

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

Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See <u>Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements</u>). 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 and only so long as the waiver referenced above is in effect. This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

Name of Filing Comn	nittee, Candidate, or	Lobbyist	
John T. L	oomis/Sheri	+	
Reporting Cycle Nam	e		
☐ Cycle 1	☐ Cycle 2	☐ Cycle 3	☐ Cycle 9
6 th Tuesday Pre-Primary	2 nd Friday Pre-Primary	30 Day Post Primary	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.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Signature of Treasurer, Candidate, or Lobbyist

Printéd Name



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Lobbyist Report Filed By Candidate Filer Identification (Mark X) Number COMMITTEE TO Elect JOHN T. LOOMIS Sheriff. Name of Filing Committee, Candidate or Lobbyist Street Address DNES 5706 Zip Code State City Type of Report (Place x under report type) Special 30 Day Special 2nd Friday 7- Annual 5- 2nd Friday 6-30 Day Post 2- 2nd Friday 3-30 Day Post 4-6th Tuesday 1-6th Tuesday Post-Election Pre-Election Election Pre-Election Pre-Election Primary Pre-Primary Pre-Primary Termination Amendment Date Of Election Report Report (MM/DD/YYYY) For Office Use Only To Date From Date Summary of Receipts and Expenditures A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) ---F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations 200 (From Schedule IV) Affidavit Section Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here. I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief type, correctioned amplete. Sworn to and subscribed before me this Signature My Commission expires_ Davitime Telephone Number Area Code YR. MO. Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief 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 day of Signature of Candidate Signature My Commission expires_ MO. YR.

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

File Identification Number CTE JOHN T. LOOM	ιS	s, Sheriff
1:Unitemized Contributions and Receipts:\$50.00 or Less per Contributor.		
Total for the reporting period (1)	\$	B
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	Ø
All Other Contributions (Part B)	\$	8
Total for the reporting period (2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	Ø
All Other Contributions (Part D)	\$	40,249.93
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Farned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	40,249.93
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. \checkmark

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Committee	1	None)-		
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Committee				
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Committee				I
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City	State	Zip Code	Date [MM/DD/YYYY] 5	
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Committee	OSC			
House# Stree	et Address		Date [MM/DD/YYYY] \$	
		***************************************	A STATE OF THE STA	
City	State	Zip Code	Date MM/DD/YYY] 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.)

CTE JOHN	T. LOOMIS.	Sheriff	
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	None).		
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House# Street Address		and and the second	
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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.

CTE JOHN T. LOOM 15	SheriFF.
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City. State Zip Code	Date(MM/DD/YYYY). 75
Euli Name of Contributing Committee	Date (MM/DD/AYAY)
House# Street Address	Date (MM/DD/MYY)
Gry State Zip Code	Date (MIM/DD/MYM)
Etili Nameroi Gontributing Committee	Date (MM/BD/AYON)
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Giy State Zip Code	Date MM/DD/YYXI 5
Full Name of Contributing Committee	Date (MW/DD/AAA) S
House # Street Address	Date (MW/BD/AAS/CE S
Gity State Zip Code	Date IMW/DD/A4YAB
Edil Name of Contributing Committee	Date IMM/DD/AXX()
House# Street Address	Date [MM/APD/YYYY] \$
State Zip Gode	-Date MINMOD/YYYY! 2

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)

File: Identification Numbers	CTE JO	HNT. LOOMIS	5 Sheriff	
Full Name of Contributors	- 1 =	D<1 1 C	RDate (MM/PD/MYM) 5	<i>0</i> 3
		PSA. Conference	3-6-2020	39,749
House # Street	Address		Date [MM/DD/YYYY] S	
City	State	ZIP Code	Date (MW/a)p/////// St	
Employer Name +			Occupation	
Employer Malling Address / Principal Place of Business		· · · · · · · · · · · · · · · · · · ·		
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Giy.	State	Zip Code	Date MW/DD/YYYI S	
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Full Name of Contributors			Date [MIW/DD/YYYY] 5.	
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Employe Name		· ·	Occupation	
Employer/Maling Address // Principal Place of Business			Spate imin//plo/www	
Full Name of Contributor			S Date (WW/DD/) COEFF 5 2	
House# Street	Addréss		Date (MIM/DD/YYYY) / S.	
CRY	State	.≱Zip¥Gode	Date IVIN/DD/YYYY] 25	
Employer Name			Occupation	
Employer/Malling/Address/ Principal Place of Business				

40,249.93

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.

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Full Name			•		
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None

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

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2. IN-KIND CONTRIBUTIONS RECEIVED.)	MARUE (0.ES50.0) EN (0.ES250)	00 (ERONGPARTEE)	
TOTAL for the reporting period	(2)	\$	
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TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DU PERIOD (Add and enter amount totals from bo on Page 1, Report Cover Page, Item F)		\$	

None

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

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House# Street Address	Date (MM/DD/YYY) 5
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Employer Name	Occupation
Employer Walling-Address / Principal	Description
Place of Business	oi Contribution

None

Statement of Expenditures

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Filer Identification Number:	
CIE JOHN I. LOOMIS, SKERIPP.	

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House # Street Address	Description of Expenditure
City State Zip Gode	AMPAIGN DONATION.
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CTE BOB MERSKI	2/9/20 100 00
HOUSE# Street Address	Description of Expenditure
City State Zip Code	CAMPAIGN DOUBTION.
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House # Street Address 7401 MC CARY ROAD	Description of Expenditure
City FAIRVITW State PA Code 16415	DINNER EVENT/ DONOTION
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OGDEN State UT. Zip 84405	
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House# Street Address	Description on Expenditure
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House# Street Address	Description of expenditure
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House # Street Address (Description of Expenditure
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Statement of Expenditures

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House #	Street Address			Description of Expenditure	
City		State	Zip Code		

SCHEDULE IV

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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 Number	CTE JOHN T. LOOMIS, ShORIFF	(
Name of Greditor	JOHN T. LOOMIS, CANDIDOTE	orstanding Balance of Debt
House# Stree	Address 2921 32275T. 2012	2,20000
City Description of Debt	FRIC START UP CONTRIBUTION.	
Name of Creditor	START OF CORTEROR	urstanding Balance of Debt
House # Stree	et Address DATE DEBT-INCURRED 35	
City Description of Debt	State Zir. Code	
		Durstanding Balance of Debt
Name of Creditor House # Stree	et Address [MM/DD/YYYY]	Justanung palanceur beut
City Description of Debt	State Zip Code	
Wameokereditos		Quistanding Balance of Debt
House # Stre	et Address [MM/pb/yyy] + 1	
Description of Debt	Code	
Name of Greditor House # Stre	DATE DEBT INCURRED INCURRED INCURRED INCURRED	Outstanding Balance of Debt
City	State Zip Code 20	
Description of Debt (3)	The state of the s	
Name of Greditor		្យាប់ប្រជាពីព្រះមានការប្រជាព្រះ
	eet Address [MM/DD/AYYr] State Zip	
City Description of Debt	State (Code: 4)	