

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

|  | (14066. 1               | •                                       |                           | r legible. It silo                    | Committee                                 |   | Lobbyist               |
|--|-------------------------|---|---------------------------|---------------------------------------|---|---|------------------------|
| Filer Identification Number                                      |                         | Report Filed ( Mark X)                  | By Candida                | " <i>X</i>                            | Committee                                 |   | LOUBYISL               |
| Name of Filing Committee, Candidate or Lobbyist                  |                         |   | elleber                   |                                       | py – suices condition (1)                 | y openy (Controlled Col. )              | - carego actionated    |
| Street Address   |                         | 533                                     | 7.0                       | Dr.)                                  |   |   |                        |
| City   | ۶                       |   | State                     |                                       | Zip Code                                  | 16509                                   |                        |
| Type of Report (Place x un                                       |                         | - · · · · · · · · · · · · · · · · · · · | 1,000,000,000,000         | xi_1,                                 | process and the second                    | , |                        |
|  | day 3-30 Day Post       | a ch Tuesden                            | 5- 2 <sup>nd</sup> Friday | 6- 30 Day Post                        | 7- Annual                                 | Special 2 <sup>nd</sup> Friday          | Special 30 Day         |
| Pre-Primary Pre-Primary  |                         | Pre- Election                           | Pre- Election             | Election                              | /- 7                                      | Pre-Election                            | Post-Election          |
|  |                         |   |                           |                                       | X   |   |                        |
| Date Of Election<br>(MM/DD/YYYY)                                 | 11-2-21                 | Year                                    | <u> </u>                  | Amendment<br>Report                   | X   | Termination<br>Report                   |                        |
| Summary of Receipts and  | From Date               | To Dat                                  | e                         |                                       | For                                       | Office Use Only                         |                        |
| Expenditures   | 1-1-21                  | la-                                     | 31- ZI                    |                                       |   | عند                                     | 12                     |
| A. Amount Brought Forwa  |                         |   |                           | e e e e e e e e e e e e e e e e e e e | er en |   | 8                      |
| B. Total Monetary Contrib<br>(From Schedule I)                   | utions and Receipt      | \$ \$ 2.7                               | 15.00                     |                                       |   | <b>5</b> 50<br>200                      | 2023 JAN 17            |
| C. Total Funds Available   |                         | \$                                      | 5.00                      |                                       |   |   |                        |
| (Sum of Lines A and B)  D. Total Expenditures                    |                         | asial či                                |                           |                                       |   |   | 고                      |
| (From Schedule III)  |                         | 2.7                                     | 5.00                      |                                       |   |   |                        |
| E. Ending Cash Balance<br>(Subtract Line D from Line             |                         | \$ -0                                   | -                         |                                       |   |   | PH 12: 04              |
| F. Value of In-Kind Contrik<br>(From Schedule II)                | outions Received        | 5 - 6                                   | -                         |                                       |   | gET-Suren                               | -<br>-                 |
| G. Unpaid Debts and Oblig<br>(From Schedule IV)                  | gations                 | \$ -0                                   |                           |                                       |   |   |                        |
| Tr. our penedule 11)   |                         |   | Affidavit Se              | tion                                  |   |   |                        |
| Part 1- If this is a Committee                                   | eport, treasurer sign h | nere. If this is a Ca                   | ndidate report, ca        | indidate sign here.                   |   |   |                        |
| I swear (or affirm) that this re<br>Sworn to and subscribed befo |                         | acned schedules c                       | on paper, is to the       | pest of my knowled                    | age and belief t                          | rue, correct and comple                 | ete.                   |
| day of   |                         |   |                           |                                       |   |   |                        |
| uay or   |                         | _ [_                                    |                           | Signature                             | of Person Subn                            | nitting report                          | ······                 |
| Signature  |                         | - [                                     | -                         |                                       | Printed Nam                               | ne                                      |                        |
| My Commission expires  |                         | • •                                     |                           |                                       |   |   |                        |
| MC   | D. DAY YR               |   |                           | Area Code                             | Da  | ytime Telephone Numb                    | er                     |
| Part II- If this is a report of a C                              | andidate's Authorized   | Committee, can                          | didate shall sign h       | ere.                                  |   |   |                        |
| I swear (or affirm) that to the amended.                         | best of my knowledge    | and belief this po                      | olitical committee        | has not violated an                   | y provisions of                           | the Act of June 3, 1937                 | (P.L. 1333, NO.320) as |
| Sworn to and subscribed befo                                     | re me this              |   |                           |                                       |   |   |                        |
| day of   | 20                      | _ '1                                    | _                         | <del> </del>                          |   |   |                        |
|  |                         |   |                           |                                       | Signature of Candidate                    |   |                        |
| Signature  |                         | 1                                       | _                         | Printed Name                          |   |   | <del></del>            |
| My Commission expires  |                         |   |                           |                                       |   |   |                        |
| МО   | . DAY YR.               |   | 4                         | Area Code                             | Day                                       | time Telephone Numbe                    | r                      |
|  |                         |   |                           |                                       |   | ٧                                       |                        |

## SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

| 10 X 10 hd | Filer Identification Number | 1 |
|------------|-----------------------------|---|
|            |                             |   |

| 1. Uniternized 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)   | 1/10/24<br>10/14/10<br>10/14/10 |                        |
| Contributions Received from Political Committees (Part A)  |                                 | \$<br>                 |
| All Other Contributions (Part B)   |                                 | \$<br>                 |
| Total for the reporting period   | (2)                             | \$<br>                 |
| 3. Contributions Over \$250:00 (From Part C and Part D)  |                                 |                        |
| Contributions Received from Political Committees (Part C)  |                                 | \$                     |
| All Other Contributions (Part D)   |                                 | \$<br>275.00           |
| Total for the reporting period   | (3)                             | \$<br>275.00<br>275.00 |
| 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, R. Cover Page, Item B) |                                 | \$<br>275.00           |

#### 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.

| Eller Identification Number            |                  | 5 UE               | WEBER                   |        |
|--|------------------|--------------------|-------------------------|--------|
| a mind is a standard and an arrange of |                  |                    |                         | Amount |
| Full Name of Contributing<br>Committee |                  | · .                | Date (IMM/DD//YYY) 5    |        |
| House # Street                         | Address          | ·                  | Date (MM/OD/YYYY) S     |        |
| City :                                 | State            | Žip Code           | Date [MM/DD/YYYY] 35    |        |
| Full Name of Contributing<br>Committee |                  | 0-                 | Date (MM/DD/YYYY) :: \$ | ·      |
| House # Street:                        | Address          | \                  | Date [MM/DD/YYYY] 5     |        |
| Gity •                                 | State            | Zip Coile          | Date [MM/DD/YYYY] :: \$ |        |
| Full Name of Contributing<br>Committee |                  |                    | Date [MM/DD/YYYY] (\$   |        |
| House # Street.                        | Address          |                    | Date [MM/DD/YYYY] \$    |        |
| City                                   | State            | Zip Code           | Date [MM/DD/YYYY] \$    |        |
| Full Name of Contributing<br>Committee |                  |                    | Date [MM/DD/(YYY)] /s   |        |
| House # Street /                       | Address          |                    | Date [MM/DD/YYYY]       | ·      |
| City                                   | State            | Zip Code           | Date [MM/DD/YYYY] 5     |        |
| Full Name of Contributing<br>Committee |                  | · ·                | , Date [MM/DD/XYYY] \$  |        |
| House # Street A                       | Address          |                    | Date [MM/DD/YYYY] 5     |        |
| City                                   | State            | Zip Code           | Date [MM/DD/YYYY] \$    |        |
| Full Name of Contributing<br>Committee | 1 1999 1990 1991 | россий марилистеру | Date [MM/DD/YYYY] 5     |        |
| House # Street /                       | Address          |                    | Date [MM/DD/YYYY] \$    |        |
| City                                   | State            | Zip Code           | Date [MM/DD/YYYY] \$    |        |

#### 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.)

| Sue Weber   |  |
|---|--|
| FUIL(Name col Conft!) loartor   | CHECK MANDAPPASSAME  |
| House# Syen Address   | EPER ANGLARD TRAVARANT   |
| State State   | DAGERANNONAVONS  |
| FULLVam Lot Contolliutor  | PRESIDA/MATE   |
| Straet Addrass  | 30:31:00   \$\dot \dot \dot \dot \dot \dot \dot \dot   |
| (dis)   Sincepte   Xincepte   | 39 3606/01/11 Star   |
| Tames marking and the state of | PRINCE STATE OF A STAT |
| Heritera Street Address   | Porte (CIC/APPACAAA)   |
| Slave Classification (Classification)   | seare (MIX/(RP/ARGO)), S   |
| Fallenige Tale Silitations  | SODESMINATENA ANTE GE  |
| PGOUSTE SYSTEM ADDRESS  | Bengelsioneraceal  |
| Steve Zjacodes.   | States (CVICANOIDICANONIC)   |
| Hallinte(merolesofts) Hallore   | apatentologopologoper  |
| PREGRAPT STREAM Additions   | RPEACH(MAT/CPT/AGAA/I)   |
| Sigte Ajagone   | DRIGH(MW/CD/AAAANA   |
| HillENEIMAIO (COMMENTAL)  | NOTE CALVINATION AND AND AND AND AND AND AND AND AND AN  |
| Hollse# Syee Aldress  | gledetellyddyffeldffddangleg<br>Teg  |
| G(v)  | poatei(MNV/Fle/Annel);;; *{ }  |

# 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.

| Henridonifferrani Sue Webe   |  |
|--|--|
| h: illhi/Emerci/c is a language of the control of t | PERCHANIA DANA MARINA<br>DEL CONTROL DANA MARINA   |
| Glouse W. Street Address   | SCHICLIMINI/PRIANANATA: 45.  |
|  |  |
| Contributing Committees.   | PLACE HOLDING PAYAYARAN  |
| Arraet/Atiblest  | TO THE MANAGED AND AND AND AND AND AND AND AND AND AN  |
| SERS (2.182.182.182.182.182.182.182.182.182.18   | RESEARCH RES |
| truthttingstr<br>(confelbungstrommitee):-  | THE CONTINUE PROPERTY AND ASSOCIATION OF THE PROPERTY ASSOCIATION OF THE P |
| As options Store Peddiress   |  |
| State Zipteoste.   |  |
| arhuselofting.commtice   | POTENTULY/ADDAGGAGE  |
| Heurs Strapt Address   | APAGAMAY/PD/AAAAA)   |
| Shien Zipendes   | Principolados de la compansión de la com |
| Contributing Committee   |  |
|  | DOENE (MANUTADO) ANA ANK   |
| 4.01 (Mameror 2012)  |  |
| Hours and Streen Address   | DATE [AIM/RBAAMM]  |
|  |  |
| State Vancous  | DATOHANANANANANANANANANANANANANANANANANANAN  |

# 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;  | Sue Weber   |  |
|---|---|--|
| Full Name of Contributor  House # Street Address                                      | Sue Weber<br>5338 Worris Dr.<br>State PA Zip Code 16508 | Date [MM/DD/YYYY] \$ 275.60 Date [MM/DD/YYYY] \$ |
| City Srite  | State PA Zip Code 1650 8                                | Date [MM/DD/YYYY] \$ Occupation                  |
| Employer Mailing Address /<br>Principal Place of Business<br>Full Name of Contributor |   | Date [MM/DD/YYYY] \$                             |
| House # Street Address  | State Zip Code  | Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$       |
| Employer Name<br>Employer Mailing Address /   |   | Occupation                                       |
| Principal Place of Business  Full Name of Contributor  House # Street Address         |   | Date [MM/DD/YYYY] \$                             |
| Gity  | State Zip Code  | Date [MM/DD/YYYY] \$                             |
| Employer Name<br>Employer Mailing Address /<br>Principal Place of Business            |   | Occupation                                       |
| Full Name of Contributor  House # Street Address                                      |   | Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$       |
| City  | State Zip.Code  | Date [MM/DD/YYYY] \$                             |
| Employer Name  Employer Mailing Address / Principal Place of Business                 |   | Occupation                                       |

#### 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 Nu   | niber:   |  | Sue Webel  |                      |
|---------------------------|--|--|--|----------------------|
| Full Name                 |  |  |  |                      |
| House #                   |  |  |  |                      |
|                           | Street Address   | kerinami kalunia   | 1.7644.9074.4547.00.564  |                      |
| City                      |  | State  | Zip<br>Code  | Date [MM/DD/YYYY] \$ |
| Receipt Description       | No. 12   | The second section of the second seco | Typesty at emission account  | uktriamer -          |
| Full Name                 |  |  |  |                      |
| House #                   | Street Address   | Ø  |  |                      |
| City                      |  | State  | Zip<br>Code  | Date [MM/DD/YYY] \$  |
| Receipt Description       |  |  |  |                      |
| Full Name                 |  |  |  |                      |
| House #                   | Street Address   |  |  |                      |
| City                      |  | State  | Zip<br>Code  | Date [MM/DD/YYYY] \$ |
| Receipt Description       |  | NA TO WORKEN COMP  | [87] M. 16 St. 16 St. 16 St. 17 St. 1 | ISSN244              |
| Full Name                 |  |  |  | W-W                  |
| House #                   | Street Address   |  |  |                      |
| City                      | The state of the s | State  | Zip<br>Code  | Date [MM/DD/YYYY] \$ |
| Receipt Description       |  |  |  |                      |
| Full Name                 |  |  |  |                      |
| House #                   | Street Address   |  |  |                      |
| Eity                      |  | State  | Zip<br>Gode  | Date [MM/DD/YYYY] \$ |
| Receipt Description       |  | Keeps massificated   | Trans.   |                      |
| Full Name                 |  |  |  |                      |
| House #                   | Street Address   |  |  |                      |
| City  Receipt Description |  | State  | Zip<br>Code  | Date [MM/DD/YYYY] \$ |
| neceipt Description       |  |  | , .  |                      |

#### 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

| filler identification Number:   |                       | Suewaher                                | Sueweber |  |  |
|---|-----------------------|---|----------|--|--|
| 1. UNITEMIZED IN KIND CONTRI  | BUTIONS REGEIVED AVA  | ALUE OF \$50.00 OR LESS PER CONTRIBUTOR |          |  |  |
| TOTAL for the reporting period  | (1)                   | \$                                      |          |  |  |
| 2.7 SIN-KIND CONTRIBUTIONS REC  | EIVED VALUE OF \$50.0 | 01 TO \$250.00 (FROM PART,F)            |          |  |  |
| TOTAL for the reporting period  | (2)                   | \$                                      |          |  |  |
| 3. IN-KIND CONTRIBUTION RECE  | IVED-VALUE OVER \$25  | 50:00 (FROM PART G                      |          |  |  |
| TOTAL for the reporting period  | (3)                   | \$                                      |          |  |  |
| TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals from Page 1, Report Cover Page, Item F) |                       |   |          |  |  |

# SCHEDULE II PART F

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

VALUE OF \$50.01 TO \$250

|                          |                | · · · · · · · · · · · · · · · · · · · | ALUE 01 20.01 10 3230  |  |              |
|--------------------------|----------------|---------------------------------------|--|--|--------------|
| Filer Identification Num | ber:           |                                       | Sue  | Weber  |              |
|                          |                |                                       |  |  |              |
| Full Name of Contribu    | itor           |                                       |  | Date [MM/DD/\\\)   | \$           |
| House #                  | Street Address |                                       |  | Date [MM/OD/XYYY]  | <b>[\$</b> ] |
| City                     |                | State                                 | Zip Code   | Date [MM/DD/YYYY]  | <b>\$</b>    |
| Description of Contrib   |                |                                       |  |  |              |
| Description Contra       | Jucion .       | N. West                               |  |  |              |
| Full Name of Contribu    | itor.          |                                       |  | Date:[MM/DD/YYYY]  | \$           |
| House'#                  | Street Address |                                       |  | Date [MM/DD/YYYY]  | \$           |
| City.                    |                | State                                 | Zip Code   | Date [MM/DD/YYYY]  | \$.          |
| Description of Contrib   | oution         |                                       |  |  |              |
| Full Name of Contribu    | tor            |                                       |  | Date [MM/DD/MYY)   | \$           |
| House #                  | Street Address |                                       |  | Date [MM/DD/YYYY]  | \$           |
|                          |                | len-zereza e                          | The table of the state of the s |  |              |
| City                     |                | State                                 | Zip Code   | Date (MM/DD/YYYY)  | \$           |
| Description of Contrib   | oution         |                                       |  |  |              |
| Full Name of Contribu    | tor:           |                                       |  | Date [MM/DD/MAA]   | <b>(</b>     |
| House#                   | Street Address | ****                                  |  | Date MM/DD/WW/   | \$           |
|                          | Street Address |                                       |  | The state of the s |              |
| City                     |                | State                                 | Zip Code   | Date [MM/DD/AYYY]  | \$ <b>\$</b> |
| Description of Contrib   | ution          |                                       |  |  |              |
| Full Name of Contribu    | tor            |                                       |  | Date [MM/DD/YYYY]  | \$           |
| House #                  | Street Address | · · · · · · · · · · · · · · · · · · · |  | Date [MM/DD/YYYY]  | . <b>5</b>   |
| City                     |                | State                                 | Zip Code   | Date [MM/DD/YYYY]  | \$           |
| Description of Contrib   | ution          |                                       |  |  |              |
|                          |                |                                       |  |  |              |

## SCHEDULE II

#### Part G

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

VALUE OVER \$250

| Filer identification Number: | Sue Weber |  |
|------------------------------|-----------|--|
|                              |           |  |

| 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  |
| Place or business                                      | Ð  | of<br>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  | Secretary Secret | Occupation   |
| Employer Mailing Address / Principal                   |  | Description  |
| Place of Business                                      |  | of<br>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                   |  | Description  |
| Place of Business                                      |  | of<br>Contribution   |
| Full Name of Contributor                               |  | Date [MM/DD/YYYY] \$   |
|  |  | Transfer and California Commencer are an area of the commencer and |
| House # Street Address                                 |  | Date [MM/DD/YYYY] S  |
|  | •  |  |
| City   | State Zip Code   | Date [MM/DD/YYYY] \$   |
|  |  |  |
| Employer Name  |  | Occupation   |
| Employer Mailing Address / Principal                   |  | Description  |
| Place of Business                                      |  | of<br>Contribution   |

# Statement of Expenditures

| Filer Identification Number: | < | Sue Worker                               |  |
|------------------------------|---|--|--|
|                              |   | () - C - C - C - C - C - C - C - C - C - |  |

| To Whom | Paid                 |  |       |                |             |             | Date [MM/DD/YYYY] \$       |        |
|---------|----------------------|--|-------|----------------|-------------|-------------|----------------------------|--------|
|         |                      | 1ri 5  | tate  | Senior         | News        |             | 9-20-21                    | 275-00 |
| House # | 5334 Str             | Tri 5  | No    | Wis Dr         | •           |             | Description of Expenditure |        |
| city    | Esic                 | 1  | State | Q <sub>A</sub> | Zip<br>Code | 16509       | 30                         |        |
| To Whom | Paid                 |  |       | •              |             |             | Date (MM/JDD/AYAY) \$      |        |
| House#  | Stro                 | eet Address                                  |       |                |             |             | Description of Expenditure |        |
| City    |                      |  | State |                | Zip<br>Code |             |                            |        |
| Jo Whom | Paid                 |  |       |                |             |             | Pografyin/Jodyvava)        |        |
| House#  | Stre                 | et Address                                   |       |                |             |             | Pescription of Expenditure |        |
| City    | ₽ TO 10° 10° (Copper | Transport Across Grove 2000 2 agos in agreem | State |                | Zip<br>Gode |             |                            |        |
| To Whom | Paid .               |  |       |                |             |             | Date (MIM//DD/AMAM) S      |        |
| House#  | Stre                 | et/Address                                   |       |                |             | <del></del> | Description of Expenditure |        |
| City    |                      |  | State |                | Zip<br>Code |             |                            |        |
| To Whom | Paid                 |  |       |                |             |             | Date [MM/DD/YYYY] S        |        |
| House#  | Stre                 | et Address                                   |       |                |             |             | Description of Expenditure |        |
| City.   |                      |  | State |                | Zip<br>Code |             | ·                          |        |
| To Whom | Paid                 |  |       |                |             |             | Date [MM/DD/AYYY] S        |        |
| House#  | Str                  | eet Address                                  |       |                |             |             | Description of Expenditure |        |
| City"   |                      |  | State |                | Zip<br>Code |             |                            |        |
| T6 Whom | Paid                 |  |       |                |             |             | Date (MM/DD/MMM)           |        |
| House#  | Str                  | eet Address                                  |       |                |             |             | Description of Expenditure |        |
| City    |                      |  | State |                | Zip<br>Code |             |                            |        |
| To Whom | Paid                 |  |       |                |             |             | Date [MM//DD/4WW] \$       |        |
| House # | Str                  | eet Address                                  |       |                |             |             | Description of Expenditure |        |
| City    |                      |  | State |                | Zip<br>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.

|                                 | Sur Webe   |                            |
|---------------------------------|--|----------------------------|
| Name of Greditor House # Street | eet Address DATE DEBT INCURRED \$  | itstanding Balance of Debi |
| City                            | [MM//DD/YYYY]   State Zip  |                            |
| Description of Debts            | Code .   |                            |
| Name of Creditor                |  | itstanding Balance of Debt |
|                                 | Pet Address DATE DEBT INCURRED S. S. [MM/DD/YYYY]  |                            |
| City                            | State Zip/<br>Code:  |                            |
| Description of Debt             |  |                            |
| Name of Creditor  House#        | eet Address DATE DEBT INCURRED 5   | itstanding Balance of Debt |
|                                 | [MM/dd/\YYYY]  | ·                          |
| Gity:                           | State Zip. Code  |                            |
| Description of Debt             |  |                            |
| Name of Creditor House # Stre   | eet Address DATE DEBT INCURRED. \$   | itstanding Balance of Debt |
| Sity.                           | [MM/DD/YYYY]   |                            |
|                                 | Code   |                            |
| Description of Debt             |  |                            |
| Name of Creditor                |  | itstanding Balance of Debt |
|                                 | eet Address  DATE DEBT INCURRED  [MM/DD/MYYY]  |                            |
| City and the second             | State Zip Gode   |                            |
| Description of Debt             |  |                            |
| Name of Greditor                |  | itstanding Balance of Debt |
|                                 | eet Address  DATE DEBT INCURRED  [MM/DD/YYYY]  |                            |
| City                            | State Zip<br>Code  |                            |
| Description of Debt             | Transconnentiative) Institutional Transconnential Transconnent |                            |



#### 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 Declaration in Lieu of Sworn Statement for Campaign Finance Reports

化三氯酚基酚 网络斯尔 化电弧电弧 医水流 医乳腺 医大胆病 医皮肤病 医多种毒物 化二氯甲基酚

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.

| The state of the s |  | ndidate, or Lobby<br>Sve We              | LANGE S            |  |  |
|--|--|--|--------------------|--|--|
| eporting Cycle   | Name   |  |                    |  | 2011 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                   |
| Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary  | ☐ Cycle 2 2 <sup>nd</sup> Friday Pre-Primary | □ <b>Cycle 3</b> 30 Day Post Primary     | 6 <sup>th</sup> Tu | Cycle 4<br>uesday<br>lection           | □ <b>Cycle 5</b><br>2 <sup>nd</sup> Friday<br>Pre-Election |
| Cycle 6 Day Post-Election  | Cycle 7 Annual Report                        | Cycle 8  2nd 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 that the accompanying Campaign Finance Report is | the Commonwealth of Pennsylvania<br>s true and correct. |
|--|---|
|  | 1-9-2023<br>  |
| Signature of Treasurer, Candidate, or Lobbyist   | Date (DD/MM/YYYY)                                       |
| Printed Name   | Location (City/State/Country)                           |