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		REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE 2. LOBERIST 3.				
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST ALT CLIGETI								
STREET ADDRESS	7RT OCIGERI 5447 BONDY DR							
CITY	STATE PA	STATE PA ZIP CODE 16579 —						
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE LILIE COUNTY LYETUTI	DISTRICT NO.	PARTY	DATE OF ELECTION MO. DAY YEAR				
6th tuesday Pre-primary		MO. DAY YEAR	<u> </u>	FOR OFFICE USE ONLY				
2nd FRIDAY 2. PRE-PRIMARY 3.	DATES OF REPORTING PERIOD COI OI 21 TO 1	1 31 2/						
30 DAY POST-PRIMARY 6TH TUESDAY 4.	CASH BALANCE AT END OF REPORTING PERIOD:	\$ O						
PRE-ELECTION 2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD							
30 day Post-Election	AMENDMENT YES	NO	·	**************************************				
ANNUAL 7. REPORT	TERMINATION YES	NO	:					
If statement is filed o	n behalf of a <u>Political Committee <i>or</i> Can</u> n behalf of a <u>Candidate</u> , the Candidate i n behalf of a <u>Contributing Lobbyist,</u> the l	nust sign here.		asurer must sign here.				
	THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIAB D FIFTY DOLLARS ($$250.00$) and this report is, to th							
SWORN TO AND SUE	SIGNATURE OF PERSON SUBMITTING REPORT							
DAY OF	20		ART OLIGINI PRINTED NAME					
MY COMMISSION EXPIRES MO. DAY YR. AREA CODE MODE MODE PRINTED NAME 3.23 - 2456 DAYTIME TELEPHONE NUMBER								
PART II - If statement is filed o	n behalf of a <u>Candidate's Authorized Co</u>	<u>mmittee,</u> Candi	date must sigr	n here.				
) that to the best of my knowledge and belief this . 1333, No. 320) as amended.	POLITICAL COMMITTEE	HAS NOT VIOLATED	ANY PROVISIONS OF THE ACT OF				
SWORN TO AND SUE		SIGNATURE OF CANDIDATE						
DAY OF _			PRINTED 1	NAME				
SIGNATURE MY COMMISSION EXPIRES AREA CODE DAYTIME TELEPHONE NUMBER								
INT COMMISSION EX	MO. DAY YR.	AREA CODE	DAYTIN	TE TELEPHONE NUMBER				



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 Committee, Candidate, or Lobbyist Reporting Cycle Name								
□ Cycle 1 6 th Tuesday Pre-Primary	Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 Tuesday Election	☐ Cycle 5 2 nd Friday Pre-Election			
☐ Cycle 6 30 Day Post-Election	Cycle 7 Annual Report	Cycle 8 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.

Signature of Treasurer, Candidate, or Lobbyist

Printed Name

Date (DD/MM/YYYY)

Location (City/State/Country)

DSEB-502R Updated 1/22/2021