Name				- <u>-</u> -
	et Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House # Stre	et Address		• • • • • • • • • • • • • • • • • • • •	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Exceptional of SERVICE SERVICES AND AN ARTIST AND AN ARTIST AND AR	Extraction and Conference (Conference on Conference on Con	155009

#### SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Filer identification Number:				
1. UNITEMIZED IN KIND CONT	žiriisiangeegeiveseva	ISBE SERVINI OR JESS DER	CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$		
	HOLHYJJOBYARU KOJSKKOJO			The Country of the Co
TOTAL for the reporting period	(2)	\$		
3. IN-KIND CONTRIBUTION RE	CEIVED-VALUE OVER \$251	DO (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; a			

# SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

filer Identification Number:	
Full Name of Contributor	Date [MM/DD/YYYY] \$

Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address		·	Date [MM/DD/YYYY] \$	
Gity :	State	Zip:Code	Date [MM/DD/YYYY] \$	
Description of Contribution	STATION OF THE PARTY OF THE PAR			
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MIM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MIM/DD/YYYY] \$	
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] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City .	State	Zip Code	Bate [MM/0b/YYYY] \$	
Description of Contribution	A			

# SCHEDULE II Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Filer (dentification Number:			
Full Name of Contributor	<u> </u>	Date [MM/DD/XYYY]	\$

Eull Name of Contributor	Date [MM/DD/YYYY] \$
Cultifalite 9. South Read	
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	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
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/BD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description

# Statement of Expenditures

V-0-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-	 	 		
Filer Identification Number:				
rickiechuichenennender				
Flier Identification Number:				

To Whom Paid	60000	- 1 - To NE	eans obli	Date [MM/DD/YYYY] \$	384
House # C/20	Street Address	5 5 10 TO	BARGERILL 8th ST	Description of Expenditure	
City 800				Λ	
To Whom Paid	E'	FA	Code 165/19	Date (MM/DD/YYYY) \$	
TO WOODING BIG				The state of the s	
House#	Street Address			Description of Expenditure	
City		State	Zip Code	Experience of the second secon	
To Whom Paid				Date [MIM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid		**************************************		Pate [MM/DD/YYYY] \$	
House#	Street Address			Description of Expenditure	
City	<u>                                     </u>	State	Zip Code		
To Whom Paid		Residence on description	1521 152 CANADA SA	Date (MM/DD/YYYY) \$	
House#	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	ne vijete en stelskapilisele. Stelskips van de territorie
City		State	Zip Code		
To Whom Pald				Date [MM/DD/YYYY] \$	
House#	Street Address		<del></del>	Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address	···		Description of Expenditure	
City	A CONTROL OF THE CONT	State	.Zip Code		

#### **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.

Fijer identification Number:				
Name of Creditor		MARIEMANIA		Outstanding Balance of Debt.
House # Street /	Address		E DEBT INCURRED MM/DD/YYYY]	5
City		State	Zip Code	
Description of Debt		· ·		
Name of Creditor House # Street /	Address		E DEBT INCURRED	Outstanding Balance of Debt
		<u> </u>	MIM/DD/YYYY]	
City  Description of Debt		State	Zip Code:	
				Outstanding Balance of Debt
Name of Creditor House # Street /	Address		E DEBT (NCURRED)	Outstanding Balance of Debt.
			MM/DD/YYYY]	
City:  Description of Debt		State	Zip Code	
Name of Creditor				Outstanding Balance of Debt
House # Street	Address		E DEBT INCURRED MM/DD/YYYY]	5
City		State	Zip Code	
Description of Debt				A. (1976)
Name of Creditor  House # Street /	Address	// In VAsor	e dest (Nourred)	Outstanding Balance of Debt
Treet .			ММ/DD/ <u>УҮ</u> ҮҮ]	
City.	300,000,000,000,000	State	Zip Code	
Description of Debt				
Name of Creditor House # Street /	Address		E DEBT INCURRED	Outstanding Balance of Debt
			MM/DD/YYYY]	
City  Description of Debt		State	Zip Code	
tan garayan da pentin sumushi				

#### PENNSYLVANIA CAMPAIGN FINANCE REPORT

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

#### 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 Summary 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 expanditures 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.

Party Code Table:

Board of Elections)

#### **County Code Table:**

	•						
01	Adams	24	EIK	47	Montour	REP	Republican Party
02	Allegheny	25	Erie	48	Northampton	DEM	Democratic Party
03	Armstrong	26	Fayette	49	Northumberland	CST	Constitutional Party
04	Beaver	27	Franklin	50	Perry	LIB	Libertarian Party
05	Bedford	28	Forest	51	Philadelphia	REF	Reform Party
06	Berks	29	Fulton	52	Pike	OTH	Other
07	Blair	30	Greene	53	Potter		
08	Bradford	31	Huntingdon	54	Schuylkill	Office	Code Table:
09	Bucks	32	Indiana	55	Snyder		
10	Butler	33	Jefferson	56	Somerset	GÖV	Governor
11	Cambria	34	Juniata	57	Sullivan	LTG	Lieutenant Governor
12	Cameron	35	Lackawanna	58	Susquehanna	ATT	Attorney General
13	Carbon	36	Lancaster	59	Tioga	AUD	Auditor General
14	Centre	37	Lawrence	60	Union	TRE	State Treasurer
15	Chester	38	Lebanon	61	Venango	SPM	Justice of the Supreme Court
16	Clarion	39	Lehigh	62		SPR	Judge of the Superior Court
17	Clearfield	40	Luzerne	63	Washington	CCJ	Judge of the Commonwealth Court
18	Clinton	41	Lycoming	64	Wayne	STS	Senator in the General Assembly
19	Columbia	42	McKean	65	Westmoreland	STH	Representative in the General
20	Crawford	43	Mercer	66	Wyoming		Assembly
21	Cumberland	44	Mifflin	67	York	CPJ	Judge of the Court of Common Pleas
22	Dauphin	45	Monroe			MCJ	Judge of the Municipal Court
	Delaware		Montgomery		:	TCJ.	Judge of the Traffic Court
	• • •	,	,			ОТН	Other (Candidates for local offices who file only with the County

#### INSTRUCTIONS FOR FILING THE CAMPAIGN FINANCE STATEMENT

- 1. You may file this statement in lieu of a full report when the amount of contributions (including in-kind contributions) received, the amount of money expended and the liabilities incurred each did not exceed \$250.00 during the reporting period.
- 2. File this statement in the office where the nomination petitions, nomination certificate or nomination papers of the candidate(s) supported were filed.
- 3. A candidate must file a statement or report that is separate from one filed by her/his authorized committee.
- Each statement shall be subscribed and sworn to by the candidate (if it is the candidate's personal report) or the treasurer of the political committee, acknowledging the accuracy of the report. In addition, those reports filed on behalf of a candidate's political committee, authorized by a candidate and created solely for the purpose of influencing an election on behalf of that candidate, shall be subscribed and sworn to by that candidate.
- 5. Reports must be filed according to the following schedule. For specific dates, consult the Election Calendar.

First report deadline: Cycle 1 Sixth Tuesday Pre-Primary. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting

statewide candidates.)

Second report deadline: Cycle 2 Second Friday Pre-Primary. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)

Third report deadline: Cycle 3

30 days Post-Primary. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)

Fourth report deadline: Cycle 4 6<sup>th</sup> Tuesday Pre-Election. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)

Fifth report deadline: Cycle 5 2<sup>nd</sup> Friday Pre-Election. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)

Sixth report deadline: Cycle 6 30 days Post-Election. Reporting period closes 20 days after the election.

Author Warder Prince

(Required by all candidates on the ballot and committees supporting such candidates.)

Annual report deadline:

Cycle 7

January 31st of the following year. Statement must be complete as of December 31.

- Political committees that are required to file pre-election reports are also required to file at all subsequent reporting deadlines for that election.
- 7. Retain copies of all records for a period of 3 years. Although no detailed campaign expense report is filed, you are required to keep a record of the names and addresses of each person from whom a contribution of over \$10.00 has been received and a record of all other information required to be reported pursuant to the Campaign Expense Reporting Law.

#### LATE FILING PENALTY

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

In addition, any candidate or treasurer of a political committee, or person acting as such treasurer, who shall fail to file an account of primary or election expenses, as required by the Law, shall be guilty of a misdemeaner and, upon conviction thereof, shall be sentenced to pay a fine not exceeding \$5,000 (five thousand dollars) or to undergo an imprisonment of not less than one (1) month nor more than two (2) years, or both, in the discretion of the court.

Further penalties are provided by law.

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

### CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION ""	REPORT FILED CANDIDATE L COMMITTEE 2. CORRYST.
NUMBER NAME OF FILING COMMITTEE, CANDIDATE OR L'OBBYIST	ON BEHALF OF CANDIDATE COMMITTEE COBBYIST
WICHAELD KEYS	
STREET ADDRESS	<del>nanyangan katangan managan katangan ka</del>
3612 REED 51	
CITY TO 1	STATE: CA ZIP CODE
EE-1E	184 16504
TYPE OF REPORT NAME OF OFFICE SOUGHT BY CANDIDATE (CHECK ONE)	DISTRICT NO. PARTY DATE OF ELECTION  MO. DAY YEAR
6TH TUESDAY	
PRE-PRIMARY MO. DAY YEAR	NO. DAY YEAR
ZND FRIDAY 2. DATES OF REPORTING	100
PERIOD	
30-bay Post-Primary	
GTH.TUESDAY 4. CASH BALANCE AT END OF REPORTING PERIOD:	\$
PRE-ELECTION TOTAL AMOUNT OF FILER'S	
2ND FRIDAY 5. OUTSTANDING DEBTS OR LIA	
PRE-ELECTION AT THE END OF REPORTING F	?ERIOD: \$
30 DAY	K [ ]
REPORT? YES	X NO
ANNUAL TERMINATION YES REPORT? YES	NO NO
AND AND REPORTED BY AND	FFIDAVIT SECTION
PART I	
f statement is filed on behalf of a <u>Political Committee a</u> f statement is filed on behalf of a <u>Candidate</u> , the Cand	or Candidates's Committee, the Treasurer must sign here.
f statement is filed on behalf of a Contributing Lobbyis	st, the Lobbyist must sign here.
I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT	S OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.
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DAY OF 20	SIGNATURE OF PERSON SUBMITTING REPORT
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SIGNATURE	PRINTED NAME
MY COMMISSION EXPIRES MO: DAY YR.	AREA CODE DAYTIME TELEPHONE NUMBER
2004 ACC-1. 1.04	DATIME (ELEPTORE NUMBER
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statement is filed on behalf of a <u>Candidate's Authoriz</u>	<u>red Committee,</u> Candidate must sign here.
I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BEL	LIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF
JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.	
SWORN TO AND SUBSCRIBED BEFORE ME THIS	SIGNATURE OF CANDIDATE
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Department of State • Bureau of Commissions, Elections and Legislation 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

# 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	<b>\</b>							T FILED	CANDIDATE	L.	COMMITTEE	2	LOBBYIS	T 3.
NAME OF FILING COM	MITTEE, C	ANDIDATE OR LOBBYIST						<u>.</u>					<u> </u>	<u>:</u>
STREET ADDRESS			<u> </u>							<del></del>		<del></del>		
CITY							STATE			ZIP CO	ODE			
TYPE OF REPO (CHECK ONE		NAME OF OFFICE SO	UGHT BY CA	NDIDATE			P	ISTRICT NO.	PARTY	<u> </u>	DA MO.	IE OF	ENECTIC	)N YEAR
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30 day Post-Primary	3.	CASH BA	LANCE AT	TEND										
6TH TUESDAY PRE-ELECTION	4.		RTING PE	RIOD:	n²o		\$					٠		
2ND FRIDAY PRE-ELECTION	5.	OUTSTAN AT THE E	DING DEE	STS OF	LIAB			<del></del>						
30 day Post-election	6.	L	AMENDA REPORT		YES		NO							
ANNUAL REPORT	7.		TERMINA	TION				-						
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