

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer identification Number	Report Filed By Cand (Mark X)	idate Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Rita F Bishop		
Street Address	10172 Barney Road	•	
City Albion	State	pa Zip Code 16401	
Type of Report (Place x under report type)		HANANGE SIGNATURA AND AND AND AND AND AND AND AND AND AN	
1-6 th Tuesday 2-2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4-6thTuesday 5-2 nd Frida Pre-Election Pre-Election		y Special 30 Day Post-Election
Date Of Election 11/05/2019	Year	Amendment Termination Report Report	
Summary of Receipts and From Date Expenditures	To Date	For Office Use Only	Perilbarin I
6/21/19 A. Amount Brought Forward From Last Report	10/20/19		
B. Total Monetary Contributions and Receipts	-7.86		
(From Schedule I) C. Total Funds Available	1210.	5	
(Sum of Lines A and B) D. Total Expenditures	1202.14	- I	1300
(From Schedule III) E. Ending Cash Balance	941.52	원급 [편] 요 :	<u>N</u>
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received	\$ 260.62		<u> </u>
(From Schedule II) G. Unpaid Debts and Obligations	20	RATION	三 -
(From Schedule IV)	560.00		2 7
Part 1- If this is a Committee report, treasurer sign he	Afgavit ere. If this g a Canddate report,	candidate sign here. of the I breken	2
I swear (or affirm) that this report, including the attac Sworn to and subscribed before me this	S S S S	ne best of my knowledge and belief true, correct and com	lete.
21St day of October 20 19	April 3, 12889	Keta F Des To	
Jania Germander	Pennsylvania - 100 County of the County of t	R Signature of Demon Submitting report	
My Commission expires $4 - 3 - 23$	1111 C .2 C C-15	814 Printed Name	
MO. DAY YR.	wealth of I	Area Code Daytime Telephone Num	ber
Part II- If this is a report of a Candidate's Authorized (I swear (or affirm) that to the best of my knowledge a	ommittee Candidate hall sign	here. he has not violated any provisions of the Act of June 3, 193	7 (P.L. 1333, NO.320) as
amended.	8		
Sworn to and subscribed before me this			;
day of20		Signature of Candidate	
Signature	· . -	Printed Name	
My Commission expires MO. DAY YR.	-	Area Code Daytime Telephone Numb	
		Coyume reseptione Numb	-

SCHEDULE I Contributions and Receipts

Detailed Summary Page

File a dentification Number #5		 -	7,2			 	
	Dita f Dialass			•			
	Rita f Bishop						
AAA 1944 Maria (1945)		 		 A and			

1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 100
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 650
All Other Contributions (Part B)		\$ 100
Total for the reporting period	(2)	\$ 850
3. Contributions Over \$250,00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$ 360
Total for the reporting period	(3)	\$ 360
4. Other Receipts-Refunds, Interest Farned, 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)	ort	\$ 1210.00

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 Identification Number

	Rita F bishop			
				Amount
Full Name of Contributing Committee	O		Date [MM/DD/YYYY] \$	100
	Commitee to elect John Loon	nis	06/30/2019	
5706	Address		Date [MM/DD/YYYY] \$	
	Jones LN			
City Erie	State pa	Zíp Code 16505	Date [MM/DD/YYYY] 5	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street /	Address	215-18	Date [MW/DD/YYYY] \$	
City.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] s	
Committee				
House # Street A	Address		Date [MM/DD/YYYY] \$	
				Andrewskie
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street A	Address		Date [MM/DD/YYYY] \$	
	Alegue de la companya del companya del companya de la companya de			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing		(共)。1000年1月11日		
Committee			Date [MM/DD/YYYY] \$	
House # Street A	\ddress		Date [MM/DD/YYYY] . \$	
a problem in the state of the s	A PRODUCTION OF THE PRODUCTION		ilysel Link	
City	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing		可是如此的语句	Date [MM/DD/YVVV] 5	
Committee			Date (May Dec. 1)	ı
House # Street A	ddress	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] 5	
	1922-AMIN	The state of the s		
Clty	State	Zip Code	Date [MM/DD/YYYY] \$	

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: Rita F Bishop			
Div. E.D. J			
Rita F Bishop			

Full Name of Contributor			
ron Name of Contributor	Meagan An Damon Finazzo	Date [MM/DD/YYYY] \$	400
		07/20/2019	100
House # Str	eet Address	Date [MM/DD/4YYY] \$	
	Alexander Dr		
City erie	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor		Date [MM/DD/YYYY] S	
Continue December 1980	Maria Goelner	10/05/2019	100
	eet Address	Date [MM/DD/YYYY] \$	
1242	west 12		
City Erie	State. Zip Code	Date [MM/DD/YYYY] \$	<u> </u>
	pa 16501		
Full Name of Contributor	I .	Date [MM/DD/YYYY] \$	
	Rebecca and Mike Welch	08/05/2019	100
House# Str	eet Address	Date [MM/DD/YYYY] \$	
	\$(A)(B)(B)		
City	State Zip Code	Date [MM/DD/YYYY) \$	
Deming	NM 88030		
Full Name of Contributor		Date [MM/OD/YYYY] \$	
	Don and Debbie Parknow	08/14/2019	50
House # Stre	eet Address	Date [MM/DD/YYYY] \$	
	Barney Road	CALE [MM/CAO/(1717] 3	
City	State Zip Code		<u> </u>
Albion	pa 210 16401	Date [MM/DD/YYYY] 5	
Full Name of Contributor		Date (MM/DD/YYYY) \$	
医维格勒氏征 使多种物	Charles Stiles		100
House # Stre	et Address	08/17/2019	
5400	Academy St	Date (MIV/DD/YYYY) 5	
City			
E. springfield	State Zip Code pa 16411	Date [MM/DD/YYYX] 5	
Full Name of Contributor			
	Katherine Artines	Date [MM/DD/YYYY] 5	200
		10/16/2019	
Lonse 4 21te	et Address North Birtch	Date [MM/DD/YYYY] \$	
City Erie	State Zip Code 16509	Date [MM/DD/YYYY] \$	
	10009		

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

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

es da charactera desta de la				
Full Name of Contributing Committee			Date (MM/DD/YYYY) S	
House # Street /	Address		Date [MM/DD/YYYY] \$	
City	State.	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MIM/GD/YYYY] \$	
House # Street A			-Date (MM/OD/YYYY) S	
City	State	Zip Code	Date [MM/DD/YYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street A	ddress		Date [MIM/Ob/YYYY] \$	
Gity	State	Zip Code	Date [MM/Bb/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYY] 5	
House# Street A			Date [MM/DD/VVYY] 5	
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee			Date [MM/DD//YYY/] 5	
House # Street A			Date [MM/DD/YYYY] 5	
City Lands of	State	Zip Code	Pate [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MIVI/DD/YYYY] \$	
House # Street Au			Date [MM/DD/YYYY] \$	
City	State	-2(p)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:			
Rita F Bishop			

Committee of the Commit	***************************************		
Full Name of Contributor Rita Bis	ishop Loan		Date [MM/DD/YYYY] \$ 360
House # Street Addre	ress Barney	* * PP	Date [MM/DD/YYYY] \$
Chy Albion	State PA	Zip Code 16401	Date [MINI/DD/YYYY] \$
Employer Name		MATERIAL STATE OF THE STATE OF	Occupation :
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addre			Date [MM/0D/YYYY] \$
City:	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			-Date [MM/DD/YYYY] \$
House # Street Addre			Date [MM/DD/YYYY] \$
Glty	State	Zip Code	Date [MM/DD/YYYY] 5
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] 5
House # Street Addres			Date [MM/DD/YYYY] 5
City	State	Zip Code	Date [MM/DD/YYYY] 5
Employer Name		\$-1-00-000	Occupation
Employer Mailing Address / Principal Place of Business			

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:

Rita F Bishop

Full Name				
Housé #	Street Address		·	
City		State	-Zîp	Date [MM/DD/YYYY] \$
			Code	
Receipt Description	March March	E CANDON VI	\$60°0508.000000000000000000000000000000000	ASSISTANCE A
Full Name	lian i			**************************************
	Street Address			1,
City		State	Zip Code	Date [MM/DB/YYYY] \$
Receipt Description			Loue	
Full Name				
				
	Street Address	24.0° +4.0° 22.4° 22.		
City City City City City City City City	122	State	Zîp Code	Date [MM/DD/YYYY] \$:
Receipt Description				
Full Name				
	Street Address		2-10-11	
City	Street Augress	State	Zip	
	0002 0003	_#	Code	Date [MIV/DD/YYYY] \$
Receipt Description				
Full Name				
House#	Street Address			
City	an had	State	. Zip	Date (MM/DD/YYYY) \$
		0.0714	Code	The state of the s
Receipt Description			Various	
Full Name				
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
	A 3 3 3 1			

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: Rita F Bis	hop		
1. UNITEMIZED IN-KIND CONTRIB	idale Nerregelvoja vivaltica (202	0.00	DE LESS DED CONTRIGHTOR
TOTAL for the reporting period	(1)	\$	20.00
	IVED-VALUE OF \$50.01 TO \$250		ROM PART F) #
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECEIV	VED-VALUE ØVER \$250.00 (FRO)	VI PAF	T(G) ₄ : ———————————————————————————————————
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro on Page 1, Report Cover Page, Item F)		\$	20.00

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identificatio	n Number:		· · · · · · · · · · · · · · · · · · ·		
Full Name of Co	ntributor			Date [MM/DD/YYVY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City Description of 6	ontribution	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co				Date [MM/D0/YYYY] \$	
House #	Street Address			Date (MM/DD/XYY), S.	
City Description of C	ontribution	State	Zip Code	.Date (MM/DD/YYYY) .\$	
	1.7				
Full Name of Co	are a second			Date (MM/DD/YYYY) \$	
House #	Street Address		1100	Date [MIN/DD/YYYY] \$	
City Description of C	antilbution.	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	rought and a			Date (MM/DID/YYYY) \$	
House#	Street Address			Date (MM/DD/MYY) \$	
City Description of Co	ontribution	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	n de op de de La Carresta			Oate (MM/DD/YYYY) \$	
House #	Street Address		par transference de la companya de l	Date [MM/DD/YYYY] \$	
City Description of Co	antribuzión	State	Zip Code	Date [MM/DD/YVYX] .5	
	us TRATAL CAMPAGE				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
Full Name of Contributor			Date [MM/DB/YYYY] 5
House # Street Address	#*·	10 A 480A	Date [MM/Db/YYYY] 5
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	14		Occupation -
Employer Mailing Address / Principal Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	C/AND Man		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
Pull Name of Contributor	_		(Date (MNV/DD/XXXV) \$:
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	<u>.</u>		Description of Contribution
Full Name of Contributor			Pate (MM/Db/YYYY) S
House # Street Address	est to the available of the second		Date [MM/DD/YYYY] \$
City Employer Name	State	Zip Code	Date [MM/00/YYYY] \$
			Occupation
Employer Mailing Address / Principal Place of Business			Description of Contribution

Statement of Expenditures

Ciles Islantification Busham		
Filer identification Number		
	Rita F	Bishon
		p

To Whom Paid Dan Rice Days	
	Date [MM/DD/YYYY] \$ 75
House # Street Address Boro Office	Description of Expenditure
City Griard State Pa Zip Gode	Booth
To Whom Paid Got Print	Date [MM/DD/YYYY] \$ 40.00
House # 7651 Street Address N San Fernando Rd	Description of Expenditure
City Burbank State Ca Zip 91505	Signs and postcards
To Whom Paid Amazon	Date [MM/DD/YYYY] \$ 88.98
House # Street Address Online	06/22/2019 Description of Expenditure
City State Zip	Canapy and Lights for Booth
To Whom Paid	Date [MM/DD/YYYY] \$
Signs 247 House # 40 Street Address W. Addre	07/05/2019 440.00 Description of Expenditure
40 West crystal Lake Street #100 City State Zip	And the second s
	lan a man
Orlando FL Cone 32806	Yard Signs
	Pate (MM/DD/YYYY) \$ 146.18
To:Whom Paid 32806	Date (MM/DD/VYYY) \$ 146.18
To Whom Paid Got Print House # Street Address	Date [MM/DD/YYYY] \$ 146.18
Got Print Got Print Got P	Date [MM/DD/YYYY] \$ 146.18 Description of Expenditure
Got Print Got Print FL Code 32806 To Whom Paid Got Print Flouse # 7651 Straet Address N San Fernando Rd City Burbank State Ca Zip Code 91505	Date [MM/DD/YYYY] \$ 146.18 Description of Expenditure Car Magnet signs
To Whom Paid Got Print House # 7651 Street Address N San Fernando Rd City Burbank State Ca Zip Code 91505 To Whom Paid	Date [MM/DD/YYYY]. \$ 146.18 Description of Expenditure. Car Magnet signs Date [MM/DD/YYYY]. \$
To Whom Paid Got Print House # 7651 Street Address N San Fernando Rd City Burbank To Whom Paid House # Street Address Ca Zip 91505 Code 91505 To Whom Paid	Date [MM/DD/YYYY] \$ 146.18 Description of Expenditure Car Magnet signs Date [MM/DD/YYYY] \$ Description of Expenditure
To Whom Paid Got Print House # 7651 Street Address N San Fernando Rd City Burbank To Whom Paid Street Address Ca Zip Code 91505 To Whom Paid City State Ca Zip Code To Whom Paid	Date [MM/DD/YYYY] \$ 146.18 Description of Expenditure Car Magnet signs Date [MM/DD/YYYY] \$ 5 Description of Expenditure
To Whom Paid Got Print House # 7651 Street Address N San Fernando Rd City Burbank To Whom Paid Street Address Ca Zip Code 91505 To Whom Paid Allied T-shirt.com	Date [MM/DD/YYYY] \$ 146.18 Description of Expenditure Car Magnet signs Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ 124.66
Code Street Address N San Fernando Rd Code Street Address N San Fernando Rd Code State Ca Code State Code State Code Co	Date [MM/DD/YYYY] \$ 146.18 Description of Expenditure Car Magnet signs Date [MM/DD/YYYY] \$ 124.66 Description of Expenditure T-Shirts Date [MM/DD/YYYY] \$ 22.13
To Whom Paid Got Print House # 7651 Street Address N San Fernando Rd City Burbank State Ca Zip Code 91505 To Whom Paid Allied T-shirt.com House # 1152A Street Address Stonehallow Dr Suite 100 City Austin TX Zip Code 78758 TX 78758	Date [MM/DD/YYYY] \$ 146.18 Description of Expenditure Car Magnet signs Date [MM/DD/YYYY] \$ 124.66 Description of Expenditure T-Shirts Date [MM/DD/YYYY] \$ 124.66
To Whom Paid Got Print House # 7651 Street Address N San Fernando Rd City Burbank State Ca Zip Code 91505 To Whom Paid Street Address City State Zip Code To Whom Paid Allied T-shirt.com House # Street Address Stonehallow Dr Suite 100 City Austin TX Zip Code 78758 To Whom Paid Walmart House # 15 Txeet Address Stonehallow Dr Suite 100	Date [MM/DD/YYYY] \$ 146.18 Description of Expenditure Car Magnet signs Date [MM/DD/YYYY] \$ 124.66 Description of Expenditure T-Shirts Date [MM/DD/YYYY] \$ 22.13

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.

		 	1	•
Filer Identification Number:				
D14-1	T Diabaa			
Rita I	F Bishop			
	•			

Name of Creditor	Albion Fair			Outstanding Balance of Debt
9809	eet Address rt 215	AM]	DEBT INCURRED W/DD/YYYY] 8/09/2019	\$
City	Albion	, z	Zip Code 16401	200
Description of Debt	Advertisment in fair book			
Name of Creditor	Rita F Bishop Candidate	W		Outstanding Balance of Debt
10172	et Address — Barney Rd	[MN]	DEBT INCURRED M/DD/YYYY) 3/30/2019	\$
City	Albion		ip	360.00
Description of Debt	Loan			
Name of Creditor				Outstanding Balance of Debt
House # Stre	et Address		EBTINCURRED M/DD/YYYYJ	\$
City is the common to the	State		îp ode	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House # Stree	et Address		ebt incurred Mod/Yyyy]	*
City: The second second	State		lp ode 🖟	
Description of Debt				::::::::::::::::::::::::::::::::::::::
Name of Creditor House # Stree				Outstanding Balance of Debt
14 14 14 14 14 14 14 14 14 14 14 14 14 1	et Address	IMM	EBT INCURRED I/DD/YYYY]	
City Description of Debt	State		lp size ode al	
Name of Creditor			E STATE OF THE STA	Outstanding Balance of Debt
House # Stree	et Address		EBT INCURRED 44	5
City Description of Debt	State	-21 -30	ip ode	
The second selection of the second				

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 lobbylists 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 lobbylist's report discloses only expenditures the lobbylist 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 patitions. 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 filled to correct, add to, or in some way change a report that has already been filled.

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.