

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed E	By Candida	te X	Committee		Lobbyist
Name of Filing Committee, Candidat Lobbyist	ame of Filing Committee, Candidate or Janice (Jan	Beath	1	
Street Address	1921	6 12	th St.			
city Beth	Chem	State	PA	Zip Code	1802	<u>ن</u>
Type of Report (Place x under report	type)					
1- 6 th Tuesday 2- 2 nd Friday 3-30 Pre-Primary Pre-Primary Prim	. Santa a sa Tanàna ao ao amin'ny faritr'i Nord-de-Caracteria (no de-Caracteria de Caracteria de Caracteria de	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) H/04/20 11/0	2/21 2011	2021	Amendment Report		Termination Report	
Summary of Receipts and Fron	n Date To Dat	e		For O	ffice Use Only	1
Expenditures	-104138 ID 1	18/2021				
A. Amount Brought Forward From L	ast Report \$	92.19				
B. Total Monetary Contributions and (From Schedule I)	d Receipts \$				्री प्राप्त स्टब्स	
C. Total Funds Available	\$ _					Frod Co. 3
(Sum of Lines A and B) D. Total Expenditures	\$ 1-	70.32			igs	S M
(From Schedule III)		12,72				1 2
E. Ending Cash Balance (Subtract Line D from Line C)	\$ - 8	10052			323	- m
F. Value of In-Kind Contributions Re	ceived \$					v ê
(From Schedule II) G. Unpaid Debts and Obligations	\$					œ.
(From Schedule IV)					N. (" REAL .	E
Part 1- If this is a Committee report, trea	surer sign here. If this is a Ca	Affidavit Se Indidate report, c			***	·
I swear (or affirm) that this report, includ					ie, correct and comple	ete.
Sworn to and subscribed before me this	21		TIMIA	1/ K	eath In	Rest
day of Oct 2	000	-	Signature	of Person Submi	tting reports	Exerce
Tarren K Chames	e -		<u> </u>	Janic	e Beat	<i>14</i>
	onwealth of Pennsylvania No LAUREN R ASSISE - Notary Pul		1/2	Printed Name	~ ^7?	2
My Commission expires 415 25		1 4	Area Code	Davi	time Telephone Numb	<u>)</u> er
Commission Number 1216878						
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 of2	o				1111 20 at 111 20 at	
Signature of Candidate						
Signature		Printed Name				
My Commission expires						
MO. DAY	YR.		Area Code	Dayti	ime Telephone Numbe	er

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1. Haitsowhead Consultations and Berline App 40	(CAMPAGE SECTION	
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)		
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)

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.

					Amount
Full Name of Con	ntributing			Date [MM/DD/YYYY] \$	
Committee					
House#	Street Address			Date [MM/DD/YYYY] \$	
City	gyan kempunan anggarang Challand	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	The state of the s
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing	1.555555	Property and the second	Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				[trang po] 1111]	
Full Name of Cor Committee	ntributing	Common Addition	And the second s	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	5
City		State	Zip Code	Date [MM/DD/YYYY] \$)
Full Name of Con Committee	ntributing			Date [MM/DD/YYYY] \$	5
House #	Street Address			Date [MM/DD/YYYY] \$	\$
City		State	Zip Code	Date [MM/DD/YYYY] \$	\$
Full Name of Co	ntributing			Date [MM/DD/YYYY] \$	\$
Full Name of Co Committee	5				
House #	Street Address			Date [MM/DD/YYYY] S	\$
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.)

Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addre	SS	Date [MM/DD/YYYY] \$
		The state of the s
City	State Zip Code	Date [MM/DD/YYYY] \$
		Tarre Pro Angortal Asia
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addre	SS .	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Stroot Addr		Date [MM/DD/YYYY] \$
House # Street Addre	255	Date [Min/DD] (111)
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addre	955	Date [MM/DD/YYYY] \$
The delivers		Secretary of the secretary and
		Description (NOVV)
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Addre	255	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor		Date [MM/DD/YYYY] \$
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		Date [MM/DD/YYYY] \$
House # Street Addre	255	Pare flain/pp/11117
City	State Zip Code	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.

Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Address	Š		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	Independent of the second		Date [MM/DD/YYYY] \$	
Contributing Committee			<u> </u>	
House # Street Address	Š		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Address	S		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Address	s		Date [MM/DD/YYYY] \$	
	,			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of	_		Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Address	Š		Date [MM/DD/YYYY] \$	
City :	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Street Address	S		Date [MM/DD/YYYY] \$	
Gity	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)

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			
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		According to the second	Occupation
			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	1.27		Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
			3 1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			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.

Property in the Control of the Contr	#Workship			
Full Name				-
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			an isograpy ASPASSAS	12205F
Full Name				
House #	Street Address			
City 100		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				A Province
Full Name		 		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		P418078848666	MENNESS	I BEST
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		A CONTRACTOR OF TAXABLE		Location II
Full Name				
House #	Street Address	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			g g y y y y y y y y y y y y y y y y y y	1-02/074
Full Name	Communication (Communication Communication C		THE STATE OF THE S	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				

SCHEDULE !!

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 CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2 INPUIND CONTRIBUTIONIC DECEMENTATION OF CEROSTO COSTO	OO (EPOM DART E)
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	KIN (EVOIN LAU) EL
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	M PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$

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] \$
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	Date [MM/DD/YYYY] \$
Description of Contribution	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYYY] \$
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	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	Date [MM/DD/YYYY] \$
Description of Contribution	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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	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/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

SCHEDULE III

Statement of Expenditures

Filer Identification Number:				

To Whom Paid Staples	08/04/2021 14.82
House # 4403 Street Address Birkland Pl.	Description of Expenditure
City Easton State PA Zip Code 18045	Postage
To Whom Paid USPS	Date [MM/DD/YYYY] \$ 1(, 60
House # 650 Street Address S Greenwood Are	Description of Expenditure Postage
City Easton State PA Zip Code 18045	Postage
To Whom Paid Staples	Date [MM/DD/YYYY] \$ 12.51
House # 4403 Street Address Birlas Pl	Description of Expenditure
City Easter State PA Zip Code 18045	printing
To Whom Paid Embassy Bank	Date [MM/DD/YYYY] 3 140,00
House # Street Address Boad S+	Description of Expenditure
City Beshalm State & Zip Code	Cash deposit to cover
To Whom Paid	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
City State Zip Code	
To Whom Paid	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
City 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.

Name of Creditor House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt Name of Creditor House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Outstanding Balance of Debt Street Address DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code Outstanding Balance of Debt City State Zip Code Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Outstanding Balance of Debt DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code Outstanding Balance of Debt Outstanding Balance of Debt DATE DEBT INCURRED [MM/DD/YYYY] State Zip Code	
House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt Name of Creditor DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt Name of Creditor DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code City Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt Name of Creditor State Zip Code Description of Debt Name of Creditor State Zip Code Description of Debt Name of Creditor State Zip Code Description of Debt State Zip Code State Zip Code Description of Debt State Zip Code Description of Debt State Zip Code State Zip Code Description of Debt State Zip Code State Zip Code Description of Debt State Zip Code State Zip Code Description of Debt State Zip Code Description of Debt State Zip Code State Zip Code State Zip Code State Zip Code	
Description of Debt Name of Creditor House # Street Address DATE DEBT INCURRED (IMM/DD/YYYY) City Description of Debt Name of Creditor House # Street Address DATE DEBT INCURRED (MM/DD/YYYY) State Zip (Code Street Address) DATE DEBT INCURRED (MM/DD/YYYY) State Zip (Code Street Address) DATE DEBT INCURRED (MM/DD/YYYY) Description of Debt Name of Creditor Outstanding Balance of Debt Outstanding Balance of Debt	
Name of Creditor House # Street Address DATE DEBT INCURRED [IVM/DD/YYYY] City Description of Debt Name of Creditor House # Street Address DATE DEBT INCURRED [IVM/DD/YYYY] Outstanding Balance of Debt DATE DEBT INCURRED [MM/DD/YYYY] City State DATE DEBT INCURRED [MM/DD/YYYY] City State Description of Debt Name of Creditor Description of Debt Street Address DATE DEBT INCURRED [Outstanding Balance of Debt [MM/DD/YYYY]] Description of Debt State Street Address DATE DEBT INCURRED [Outstanding Balance of Debt [MM/DD/YYYY]] Description of Debt	
House # Street Address DATE DEBT INCURRED [IMM/DD/YYYY] \$ City State Zip Code Description of Debt DATE DEBT INCURRED [IMM/DD/YYYY] \$ City State Zip Code Date Debt Incurred [IMM/DD/YYYY] \$ City State Zip Code Description of Debt Date Debt Incurred [IMM/DD/YYYY] \$ Name of Creditor Outstanding Balance of Debt Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED \$	
City State Zip Code Name of Creditor Outstanding Balance of Debt City State Zip Code DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt Name of Creditor State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt	
Description of Debt Name of Creditor House # Street Address City State Date Debt Incurred S [MM/DD/YYYY] State City State Description of Debt Name of Creditor Outstanding Balance of Debt Outstanding Balance of Debt Description of Debt State Date Debt Incurred S State State	
Name of Creditor House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED \$	
House # Street Address DATE DEBT INCURRED [MM/DD/YYYY] City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED \$	
City State Zip Code Description of Debt Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED \$	
Description of Debt Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED \$	
Name of Creditor Outstanding Balance of Debt House # Street Address DATE DEBT INCURRED \$	
House # Street Address DATE DEBT INCURRED \$	
City State Zip Code	
Description of Debt	_
Name of Creditor Outstanding Balance of Debt	
House # Street Address DATE DEBT INCURRED \$ [MM/DD/YYYY]	
City State Zip Code	
Description of Debt	
Name of Creditor Outstanding Balance of Debt	Carlo Salar
House # Street Address DATE DEBT INCURRED [MM/DD/YYYY]	
City State Zip Code Description of Debt	

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.

Filet 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 lebbyist 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 on "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 II). 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.stato.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 data 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 expenditures 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/loobyists 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.

47 Montour 48 Northampton 49 Northumberland

50 Perry 51 Philadelphia 52 Pike 53 Potter 54 Schuylkill 55 Snyder 55 Somerset 57 Sullivan 58 Susquehanna 59 Troga 60 Union 61 Venango 62 Warren 63 Washington

64 Wayne

67 York

66 Wyoming

65 Westmoreland

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.

County Code Table:

	*		
01	Adams	24	EIK
02	Allegheny	25	Erie
03	Armstrong	26	Fayette
	Beaver	27	
05	Bedford	28	Forest
06	Berks	29	Fulton
07	Blair	30	Greene
80	Bradford	31	Huntingdon
09	Bucks	32	
10	Butler	33	Jefferson
11	Cambria	34	Juniata
12	Cameron	35	Lackawanna
13	Carbon	36	Lancaster
14	Centre	37	Lawrence
15	Chester	38	Lebanon
16	Clarion	39	Lehigh
17	Clearfield	40	Luzerne
18	Clinton	41	Lycoming
19	Columbia	42	McKean
20	Crawford		Mercer
21	Cumberland	44	Mifflin
	Dauphin	45	Monroe
23	Delaware	46	Montgomery

Party Code Table:

REP	Republican Party
DEM	Democratic Party
CST	Constitutional Party
LIB	Libertarian Party
REF	Reform Party
OTH	Other
Office	Code Table:
GOV	Governor
LTG	Lieutenant Governor
ATT	Attorney General
AUD	Auditor General
TRE	State Treasurer
SPM	Justice of the Supreme Court
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
SPR	Judge of the Superior Court
SPR CCJ STS	
	DEM CST LIB REF OTH Office GOV LTG ATT AUD TRE

nbiv STH Representative in the General Assembly CPJ Judge of the Court of Common Pleas MCJ Judge of the Municipal Court TCJ Judge of the Traffic Court OTH Other (Candidates for local offices

who file only with the County Board of Elections)



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

Filer Identification Number	Re	port Filed B	y Candida		-	ommittee	علاً ا	N L	obbyist
Name of Filing Committee, Cand Lobbyist			lu Rici	<u> </u>	LASO	<u>reasi</u> An E	orer 18	end	s of
Street Address	13	344)	Beverly	Hillo	Rd	UI L	- (421)	1	
city Coop	eisburg		State	PA		ip Code	18036	1	
Type of Report (Place x under rep					200		1005 6)	
1- 6 th Tuesday 2- 2 nd Friday 3 Pre-Primary Pre-Primary P		th Tuesday Election	5- 2 nd Friday Pre- Election	6- 30 Dav	y Post 7	- Annual	Special 2 nd Fri		pecial 30 Day ost-Election
			∇	-0.000.00 					
Date Of Election (MM/DD/YYYY)	1102/202 Yea	ır	2021	Amendn Report	ient		Termination Report		
24	From Date	To Date				For	Office Use Only		
	05/04/2021		12021						
A. Amount Brought Forward Fro		\$ 15	52.00						en varen erreter eta
B. Total Monetary Contributions (From Schedule I)		\$ 106	0.∞	:			e a - &		;
C. Total Funds Available (Sum of Lines A and B)		\$ 1218	2,00						Fr)
D. Total Expenditures (From Schedule III)		\$ 550	0.14	:				2	
E. Ending Cash Balance		ė	1.86	1			27.5		
(Subtract Line D from Line C) F. Value of In-Kind Contributions	Received	\$,			170	Ū	
(From Schedule II) G. Unpaid Debts and Obligations		\$	0				I SAS	Ç. ∓	
(From Schedule IV)			0				- 1 - C	*****	
Part 1- If this is a Committee report, t	reasurer sign here. If	this is a Cand	Affidavit Sec idate report, ca	ndidate xiên	here.				-
I swear (or affirm) that this report, inc Sworn to and subscribed before me th	cluding the attached s	chedules on I	paper, is to the b	pest of my k	nowledge a	and belief tr	ue, correct and co	mplete.	
aworn to and subscribed before me to	20 21	• •	ļ	(In	4,	1/1/	10		ja į
Chen 1001	Colla		1	るの、弾	nature of P	erson Subm	itting report		Notary Seal Public
Signature Da	He (b)	M. Ko			/P	rinted Nam	e KIT	2 —	3 - Not ry Pub
My Commission expire	5015h-C	101 14/15/2	2024 <u>2</u>	15	-	<u> 26</u>	02-91	(7)	/lvaniz · Notai inty
MO. DAY YR. Area Code Daytime Telephone Number									
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here. 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 ND.320) as amended.									
amended. Sugar to and subscribed before and the second my provisions of the Act of June 3, 1937 (P.L. 1333 ND 320) ass									
Sworn to and subscribed before me this									Commonwead CHERYL
day of				3194000000000000000000000000000000000000		Ü			
·					Signatu	re of Candic	late		
Signature			Prin	ited Name					
My Commission expiresMO. DA	AY YR.		————Ar	ea Code	-	Doub	me Telephone Nu		

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
E Luci inclimitation Mattidel E	

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
2.30 membee Contributor		
Total for the reporting period	(1)	\$ 360,00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 700,00
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ ٥
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ # 1060,00
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, Report Cover Page, Item B)	art	\$ \$1060,00

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 Identificatio	n Number				
					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
				X	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	intributing			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
		And the state of t	/		
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				<u>************************************</u>	
Full Name of Co	ntributing	- Living	Patricia de la lata de la propieta de la companya del companya de la companya de la companya del companya de la companya del la companya de l	Date [MM/DD/YYYY] \$	
Committee					
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State /	Zip Code	Date [MM/DD/YYYY] \$	
				Date living DOLL	
Full Name of Co	ontributing	Francisco de la Constancia de la Constan	PARAGE (2000 and a state of a sta	Date [MM/DD/YYYY] \$	
Committee				No. of the state o	
House #	Street Address	· /		Date [MM/DD/YYYY] \$	
		/			
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing	Light Administration and the Company of the Company	OPPOSICE SERVICES AND AND AND	Date [MM/DD/YYYY] \$	
Committee	/				
House #	Street Address			Date [MM/DD/YYYY] \$	0.00 0.00 0.00
		İ		Date Issuin Col (1)	
City		State	Zip Code	Description by the control of	
-		June	Zip Code	Date [MM/DD/YYYY] \$	2 2 4
Full Name of Co	intributing			Date [MM/DD/YYYY] \$	<u>.</u>
Committee				Pare femal/ PD/ 11111	
House #	Street Address	1		Date [MM/DD/YYYY] \$	
		ı			
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				Dac IIIIII D	
				1000 A	

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 4 中国 10 中		
Full Name of Contributor	Date [MM/DD/YYYY] \$, , ∞
Phyllis Labellarte	10/07/21	$\Delta \alpha^{\omega}$
440000000000000000000000000000000000000	, 10,71,01	00
1280 Street Address 1280 Village Dr. 211	14 Jan 11111 1	
		•
City Arlington Age State Zip Code 6000	☐ Date [MM/DD/YYYY] \$	
VIV. VIV. SI (OV. 194)		
Full Name of Contributor	Date [MM/DD/YYYY] \$	αΩ
Kelly Ann Swarez Brow	n 109/02/2021/1/0	00,00
INDUDE ### Ntroot Addroce		
1255 Clearview Circ		
- Property and the second seco		
Gity Allentown State PA Zip Code 1810)2 Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	00
Dale Sourbeck	109/02/2021	0,00
A REPORT OF THE PARTY OF THE PA	Date [MM/DD/YYYY] \$	
Street Address 3211 Oakland Sq. [DR The state of th	
City State Zip Code	Date [MM/DD/YYYY] \$	
Bethlehem PA 1802	0	
Full Name of Contributor	Date [MM/DD/YYYY] \$	u a
Sharon Labellarte		00,00
House # Street Address	() Date [MM/DD/YYYY] \$	<i>(U)</i>
W 336 S 939 Rein	CF Bate (thin, DD) 11-11	
International Control of the Control	120/9988	
City Dconomowoc State W1 Zip Code 5300	Date [MM/DD/YYYY] \$	
	06	
Full Name of Contributor	Date [MM/DD/YYYY] \$	00
John Labellarte	09/14/2021 10	10 DO
House # Street Address	Date [MM/DD/YYYY] \$	
W 3365939 Reimu C		
Oconumousus State W1 Zip Code 5301	Date [MM/DD/YYYY] \$	
	06	
		, , 06
Domonic Labellarte	09/14/2021 / 6	0.00
House # Street Address	Date [MM/DD/VVVV] \$	
W3365939 Reimei	r Ct	
LCITY State Zin Code	Date IMM/DD/YYYYI 1 S	
	(0)	
Uconomowok W 530	46	

Jessica Heinz-Wunder 405 Amesbury Drive Smithville, MO hansa

09/29/2021 100,00

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					
Full Name of Contributing Committee	1			Date [MM/DD/YYYY]	\$
House#	itreet Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	2			Date [MM/DD/YYYY]	\$
House #	treet Address			Date [MM/DD/YYYY]	\$
City	•	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House # /	treet Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
	treet Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	
	treet Address			Date [MM/DD/YYYY]	\$
City	oute.	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
	treet 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)

Life insururgnou anubet.	
Full Name of Contributor	Date [MM/Dó/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	
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	
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	
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	

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 Numb	ier:				
Full Name					
House #	Stre	et Address			
City		entraction and common process.	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				144 145 145 145 145 145 145 145 145 145 145 145 145 145 145 145 145 145	
Full Name					
House #	Stre	et Address	·		
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
	Stree	et Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				1	I MARKET
Full Name					
House #	Stree	et Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description					
Full Name					
House #		et Address			
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				1.0000000000000000000000000000000000000	1
Full Name		/			
House #	Stre	et Address	· · · · · · · · · · · · · · · · · · ·		
City			State	Zip Code	Date [MM/DD/YYYY] \$
Receipt 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 SLIMMARY PAGE

	SUMMARY PAGE
Filer Identification Number:	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF	\$50.00 OR LESS PEA CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$25	50.00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FR	OM PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THE REPORTING	
PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$ er

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File! 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] \$	
Description of Contribution			
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
	/		
City	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	<u> </u>		
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	(Postantina antiquations)	.l. Huwewil	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House # Street Address		Date [MM/DD/YYYY] \$	
City	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	3	I Downey	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House # Street Address	diam	Date [MM/DD/YYYY] \$	
City State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution	S Transis and State Control of State Con	J Posterial	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [VIM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
	/	
City	State Zip Gode	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal Place of Business		Description
1 doc or pusiness		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
The second secon		
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 Contribution
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Spreet 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
		Contribution

SCHEDULE III

Statement of Expenditures

Open Color with Representation of the Color					
To Whom Paid House #	LV Prin	t Center		Date [MM/DD/YYYY] \$ \[\tilde{O} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	318,00
Gib. 1	Street Address	701 Union	Blvd Suito 114	Description of Expenditure	
Allei	stown	State PA	Zip Code /8/109	Jard signs, Pa	Im Cards
To Whom Paid	LV Priv	nt Cent	ev	Date [MM/DD/YYYY] \$ 69 09 2021	152.64
House #	Street Address	701 Unior	1 Blvd Suite 114	Description of Expenditure	
	town	State PA	Zip Code 18109	TEE SHIR	T5
To Whom Paid	LV Print	Center/H	avkin's Signs	Date [MM/DD/YYYY] \$ 10 18 303	79.50
House #	10.18 (0.000)2000 (0.000) (0.0		31 d Suite 114	Description of Expenditure	
	ntown	State PA	Zip Code 18109	Palm Cards	5
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	1
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	I
City		State	Zip Code		
To Whom Paid				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	
City		State	Zip Code		and the state of t
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		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.

Filer Identification N	Number:		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of De		State Zip Code	
Name of Creditor House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt.
City Description of De	bt	State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of De	bt	State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of De	ibt	State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$:
City Description of De	lbt .	State Zip Code	
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of De	ibt	State Zip Code	

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 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 lebbyist filer identification number is assigned when the committee or lebbyist 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 (Itam 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.

Hems 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 II). 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 Disketter. 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 summery 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 expenditures 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).

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.

47 Montour 48 Northampton 49 Northumberland

50 Perry 51 Philadelphia 52 Pike 53 Potter 54 Schuylkill 55 Snyder 55 Somerset 57 Sullivan 58 Susquehanna 59 Tioga 60 Union 61 Venango 62 Warren 63 Washington 64 Wayne 65 Westmoreland 66 Wyoming 67 York

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.

County Code Table:

01	Adams	24	Elk
02	Allegheny	25	Erie
03		26	Fayette
	Beaver	27	
	Bedford	28	Forest
06	8erks	29	Fulton
07	Blair	30	Greene
80	Bradford	31	Huntingdon
	Bucks	32	
10	Butler	33	Jefferson
11	Cambria	34	Juniata
12	Cameron	35	Lackawanna
13	Carbon	36	Lancaster
14	7. 7	37	Lawrence
15	Chester	38	Lebanon
16	Clarion	39	Lehigh
17	Clearfield	40	
18	Clinton	41	Lycoming
19		42	
20	Crawford	43	Mercer
21	Cumberland	44	Mifflin
22	Dauphin	45	Monroe
23	Delaware	46	Montgomery

Party Code Table:

REP	Republican Party
DEM	Democratic Party
CST	Constitutional Party
LIB	Libertarian Party
REF	Reform Party
OTH	Other
Office	Code Table:
GOV	Governor
2 700 400	

GOV	Governor
LTG	Lieutenant Governor
ATT	Attomey General
AUD	Auditor General
TRE	State Treasurer
SPM	Justice of the Supreme Court
SPR	Judge of the Superior Court
CCI	Judge of the Commonwealth Court
STS	Senator in the General Assembly
STH	Representative in the General
	Assembly
CPJ	Judge of the Court of Common Pleas
MCJ	Judge of the Municipal Court
TCJ	Judge of the Traffic Court
OTH	Other (Candidates for local offices
	who file only with the County
	Board of Elections)



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By Candid (Mark X)	date Committee Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	- 0	ctty (Janice A. Beatty)	
Street Address	1926 12	th Street	
city Bethlehe	loopium 1	PA Zip Code 18020	
Type of Report (Place x under report type)	-		
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	4- 6 th Tuesday 5- 2 nd Fridat Pre- Election Pre- Election		
Date Of Election (MM/DD/YYYY) 05/18/2021	Year 2021	Amendment Termination Report	
Summary of Receipts and From Date Expenditures 3-31-2	To Date 5-3-202	For Office Use Only	
A. Amount Brought Forward From Last Repor	* \$ ONIA		
B. Total Monetary Contributions and Receipt (From Schedule I)	\$ 0	· · · · · · · · · · · · · · · · · · ·	
C. Total Funds Available	\$ 0		
(Sum of Lines A and B) D. Total Expenditures	\$ 697.19	-	
(From Schedule III) E. Ending Cash Balance	\$ 1010	RECEIVED MAY 0 5 2021	
(Subtract Line D from Line C) E. Value of In-Kind Contributions Received	5 - 694"	_	
(From Schedule II)			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ _		
Part 1- If this is a Committee report, treasurer sign	Affidavit		
		the best of my knowledge and belief true, correct and complete.	
Sworn to and subscribed before me this	4.	Ani. A. Beath	
day of 1 1/K 20 21 Co	mmonwealth of Pennsylvania Reni J. Rajan, Notary P	-Notary Seal nature of Person Submitting report	
Signature	Northampton Count My commission expires Apr	Printed Name	
My Commission expires 04 07, 2025	Commission number 131	160kt 3600233	
MO. DAY Member, Pennsylvania Association of வெரும்கும் Daytime Telephone Number			
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 of20	- <u>`</u>	Signature of Candidate	
Signature	– ['	Printed Name	
My Commission expires	. •		
MO. DAY YR.		Area Code Daytime Telephone Number	

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Receipts-\$50:00 or Less per Contributor	- 15 ja - 15 ja - 15 ja	
Total for the reporting period (1)	\$	Ò
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)	\$	0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter omount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	0

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				
			A	Amount
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street Add	dress		Date [MM/DD/YYYY] \$	
Pries			DA PARIS	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing	126		Date [MM/DD/YYYY] \$	
Committee				
House # Street Ad	ldress	- Andrew	Date [MM/DD/YYYY] \$	
	2015 C			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date (MACCO) Assessment	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Ad	dress		Date [MM/DD/YYYY] \$	
			manuscript of the second of th	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Add	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	·		Date [MM/DD/YYYY] \$	<u></u>
			The Late of the la	
House# Street Add	uress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
	State			_
Full Name of Contributing	a constant factor	1	Date [MM/DD/YYYY] \$	
Committee Street Ad			Data Interior Assess	
House # Street Add	iui cob		Date [MM/DD/YYYY] \$	
City City	State	Zip Code	Date [MM/DD/YYYY] \$	
			The state of the 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.)

Saller Identification Number-			 	
Section 1997 Annual Property of the Control of the	 			

Full Name of Contributor.			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	\$5. \$5.
CIO	State	Zip Code	Date [MM/DD/YYYY]	.5 5
Full Name of Contributor	8720718-11-150-125	Contract Section of the Contract of the Contra	Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	The state of the s
Crty.	State	Zip Code	Date [MM/DD/YYYY]	.
Full Name of Contributor	an estimate at the set		Date [MM/DD/YYYY]	\$
House# Street Address			Date [MM/DD/YYYY]	S
THE SAME PROPERTY OF THE PROPE	State	Zip Code	Date [MM/DD/YYYY]	\$ 1
Full Name of Contributor	2010年2月2日 日本	Person de l'accession	Date [MM/DD/YYYY]	The state of the s
House# Street Address			Date [MM/DD/YYYY]	\$
City:	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor-			Date [MM/DD/YYYY]	
Houseit Street Address			Date [MM/DD/XYYY]	
City .	State	Zip Code	Date [MM/DD/YYW]	\$
Füll Name of Contributor			Date [MM/DD/YYYY]	\$
House# Street Address	and the second s		Date [MM/DD/YYYY]	
City	State	Zip Code	-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.

FIRE TOTAL CALLED AND AND AND AND AND AND AND AND AND AN				
			Total Statement of the	
Full Name of Contributing Committee			Date [MM/DD/YYYY] S	
House# Street	Address		Date [MM/DD/YYYY] S	
			and the second s	
City	State	Zip Code	Date[MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street	: Address		Date [MM/DD/YYYY] \$	
Clty:	State	Zip Code	Date[MM/DD/YYYY] \$	
Full Name of Contributing Committee	Part 5000 WHICH DESCRIPTION	The American control population entered Africans	Date [MM/DD/YYYY] \$	
The state of the s	Address		Date[MM/DD/YYYY] \$	
City	State	Zip Code	Date[MM/DD/YYYY] \$	
Full Name of Contributing Committee	Improving Control of the Control of	A THE STATE OF THE	Date[MM/DD/XYYY] \$	
	Address		Date [MM/DD/YYYY] \$	
City	State.	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	grammagura na 1400 mg (2777	Date [MM/DD/YYYY] \$	
	t Address		Date [MM/DD/YYYY] \$	
City:	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	In aPhilocology 2017 (ARTIST)	pro-market new and water may character?	Date [MM/DD/YYYY] \$	
House# Street	t Address		Date [MM/DD/YYYY] 75	
City.21	State	Zip Code	Date [MM/DD/XXXX] \$	

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

and printing assembly addressed to the form and a contract of any of acceptance of the contract of the contrac			
Eull Name of Contributor			Date [MM/DD/XYYY] \$
			Comments of the comments of th
House# Street Address			Date [MM/DD/YYYY] \$
City 2	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 Address			Date[MM/DD/YYYY] \$
TANK			
City	State	Zip Code	Date[MM/DD/YYYY] 53
Employer Name	200 Page 202	The state of the s	Occupation
Employer Mailing Address://			्रेना विकास करते हैं जिल्हा है br>जिल्हा है जिल्हा है
Principal Place of Business			Date MM/DD/YYYYI
			Street or minerally Associated and Property of Control
House# Street Address			Date [MM/DD/YYYY] 5
Gity	State	Zip Code	Date[MM/DD/YYYY] \$
		And the second s	Tanada is a dispersional production of the state of the s
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full-Name of Contributor			Date [MM/DD/YYYY] 5
House# Street Address			Date [MM/DD/YYYY] =================================
Suret. Address			
The state of the s	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			:Occupation
Employer Mailing Address:/ Principal Place of Business			(Transference results area)

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Filer Identification Numberca

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

EuliName				
House# S	treet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Control (Control Control (Control (Cont	A Committee of the Comm	
Full Name				
House#	street Address	·		
City	CENTRAL CONTRAL CONTRACTURA CONTRAL CONTRAL CONTRAL CONTRAL CONTRAL CONTRAL CONTRAL CO	State	Zip. Code:	Date [MM/DD/YYYY] \$
Receipt Description	TO SELECTION OF THE PROPERTY O			<u> </u>
Füll Name	Tracks			
PARTICIPATION OF THE PARTICIPA	Street Address			
City City	Francisco	State	Zip	Date [MM/DD/YYYY] \$
Receipt Description				
Füll Name:				
	Street Address			
Gity		.State	Zip Code	Date [MM/D0/YYYY] \$
Receipt Description			Participation of the second of	
Füll Name	And the second s			
	Street-Address	The second second	E	Exp. Conseque d'Université de la Conseque de la Con
City		State	Zip Code	Date [MM/DD/YYYY] 5
Receipt Description			A Committee of the Comm	[]
Full Name				
House #	Street Address		(a) Name and a second	ENTER STANDED FOR ANALYSIS AND STANDARD
City		State	Zip Code-	Date [MM/DD/YYYY] 5
Receipt-Description				

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

Filer Identification Number			
1: UNITEMIZED IN KIND CONTRIBUTIO	NS RECEIVED-VALUE OF SSC);UU:U	R CESS PER CONTRIBUTOR
TOTAL for the reporting period	(1)	\$	
1002 IN KIND CONTRIBUTIONS RECEIVED	VALUE OF \$50.01 TO \$250.	00 (FR	(OM-PART F)
TOTAL for the reporting period	(2)	\$	
3. IN KIND CONTRIBUTION RECEIVED A	/ALUE OVER:\$250:00 (FROM	1 PAR	FG)
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)		\$	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

the same and the same of a party of the same of the sa	
A STATE OF THE PARTY OF THE PAR	
Filer Identification Number	
The country of the co	

Full Name of Contributor			Date [MM/DD/YYY] \$
House # Street Address			Date [MM/DD/XXYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	aco in the contract	Forms (Christ residence) and start	[Pacette]
Full Name of Contributor	1		Date:[MM/DD/XYYY] :\$
House:# Street Address		A CONTRACTOR OF THE CONTRACTOR	Date [MM/DD/YYYY]: \$
City	State	. Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			
Eull Name of Contributor			Date [MM/DD/YYYY] \$
House# Street-Address			Date [MM/DD/YYYY] \$
City 15	State	. Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution			
Füll Name of Contributor			Date [MM/DD/YYYY] 5
House # Street Address			Date [MM/DD/YYYY] \$
CITY	State	Zip Code.	Date MM/DD/YYYY) \$
Description of Contribution			
Eull Name of Contributor			_Date [MM/DD/XXYY] \$.
House# Street Address			Date [MM/DD/YYYY] \$
Section 2 Sectio	State	Zip:Code	Date [MM/DD/YYYY] 45
Description of Contribution			

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer (dentification Number:	
Full:Name.of.Contributor.	Date [MM/DD/YYYY]
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Gode	Date [MM/DD/YYYY] .S.
Employer Name	Occupation
Employer Mailing Address: / Principal // Place of Business	Description
Full Name of Contributor	Date [MM/DD/YYYY] 5
HOUSE # Street Address	_Date [MM/DD/YYYY]
City State Zip Code	Date [MM/DD/YYYY] 5
Employer Name	Occupation
Employer Mailing Address Principal Place of Business	Description of Contribution
Full Name of Contributor	Date[MM/DD/MYY] \$
House # Street Address	Date [MM/DD/YYYY] 5
City. 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: Zip.code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of Contribution

Statement of Expenditures

The second substitute and the second substit	
Filer Identification Number:	
A STATE OF THE PARTY OF THE PAR	
The state of the s	
The stable completed report and construction of the control of the	
A PROPERTY OF THE PROPERTY OF	
The state of the s	
CONTROL OF	

Staples	Date [MM/DD/YYYY] \$ 19.04
House # Street Address 4403 Birkland Place	Description of Expenditure
Gity Easton State PA Zip 18045	printing flyer t maps
5 taples	04/12/2021 71.75
Street Address 4403 Birkland Place	Description of Expenditure
State Zip Code 18045	printing 12 sheet flyers
TolWhom Paid LV Print Center / Harkin's Signs	04/21/2021 254.40
House # Street Address 1701 Union Blod. Safe 114	Description of Expenditure
Gity Allentown State PA Zip Code 18109	ornting flyers + signs
TAX- Psling Forms	Date [MM/DD/YYYY] 5 277-00
Street Address 501 NE Hood Ave STE240	Description of Expenditure
City Gresham State OR Zip 97030	EIN Registration
Glestan Un Code 11030	
To Whom Paid PA B CCO Corp Fees-DOS	04/30/2021 70.00
To Whom Paid: PABCO Corp Fees-DOS House # Street Address 401 North St. 206 NOB	Date MM/DD/YYYY] \$
TO Whom Paid PA B CCO Corp Fees-DOS	04/30/2021 70.00
To Whom Paid PA B CCO Corp Fees—DOS House # Street Address 401 North St. 206 NoB	Date [MM/DD/YYYY] \$ 70.00 O4/30/2021 70.00 Description of Expenditure Fi ctitious Name filingtee Date [MM/DD/YYYY] \$
To:Whom Paid: PABCO Corp Fees-DOS House # Street Address 401 North St. 206 NoB City: Harris burg State PA Zip Code 17120	Date [MM/DD/YYYY] \$ 70.00 O4/30/2021 70.00 Description of Expenditure Fi ctitious Name filingtee
To:Whom Paid PABCCO Corp Fees-DOS House # Street Address 401 North St. 206 NOB City Harris burg State PA Zip Code 17120 To:Whom Paid	Date [MM/DD/YYYY] \$ 70.00 O4/30/2021 70.00 Description of Expenditure Fi ctitious Name filingtee Date [MM/DD/YYYY] \$
To Whom Paid: PA B CCO Corp Fees—DOS House # Street Address 401 North St. 206 NoB City: Ham's burg State PA Zip Code 17120 To Whom Paid To Whom Paid To Whom Paid To Whom Paid	Date [MM/DD/YYYY] \$ 70.00 Description of Expenditure Fi ctitious Name filingfee Date [MM/DD/YYYY] \$ Description of Expenditure
To Whom Paid: FA B CCO Corp Fees—DoS House # Street Address 401 North St. 206 NoB City Hams burg State PA Zip Code 17120 To Whom Paid City Street Address Street Address Street Address Street Address	Date [MM/DD/YYYY] \$ 70.00 Description of Expenditure Fi ctitious Name filingfee Date [MM/DD/YYYY] \$ Description of Expenditure
To Whom Paid: PA B CCO Corp Fees—DOS House # Street Address 401 North St. 206 NoB City: Ham's burg State PA Zip Code 17120 To Whom Paid To Whom Paid To Whom Paid To Whom Paid	Date [MM/DD/YYYY] \$ 70.00 Description of Expenditure Fi ctitious Name filingfee Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure
To Whom Paid: PABCO Corp Fees-DoS	Date [MM/DD/YYYY] \$ 70.00 Description of Expenditure Fi cf(figus Name filingfee) Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure
To:Whom Paid PA B CCO Corp Fees—Do5 House # Street Address 401 North St. 206 NoB City Hams by State PA Zip Code 17120 To:Whom Paid Street Address Street Address State State Zip Code City State State Zip Code To:Whom Paid	Date [MM/DD/YYYY] \$ 70.00 Description of Expenditure Fi Ctitious Name filingfee Date [MM/DD/YYYY] \$ Description of Expenditure Date [MM/DD/YYYY] \$ Description of Expenditure

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.

Name of Creditor				Outstanding Balance of Debt
House # Stree	et Address	And the second s	EDEBT INCURRED WM/DD/YYYY]	
City	Company and the Company of the Compa	State	Zip Code	
Description of Debt	RECOMMENTATION			
Name of Creditor	A CONTRACTOR OF THE CONTRACTOR			Outstanding Balance of Debt
House # Stre	eet Address	[0	E-DEBT INCURRED MM/DD/YYYY]	\$
City	Education Control	State	Zip Code	
Description of Debt	N. Santanana			
Name of Creditor	ST CASE			Outstanding Balance of Debt.
House#	eet Address		E DEBT-INCURRED MM/DD/YYYY)	-\$-
City	The authorization and definition care with the care of	State	Zip Code	
Description of Debt				
Name of Greditor	विकास करिया है। अस्ति करिया विकास करिया करिया विकास करिया विता करिय करिया विकास करिया विकास करिया विकास करिया विकास करिया वित	Depth section and the section of the		Outstanding Balance of Debt
House#	eet Address	CF SYSTEM CONTRACTOR SON	E-DEBT INCURRED MM/DD/YYYYI	
City		State	Zip.	
Description of Debt				INC. The Control of t
Name of Creditor		was kir	E DEBT INCURRED	Outstanding Balance of Debt
House# Stre	eet Address		MM/DD/YYYY)	
City		State	Zip Code	
Description of Debt particle				purpos and account of the second of the seco
Name of Creditor			TE DEBT INCURRED	Outstanding Balance of Debt.
House # Street	eet Address		[MM/DD/YYYY]	
	53 3 3 3 3	State	Zip Gode	
Description of Debt				

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 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 lobbylists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Mathod - 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, it 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 II). 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 fillings, including diskette fillings. Diskette fillings 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. This 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. retunds 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 expenditures 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/lobbylists 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.

County Code Table:

01	Adams	ńκ	Elk	ÀТ	Montour
			•	47	
	Allegheny		Erie	48	
03	Armstrong		Fayette	49	Northumberland
04	Beaver	27	Franklin	50	
05	Bedford	28	Forest	51	Philadelphia
90	Berks	29	Fulton	52	Pike
07	Blair	30	Greene	53	Potter
80	Bradford	31	Huntingdon	54	Schuylkill
09	Bucks	32	Indiana	55	Snyder
10	Butler	33	Jefferson	56	Somerset
11	Cambria	34	Juniata	57	Sullivan
12	Cameron	35	Lackawanna	58	Susquehanna
13	Carbon	36	Lancaster	59	Tioga
14	Centre	37	Lawrence	60	Union
15	Chester	38	Lebanon	61	Venango
	Clarion	39	Lehigh	62	Warren
17	Clearfield		Luzerne	63	Washington
	Clinton		Lycoming	64	Wayne
19	Columbia	42	McKean	65	Westmoreland
20	Crawford		Mercer	66	Wyoming
2.1	Cumberland	44	Mifflin	67	York
22	Dauphin	45	Monroe		*
23	Delaware	46	Montgomery		

Party Code Table:

REP	Republican Party
DEM	Democratic Party
CST	Constitutional Party
LIB	Libertarian Party
REF	Reform Party
OTH	Other
Office	Code Table:
GOV	Governor
LTG	Lieutenant Governor
ATT	Attorney General
AUD	Auditor General
TRE	State Treasurer
SPM	Justice of the Supreme Court
SPR	Judge of the Superior Court
CC1	Judge of the Commonwealth Court
STS	Senator in the General Assembly
STH	Representative in the General
	DEM CST LIB REF OTH Office GOV LTG ATT AUD TRE SPM SPR CCJ STS

Assembly

Judge of the Court of Common Pleas

Other (Candidates for local offices who file only with the County

Judge of the Municipal Court

Judge of the Traffic Court

Board of Elections)

CPJ

MCJ

TCJ

OTH

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 peritions, nomination certificate or nomination papers of the candidate(s) supported were filed.
- 3. A candidate most file a statement or report that is separate from one filed by her/his authorized committee.
- 4. 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 6th 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 2nd 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.

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

Annual report deadline;

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

Cycle 7

- 6. 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 misdemeanor 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.



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification	Report Filed By Candida	ite Committee Lobbyist				
Number	(Mark X)					
Name of Filing Committee, Candidate or	E ,					
Lobbyist	Friends of	Jan Beatty				
Street Address	1926 12th	. 51.				
city Bethleh	01.23 (01.	PA Zip Code 18020				
Type of Report (Place x under report type						
1-6 th Tuesday 2- 2 nd Friday 3-30 Day	Post 4-6th Tuesday 5-2nd Friday	6-30 Day Post 7-Annual Special 2 nd Friday Special 30 Day				
Pre-Primary Pre-Primary Primary	Pre- Election Pre- Election					
Date Of Election	Year OO 1	Amendment Termination				
(MM/DD/YYYY) 05/18/6	whi and	Report Report				
Summary of Receipts and From Da	te / To Date	For Office Use Only				
Expenditures 3-31-8	1021 5/3/2021					
A. Amount Brought Forward From Last R						
A. A. Control ought follward from Edst. N	7 0					
B. Total Monetary Contributions and Re	celpts \$ ()					
(From Schedule I) C. Total Funds Available	2938492655					
(Sum of Lines A and B)	\$ 0					
D. Total Expenditures	Ś 5					
(From Schedule III)		RECEIVED MAY 0 5 2021				
E. Ending Cash Balance	\$ 5					
(Subtract Line D from Line C) F. Value of In-Kind Contributions Receive						
(From Schedule II)	ed \$					
G. Unpaid Debts and Obligations	20071071071070707070					
(From Schedule IV)	\$ 0					
David Halitain Co. 111	Affidavit Se					
Part 1- If this is a Committee report, treasurer I swear (or affirm) that this report, including the		andidate sign here. best of my knowledge and belief true, correct and complete.				
Sworn to and subscribed before me this	on popul, to the	,omoge and sena trac, correct and complete.				
day of 20	•					
Signature of Person Submitting report						
Signature	. 1	Printed Name				
My Commission expires	<u> </u>					
MO. DAY	YR,	Area Code Daytime Telephone Number				
Part II- If this is a report of a Candidate's Auth	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 know		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		$A \sim A \wedge A$				
5th may may	1 4	-and Death				
day of 17kg 20 at 1 Signature of Candidate 2 3 1/L						
Jen J Kajar	, ,	Janice A Peatry				
Signature U		Printed Name				
My Commission expires April , 07, 8	<u>2025</u> (210 JOU, UX33				
MÒ. DAY	YR.	Area Code Daytime Telephone Number				
	Commonwealth of Pennsylvania - No	tany Seel				
	Reni J. Rajan, Notary Publi	C C				
•	Northampton County					

My commission expires April 7, 2025 Commission number 1311027

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number			

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	Verboration	Section 1	A Property and the control of the co
and necespts-300.00 of less per contributor.			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
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)	1		
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)	eport	\$	

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

		,			
STREET, DANIEL CO.				Programme to a resident	Amount
Full Name of Contr Committee	riouting			Date [MM/DD/YYYY] \$	5# ##
House#	Street Address	_		Date [MM/DD/YYYY] \$	5
ote		Life Control Name I	Inches and Environmental and		
-City		State	Zip Code	Date [MM/DD/YYYY] S	5
Full Name of Contr	Thuting	1774 W. C.		Date [MM/DD/YYYY] \$	
Committee					5
House#	Street Address			Date [MM/DD/YYYY] \$	5
		pro-	The state of the s	#20 #20 #20 #20 *20 *20 *20 *20 *20 *20 *20 *20 *20 *	
City	_	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contr	ibutine			Date [MM/DD/YYYY] \$	
Committee		_		Pare (MIM/DD/1111)	
House #	Street Address			Date [MM/DD/YYYY] \$	\$
City		State	Zip Code	Date [MM/DD/YYYY] S	\
Full Name of Contr	ibuting	pacific New York (1997)	Property of the second section of	Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] S	\$.
	And the second second				
Full Name of Contr Committee	ributing	- -		Date [MM/DD/YYYY]	\$
	Portodowe Park				
House #	Street Address			Date [MM/DD/YYYY]	\$
7.2		on the second	In a subsequent a processor		
City :		State	Zip Code	Date [MM/DD/YYYY] \$	\$
Full Name of Contr	ibuting			Date [MM/DD/YYYY] S	
Committee	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
House #	Street Address		<u> </u>	Date [MM/DD/YYYY] S	
		Eggin Liver Toleran I	The second secon		
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.)

Eiler/Identification Number:

A STATE OF THE STA	
Full Name of Contributor	Date[MM/DD/MYYY] \$
House # Street Address	Date[MM/DD/YYYY] S
Gity State Zip Code	Date [MM/DD/YYYY] S
Full Name of Contributor	Date [MM/DD/XYYY] \$
House # Street Address	Date [MM/DD/XYYY] \$
	122 F2 60 124 F2
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] S
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
City State Zip Code	
Full Name of Contributor 3	Date [MM/DD/YYYY] \$
	1954 1954 1955 1955 1955
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
City Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor:	Date [MM/DD/YYYY] \$
	100 mg/s
House # Street Address	Date [MM/DD/XYYY] \$
City State Zip Code	Date [MM/DD/YMY)] \$
The instruction of the control of th	Date [MM/DD/YYYY] \$
Füll Name of Contributor:	Date [MM/DD/YYYY] \$
House# Street Address	Date [MM/DD/YYYY] \$
DIFEC AUDIESS	Date (MM/DD/AKA) 2
City State Zip Code	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:

Eull Name of	Date [MM/DD/YYYY] S
Contributing Committee	The state of the s
Any process of the contract of	
House #. Street Address	Date [MM/DD/YYYY] \$
	22 mg
City Zip Code Zip Code	Date [MM/DD/YYYY] \$
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Full Name of	
Contributing Committee	Date [MM/DD/YYYY] \$
A Secretary Report Laboratory Control of Con	To Calments Associated to a Calment To a Calments
House # Street Address	Date [MM/DD/YYYY] \$
	The second secon
The first property of the control of	17.200 17
City State Zip Code	Date [MM/DD/YYYY] \$
	AND THE REAL PROPERTY OF THE P
	SEE
Full Name of the state of the s	Date [MM/DD/YYYY] \$
Contributing Committee.	CONTRACTOR TO THE CONTRACTOR TO THE CONTRACTOR THE CONTRACT
House# Street Address	_Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/XXXX] \$
The property of the property o	Professional Company of the Control
FULL Name of the second	Date [MM/DD/XXXX] \$
Contributing Committee	3
NAME OF THE PARTY	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
	The first section of the section of
City Zip Code	Date [MM/DD/YYYY] \$
	Expenses particles
Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	Parties and the second
	D-4-TMAT/D-ARRAN
House # Street Address	Date [MM/DD/YYYY] \$
	12.75 MeV. 12.75 MeV. 12.75 MeV. 12.75 MeV. 12.75 MeV.
City Zip Code Zip Code	Date [MM/DD/YYYY] \$
CIDE COLOR	
	ASS ASS ASS
Full:Name of	Date [MM/DD/YYYY] \$
Contributing Committee:	Date [MM/DD/YYYY] \$
	Spare Spare
House # Street Address	Date[MM/DD/YYYY] \$
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City Zip Code	Date [MM/DD/\YYY] \$
The state of the s	
	(本大學中語)

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] \$
			Comments of Commen
House # Street Address			Date [MM/DD/YYYY] .\$
City E	State	Zip Code	Date [MM/DD/YYYY] \$
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Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			•
Full Name of Contributor			Date [MM/DD/YYYY] \$
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House # Street Address			Date [MM/DD/YYYY] \$
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Employer Name			Occupation
Employer Mailing Address:// Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
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(Gity at	State	Zip Code	Date [MM/DD/YYYY] \$
		Control of the Contro	The state of the s
Employer Name			Occupation
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Full Name of Contributor			Date [MM/DD/YYYY] 5
The control of the co			
House# Street-Address	·		Date [MM/DD/YYYY] \$
City so	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	74		Occupation
Employer Mailing Address / Principal Place of Business			

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.

of the Court of A				
Full Name	The second secon			
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
	Secretary (Control of Control of	Maria de Caración	Code	
Receipt Description			7	Paralle 4
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Receipt Description	Section 1 and 1 an		and company of the co	
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City:		State	Zip Code	Date [MM/DD/YYYY] 5
Receipt Description				

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

00°OR LESS PER CONTRIBUTOR
\$
2 (EROM PART E)
\$
PART G)
\$
\$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF	\$50.01 TO \$250
Filer Identification Number:	
Fill Name of Contributor	Date:[MM/BD//YYYY] \$
Höüse# Street Address	Date [MM/DD/YYYY] 5
City. State Zip Cod	e Date [MM/DD/YYYY] S
Description of Contribution.	
Full Name of Contributor	Date:[MM/DD/XYYY] \$
House# Street Address	Date [MM/DD/YYYY] \$
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Description of Contribution	
Full Name of Contributor	Date [MM/DD/YYYY] \$
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Description of Contribution	
Füll Name of Contributor	*Date [MM//DD/XXYX) = \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Cod	e Date [MM/DD/YYYY] \$
Description of Contribution	
Full Name of Contributor	_Date [MM/DD/YYYY]_ \$
House# Street Address	Date [MM/DD/YYYY] \$

Zip Code

Date [MM/DD/YYYY]

State

Description of Contribution.

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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Filer identification Number:	
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House# Street Address	Date (MM/DD/YYYY) \$
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Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of
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Full Name of Contributor	Date MM/DD/YYYY) \$
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City State Zip Code	Date [MM/DD/YYYY] \$
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Employer Name	Occupation
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Full Name of Contributor	Date MM/DD/YYYY] \$
House # Street-Address	Date [MM/DD/YYYY] \$
City: Zip.Code	Date [MM/DD/YYYY] 5
Employer Name	Occupation
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Employer Mailing Address / Principal / Place of Business	Description of
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Statement of Expenditures

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Filer Identification Number:	
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", Include the product of the confederation of the	

To Whom Paid				Date MM/DD/YYYY)	
House #	Street Address			Description of Expendit	ture
City		State	Zip Code:		
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To Whom Paid				Date [MM/DD/YYYY]	
House #	Street Address			Description of Expendit	ture
City	The state of the s	State	Zip Code	200	

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.

Name of Greditor	To be the state of			Outstanding Ba	lance of Debt
House #	Street Address	 December 1	ATE:DEBI INCURRED [MM/DD/XYYY]		t de en la productiva en de como la persona de la como la persona de la como la persona de la como la persona d
City. Description of Deb		State	Zip Code	The Table	
Name of Creditor					lance of Debt
Flouse #	Street Address	Control of the Contro	ATE DEBT INCURRED [MM/DD/YYYY]		
City Description of Deb		State	Zip Code		
A CONTROL OF THE STATE OF THE S		 			
Name of Creditor		E. Del Austri		Outstanding Ba	lance of Debt
House #	Street Address		OATE DEBT INCURRED [MM/DD/YYYY)		
City. Description of Deb	Control of the Contro	State	Zip Gode		
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Name of Creditor House #	Street Address		DATE DEBT INCURREE	Outstanding Ba	lance of Debt
	Street Audress	The state of the s	[MM/DD/YYYY]		
City Description of Deb		 State	Zip. Code		
Account of the control of the contro				Land - Market State Company	
Name of Creditor House #		 and the same of th	DATE DEBT INCURRED	Outstanding Ba	lance of Debt
House H	Street Address	The second secon	[MM/DD/YYYY]		
City Description of Deb		State	Zip Code		
The state of the s				Outstanding Ba	lance of the F
Name of Creditor	Street Address	 15/29-25 20-	DATE DEBT INCURRED		
		 State	[MM/DD/YYYY]		
City Description of Deb	1	State	Zip Code		

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 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 Gode - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type,

Amountment 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 lobbylists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Hiling 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 II). 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, itues, loan, forbearance, edvance 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 dimners, 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. This 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 1, Part A, "Contributions Received from Political Committees," or Part 8 "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, Merch 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 expenditures 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/lobby/ists 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.

County Code Table:

			rany G
01 Adams	24 Elk	47 Montour	REP F
02 Allegheny	25 Erie	48 Northampton	DEM (
03 Armstrong	26 Fayette	49 Northumberland	CST C
04 Beaver	27 Frankin	50 Perry	LIB L
05 Bedford	28 Forest	51 Philadelphia	REF F
06 Berks	29 Fulton	52 Pike	отн с
07 Blair	30 Greene	53 Potter	- ,,,,
08 Bradford	31 Huntingdon	54 Schuylkill	Office C
09 Bucks	32 Indiana	55 Snyder	
10 Butler	33 Jefferson	56 Somerset	GOV G
11 Cambria	34 Juniata	57 Sülliyan	LTG L
12 Cameron	35 Lackawanna	58 Susquehanna	ATT A
13 Carbon	36 Lancaster	59 Tioga	AUD A
14 Centre	37 Lawrence	60 Union	TRE S
15 Chester	38 Lebanon	61 Venango	SPM JO
16 Clarion	39 Lehigh	62 Warren	SPR J
17 Clearfield	40 Luzerne	63 Washington	CC1 1
18 Clinton	41 Lycoming	64 Wayne	STS S
19 Columbia	42 McKean	65 Westmoreland	STH R
20 Crawford	43 Mercer	66 Wyoming	Á
21 Cumberland	44 Mifflin	67 York	CPJ J
22 Dauphin	45 Monroe		MCJ J
23 Delaware	46 Montgomery		TČJ Ji
•			OTH O
			wi

Party Code Table:

REP	Republican Party
DEM	Democratic Party
CST	Constitutional Party
LIB	Libertarian Party
REF	Reform Party
OTH	Other

Office Code Table:

GOV	Governor
LTG	Lieutenant Governor
ATT	Attorney General
AUD	Auditor General
TRE	State Treasurer
SPM	Justice of the Supreme Court
SPR	Judge of the Superior Court
CCJ	Judge of the Commonwealth Court
STS	Senator in the General Assembly
STH	Representative in the General
	Assembly
PJ	Judge of the Court of Common Pleas
AC1	Judge of the Municipal Court
CJ	Judge of the Traffic Court
ΉT	Other (Candidates for local offices
	who file only with the County
	Board of Elections)

INSTRUCTIONS FOR FILING THE CAMPAIGN FINANCE STATEMENT

- You may file this statement in lieu of a full report when the amount of contributions (including in-kind contributions) Ι. received, the amount of money expended and the liabilities incurred each did not exceed \$250.00 during the reporting period.
- File this statement in the office where the nomination petitions, nomination certificate or nomination papers of the 2. candidate(s) supported were filed.
- A candidate must file a statement or report that is separate from one filed by her/his authorized committee. 3.
- Each statement shall be subscribed and swom to by the candidate (if it is the candidate's personal report) or the 4. 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.
- Reports must be filed according to the following schedule. For specific dates, consult the Election Calendar. 5.

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

6th 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

2nd 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.

(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 6. deadlines for that election.
- Retain copies of all records for a period of 3 years. Although no detailed campaign expense report is filed, you are 7. 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 misdemeanor 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.



Reset Form

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

(Note: This report must be clear and legible, it should be typed)						
Filer Identification Number	Report Filed B	y Candida	te X	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Janic	e (T	ar) Be	atti	1	to consequence of the second
Street Address		ها عا	th 5+		1	
city Bethleh	en	State	10A-	Zip Code	1802	20
Type of Report (Place x under report type)					<u> </u>	
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Frida	y Special 30 Day	
Pre-Primary Pre-Primary Primary	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
			\boxtimes			
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Date	9		For	Office Use Only	5002] 30000000000000000000000000000000000
10-19		12-21				
A. Amount Brought Forward From Last Re	port \$ -8	70.52				and the state of t
B. Total Monetary Contributions and Reco (From Schedule I)	aipts \$ +3	94.40		RECEI	IVED NOV 8) 7021
C. Total Funds Available (Sum of Lines A and B)	\$ 棋 나-	76.12				
D. Total Expenditures (From Schedule III)	\$	1 4	County Of Northampton			
E. Ending Cash Balance	\$ /1-	71.12	Election Division			
(Subtract Line D from Line C) F, Value of In-Kind Contributions Receive	1 \$	16	669 Washington St.			
(From Schedule II) G. Unpaid Debts and Obligations	\$		Easton, PA. 18042			
(From Schedule IV)						
Part 1- If this is a Committee report, treasurer s	ian hara If this is a Can	Affidavit Se				*
I swear (or affirm) that this report, including the				ge and belief to	rue, correct and com	plete.
Sworn to and subscribed before me this						•
day of20	<u> </u>	_	Signature of Person Submitting report			
Signature	— ·		Printed Name			
My Commission expires	4 T	Acques	· · · · · · · · · · · · · · · · · · ·			
MO. DAY	YR.		Area Code	Day	ytime Telephone Nu	mber
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						
30 day of November 20 21 Signature of Candidate						
Signature Signature	Signature of Candidate Scatty (Jan) Signature Printed Name					
My Commission expires \mathcal{U}	4	,(0	31	60-02	33	
1	R.		Area Code	Day	time Telephone Nun	ber
Commonwealth of Depocylyppia Netron Cod						

alth of Pennsylvania - Notary-Seal SHARON A KELS - Notary Public Nerthampton County My Commission Expires April 11, 2025 Commission Number 1083679

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
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)		
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 för 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 an Page 1, Re 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.

- 10.11 d. Notes 110.11	Tax. Paint Control Control			Amount
Full Name of Con Committee	ntributing		Date [MM/DD/YYYY] \$	
			15-11-15-15-15-15-15-15-15-15-15-15-15-1	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	itributing	total	Date [MM/DD/YYYY] \$	
Committee				
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing		Date [MM/DD/YYYY] \$	
				The second depth of the Artisphant Control
House #	Street Address		Date [MM/DD/YYYY] \$	
			0.550.Ab (1.950.b) (1.550.b)	
City	State	e Zíp Code	Date [MM/DD/YYYY] \$	
SCHIME-SEE	ate but located		Date [MM/DD/YYYY] \$	
Full Name of Co Committee	пиловыце		Pare Initial DOLUTED 3	
House #	Street Address		Date [MM/DD/YYYY] \$	
City	State	e Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributing		Date [MM/DD/YYYY] \$	
Committee				
House #	Street Address		Date [MM/DD/YYYY] \$	——
City	State	e Zip Code	Date [MM/DD/YYYY] \$	
are that			Date [MM/DD/YYYY] \$	
Full Name of Co Committee	nicioucing		Potc Mailain 11411 3	
House#	Street Address		Date [MM/DD/YYYY] \$	
City	Stat	te Zip Code	Date [MM/DD/YYYY] \$	
	0.500000 0.000000 0.00000000 0.000000000			

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.)

Full Name of Cor	itributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
				mag para ayan aya ka aya ta aya ta aya ta aya aya ta aya ay
		The Commence of the	Total Commission in	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
Total		CTITE!		Date [MM/DD/YYYY] \$
City		State	Zip Code	Jac IMM, DJ. III I
	towns printing contract			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
			•	
House #	Street Address			Date [MM/DD/YYYY] \$
				William Andrews Comments of the Comments of th
City		State	Zip Code	Date [MM/DD/YYYY] \$
				The state of the s
A CONTRACTOR OF THE CONTRACTOR	ostavora, producerom prost			
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House#	Street Address			Date [MM/DD/YYYY] \$
				WANTED TO THE PARTY OF THE PART
City		State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	ontributor	estate de la	percention of the englishment	Date [MM/DD/YYYY] \$
				10-10-10-10-10-10-10-10-10-10-10-10-10-1
			, and the second	Don Issuado Douvida de
House#	Street Address			Date [MM/DD/YYYY] \$
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Co	ontributor			Date [MM/DD/YYYY] 5
Hanes # 1	Street Address			Date [MM/DD/YYYY] \$
House #	Jureet Address			
				Transferred to the control of the co
City		State	Zip Code	Date [MM/DD/YYYY] \$
				2

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.

The control of the co				
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	S
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of			Date [MM/DD/YYYY]	S
Contributing Committee			SIX.	
House # Street Address			Date [MM/DD/YYYY]	\$
			The state of the s	
City	State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of			Date [MM/DD/YYYY]	\$
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	15
City	State	Zip Code	Date [MM/DD/YYYY]	\$
				CASA MARIA
Full Name of			Date [MM/DD/YYYY]	S
Contributing Committee				
		·		
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	Ś
			The state of the s	
在高級的 1990年 1995年 1月1日 - 1995年 1	in the company			
Full Name of			Date [MM/DD/YYYY]	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	<u>i</u> s
City	State	Zip Code	:Date [MM/DD/YYYY]	
TO A STATE OF THE				1577, 1575
Full Name of			Date [MM/DD/YYYY]	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY]	\$
City -	State	Zip Code	Date [MM/DD/YYYY]	5

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)

Full Name of Contributor			Date [MM/DD/YYYY] \$
run vame of Contributor			
House # Street Address			Date [MM/DD/YYYY] \$
			The state of the s
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
			TO SERVICE AND THE PROPERTY OF
Employer Mailing Address /			
Full Name of Contributor			Date [MM/DD/YYYY] \$
can wante of contributor			
			75 EST 57 17 EST 57 18 EST 57 18 EST 57
House # Street Address			Date [MM/DD/YYYY] \$
		Loc - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -	STORY THE STORY OF
City	State	Zip Code	Date [MM/DD/YYYY] \$
			THE AMERICAN THE A
Employer Name			Occupation
Employer Mailing Address /			
Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
			The second of the property of the second of
House # Street Address			Date [MM/DD/YYYY] \$
		#7/#7/#2/#	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date IMMADA DATA
			16/94/2004
Employer Name		•	Occupation:
Employer Mailing Address /			[2] (A)
Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
			The state of the s
House # Street Address			Date [MM/DD/YYYY] \$
		Zip Code	Date [MM/DD/YYYY] \$
City	State	Zip code	Pac latticol 1
Employer Name	1		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.

Full Name						I		
ن)ani	al an	<u> </u>	eatte	1			
House # 1924	Stree	et Ad d ress	2 Th	~ 54	reet			
City:		a man manga kahiri	<u></u>	State		in the second se	Date [MM/DD/YYYY]	\$ DOULTO
		Rothlol	hem	PA	+ Code	18020	11-20-21	ライナ・や
Receipt Description		DELL HO) 11 P-	1-1, 41	21/21 \$511	10.00	Date [MM/DD/YYYY] 11-20-21 Ldep. Hocoverc	1 9/R/
Full Name		ao 71 "	M LUV.	1 UT "0	51/971 -4", 1.	TU" Cas	hoep. To cover c	n. 10/dl

House #	Stre	et Address						
City	press.	n anns a 1995 for the Helich College		State	Zip		Date [MM/DD/YYYY]	\$
	2				Code			
Receipt Description								
Full Name	enerii Perili							
House #	Stre	et Address						
City		AND AND ADDRESS OF THE PARTY OF		State	Zip		Date [MM/DD/YYYY]	\$
					Code			
Receipt Description				NEW TOWN THE PROPERTY OF THE	restantistátis.			emested)
Full Name								
House #	Stre	et Address						
City				State	Zip		Date [MM/DD/YYYY]	\$
					Code			
Receipt Description				(material de la company)	propared a second	L		t contract.
Full Name								
House #	Stre	et Address						
City				State	Zip		Date [MM/DD/YYYY]	Š
					Code	F		
Receipt Description				PRINCESSES	2124241626900			Facestical .
				K				
Full Name		STATE OF THE STATE						
House #	Stre	eet Address						
City				State	Zip		Date [MM/DD/YYYY]	
					Code	<u></u>	2333 134 134 134 134 134 134 134 134 134	\$
Receipt Description		VICE STATE OF THE						
		74						

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 CONTRIBUTIONS RECEIVED-VALUE	E OF \$50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 T	O \$250.00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3: IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.0	DO (FROM PART G):
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORT PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also on Page 1, Report Cover Page, Item F)	1 .

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
Su eet Auufess	
City State Zip Code	Date [MM/DD/YYYY] \$
	the second of th
Description of Contribution	
Full Name of Contributor	Date [MM/DD/YYYY] \$
	The state of the s
	Company of the Compan
House # Street Address	Date [MM/DD/YYYY] \$
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City State Zip Code	Date [MM/DD/YYYY] \$
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Description of Contribution	- Pinned
	Tree Tree // Dr Annor
Full Name of Contributor	Date [MM/DD/YYYY] \$
	A SECTION AND A
House# Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
	The second secon
Description of Contribution	Postera
	The farrath of the territory of the terr
Full Name of Contributor	Date [MM/DD/YYYY] 5
	14-12-12-12-12-12-12-12-12-12-12-12-12-12-
House # Street Address	Date [MM/DD/YYYY] \$
Cify State Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	
	THE PROPERTY OF THE PROPERTY O
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
	(1): (2): (2): (3): (3): (4): (4): (4): (4): (4): (4): (4): (4
City State Zip Code	Date [MM/DD/YYYY] \$
In Discontinue	· 1865年 南部大山
Description of Contribution	

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House #	rreet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		- Less qualitate difference CFE STE	Occupation
Employer Mailing Addre Place of Business	sss / Principal		Description of Contribution
Full Name of Contributo			Date [MM/DD/YYYY] \$
House #	treet Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
			Occupation
Employer Mailing Addre	ess / Principal		Description of Contribution
Full Name of Contributo	or .		Date [MM/DD/YYYY] \$
House #	treet Address		Date [MM/DD/YYYY] 5
City/	State	Zip Code	Date [MM/DD/YYYY] \$
			Occupation
Employer Mailing Addr Place of Business	ess / Principal		Description of Contribution
Full Name of Contribut			Date [MM/DD/YYYY] \$
House #	Street Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Addi Place of Business	ress / Principal		Description of Contribution

Statement of Expenditures

Consensation of the Contract o		
Filer Identification Number:		

To Whom Paid				Date [MM/DD/YYYY] 5
to whom raid				
House #	Street Address			Description of Expenditure
City		State	Zip Code	Mingle obtained in the first of a project of the control of the co
To Whom Paid				Date [MM/DD/YYYY] \$
	The Cold of the Co		•	
House #	Street Address			Description of Expenditure
Gity	En deligional de comingo	State	Zip Code	
To Whom Paid	HARRY S	SANSED NAME OF STREET	Wearshald REENE	Date [MM/DD/YYYY] \$
				TO September 1997 (September 1997) And the sep
House #	Street_Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid	12222	Hart Emilion Street	TERMINE MARKET MARKET	Date [MM/DD/YYYY] \$
				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
House#	Street Address			Description of Expenditure
Gity.	ETECTO TO Produce Total Commission (Commission)	State	Zip Code	
To Whom Paic		ORCHIO MINISTRALIA	To an analysis and a second se	Date [MM/DD/YYYY] \$
				Description of Expenditure
House#	Street Address			
City		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Pai	ā di			Date [MM/DD/YYYY] \$
House#	Street Address	5		Description of Expenditure
City		State	Zip	
			Code	and a second of the second of
To Whom Pai	d			Date [MM/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
TARREST AND STATE OF				

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Flier Identification	Number:	
Name of Credito	jr	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City	Paraconnection of The Control of The	State Zip Code
Description of D		Outstanding Balance of Debt
Name of Credit		
House#	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip Code
Description of I	Jen	
Name of Credit	ior	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip Code
Description of	Debt	
Name of Credit	tor	Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED S [MM/DD/YYYY]
City		State Zip Code
Description of	Debt	
Name of Credi	tor	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$. [MM/DD/YYYY]
City		State Zip Code
Description of		
Name of Credi	itor	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
.City		State Zip Code
Description of	f Debt	•

PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed lealbly 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 compaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lipboyist'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 potitions. A political committee or lebbyist filer identification number is assigned when the committee or jobbyist files registration documents in the Bureau.

Report Filed By - Flease 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 on "X" by the applicable report type.

Amendment Report - Chack "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 dabts or obligations, and wishes to case operation. Contributing lobbyists may file a termination report if they do not enticipate 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 shoet.

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 sesking 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 Spard 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 Otem At - 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 II. 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 Disketter. The cover page must accompany all fillings, including diskette fillings. Diskette fillings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.ps.us or by contacting the Bureau.

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page - provides a summary of all monetary contributions and receipts during the reporting period.

Item 1: Unitermized 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 diamors, 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. 13241]

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 data 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, accupation, employer's name and address, amount and data 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 pilier 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 Fennsylvania.

Data - 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.

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.

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/loobylists 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.

Montour Northampton Northumberland

Perry Philadelphia Pike Potter

Schuylkill
Snyder
Somerset
Sullivan
Susquehanna
Troga
Union
Venango
Warren
Washington
Wayne
Westmoreland
Wyoming
York

Postmarks - are acceptable as proof of timely filling where report is sent by first class mail and postmarked by the U.S. Postal Service no later than the day prior to the filling 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.

County Code Table:

	and the second s			
O#	Adams	24	EIX	.47
02	Allegheny	25	Eria	46
ÛЗ	Armstrong	26	Fayette	49
()4	Beaver	27	Franklin	50
05	Bedford	28	Forest	51
05	Berks	29	Fulton	52
O7	Blair	30	Greene	53
80	Bradford		Huntingdon	54
	Bucks		Indiana	55
10	Butler	33	Jefferson	56
11	Cambrie		Juniata	57
12	Cameron	35	Lackawanna	53
13	Carbon	36	Lancaster	59
14	Centre	37	Lawrence	60
15	Chester	38	Lebanon	61
16	Clarion	39	Lehigh	62
17	Clearfield	40	Luzerne	63
18	Clinton	4	Lycoming	64
19	Columbia	42	McKean	55
20	Crawford	43	Mercer	66
21	Cumberland	4	Mifflin	67
22	Dauphin		Monroe	
23	Delaware	46	Montgamery	

Party Code Table:

REP	Republican Party
DEM	Democratic Party
CST	Constitutional Party
LIB	Libertarian Party
REF	Reform Party
OTH	Other

Office Code Table:

GOV	Governor
LTG	Lieutenant Governor
ATT	Attomey General
AUD	Auditor General
TRE	State Treasurer
SPIM	Justice of the Supreme Court
SPR	Judge of the Superior Court
CCJ	Judge of the Commonwealth Court
STS	Senator in the General Assembly
STH	Representative in the General
	Assembly
CPJ	Judge of the Court of Common Pleas
MCJ	Judge of the Municipal Court
TCJ	Judge of the Traffic Court
OTH	Other (Candidates for local offices
	who file only with the County
	Board of Elections)



Commonwealth of Pennsylvania - Campaign Finance Report

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

(Note: 1713 report must be clear and regime. It should be typed)						
Filer Identification Number	Report Filed By (Mark X)	Candidat		Committee TREASUV	er X	Lobbyist
Name of Filing Committee, Candidate or control of Committee Candidate or control of Committee Candidate or control of Committee Candidate or control of Candidate or control or co	Friends	s of a	Jan Bea	11 %	- Wilderford	p
Street Address	Street Address:					
City Bethleher	·	State	Street DA	Zip Code	18070	
Type of Report (Place x under report type)	7	LOS DE SECTIONALES DE LA COMPANSION DE L	<u> </u>		100 40	
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post	: 4-6 th Tuesdav	5- 2 nd Friday	6-30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Primary		Pre- Election	Election	and the second of the second o	Pre-Election	Post-Election
			X			
Date Of Election (MM/DD/YYYY)	Year		Amendment Report	1 1 1	Termination Report	
Summary of Receipts and From Date	To Date			For O	ffice Use Only	1
Expenditures	11/22	121				
A. Amount Brought Forward From Last Repor	t \$3,661	1.86	Annual MacClass			
B. Total Monetary Contributions and Receipt: (From Schedule I)	s \$\$ 324	100	R	EČEIV ED	ÎSÔS O E VON BECEINE	
C. Total Funds Available	\$ 986		2021	O & YON O	BECEIVE	
(Sum of Lines A and B) D. Total Expenditures	\$ 005	9.86		. <u></u>	ua e e enercia	
(From Schedule III)	985.86		E REC	EIVEDNO	thampton	
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 0		RECEIVED NOV 8 0 2021 County Of Northampton			
F. Value of In-Kind Contributions Received (From Schedule II)	\$		Election Division			
G. Unpaid Debts and Obligations	\$	669 Washington St.				
(From Schedule IV) Affidavit						
Part 1- If this is a Committee report, treasurer sign h	nere. If this is a Candi	lidate report, ca	indidate sign here.	TO DON'T IT IT	2 22	***
I swear (or affirm) that this report, including the atta Sworn to and subscribed before me this	aenea scueanjes ou t	paper, is to the l	oest at my knowled!	se and belief tru	e, correct and comple	ite.
30th day of November 20 21	_, '1		Bul 1	Kick	'Oz	
Karrush	_		Beverly	of Person Submit	tting report	
Commonwealth of Pennsylvania - Notary Seal			7 - 	Printed Name	2017	^
Northampton August DAY - DAY - YR			Area Code	A6 Dayoti	ime Telephone Numbe	_ _
My Commission Expires February 25, 2025						
art 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 of20	- 1		Sign	ature of Candida	ate	
Signature			Printed Name			
My Commission expires						
MO. DAY YR.	<u> </u>	A	Area Code	Daytin	me Telephone Numbe	г

Contributions and Receipts

Detailed Summary Page

rier identification Number:		
Conservation 100,000 (1900,000 (1904,000 (1904,000 (1904)))		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (2	1) \$	324.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2	(2) \$	5 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	Secretaria (SPE)	\$
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, Repo Cover Page, Item B)		\$ #324 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.

	ouer rouse oue Anthrope (ANT) (EE) (E			Δε	mount
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
			LIL CODE	Date [MM/DD/YYYY] \$	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
	[F.				Maryland and a second a second and a second
House #	Street Address		-	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				The state of the s	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY] \$	
House#	 Street Address			Date [MM/DD/YYYY] \$	<u></u>
	AMII C35			200 (1114) 2	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Cillini					
Full Name of Cor Committee	nurouting			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] 5	
				5 Years 2000 2000 2000 2000 2000 2000 2000	-
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	ntributing			Date [MM/DD/YYYY] \$	
Committee				The second contract of	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		SCIL SERVE	Out the second	STEEL STREET,	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
ull Name of Cor Committee	ntributing	, ,,autoroj	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	
Jouse #	Street Address			Date [MM/DD/YYYY] \$	
	Street Address			Seer Transit DRIVITAL	
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.)

			-		
D - DD - D - defendante	Justing Security 3			language decorate a constant	
Full Name of Contri	DUTOR		-	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
	-tore-southers -			· · · · · · · · · · · · · · · · · · ·	
Full Name of Contri	butor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	73 73 - 6 - 37 - 6	State	Zip Code	Date [MM/DD/YYYY] \$	
				(2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
Full Name of Contri	ibutor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
				EUVER AL	
City	·	State	Zip Code	Date [MM/DD/YYYY] \$	
				では、 では、 では、 では、 では、 では、 では、 では、	
Full Name of Contr	ibutor		1	Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	process Elevates MEDISSESSES	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contr	ibutor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	· 2000年第1月20日 - 東京日本教育中的新印度的	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contr	ibutor			Date [MM/DD/YYYY] \$	
House #	Street Address		·	Date [MM/DD/YYYY] \$	
City	pmm6c2 mail in 1605 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	State	Zip Code	Date [MM/DD/YYYY] \$	
				A CONTRACTOR OF THE CONTRACTOR	

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.

Full Name of Contributing Committee	Date [MM/DD/YYYY] \$
- Chicoadh Committee	
House # Street Address	Date [MM/DD/YYYY] = \$
	可是 证实 经数据
City State Zip C	Date [MM/DD/YYYY] \$
Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip C	ode Date [MM/DD/YYYY] \$
Full Name of	Date [MM/DD/YYYY] S
Contributing Committee	
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip C	ode Date [MM/DD/YYYY] \$
Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip C	ode Date [MM/DD/YYYY] \$
Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip C	ode Date [MM/DD/YYYY] \$
Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	到我的话。 "我没有什么。" "我们是我们
House# Street Address	Date [MM/DD/YYYY] \$
City State Zip C	ode 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)

Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Siree Address			
			17 17 17 17 17 17 17 17 17 17 17 17 17 1
City	State	Zip Code	Date [MM/DD/YYYY] \$
THE STATE OF THE S			Occupation
Employer Name			Occupation
Employer Mailing Address /. Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
Gly	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	2 Constituting the control of the control		Occupation
Employer Mailing Address / Principal Place of Business			January and American
Full Name of Contributor			Date [MM/DD/YYYY] \$
House# Street Address			Date [MM/DD/YYYY] \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		4	Occupation
Employer Mailing Address /			Security and the second security of the second security of the second se
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.

File identification Number	TALL SIGNATURE S			
	RECORD			
Full Name				,
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
	one con			
	Street Address	the commence to	Especial Constraints	Too adaptively also sure
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				birt d
Full Name	(2) (1) (1) (1) (2) (2)			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House#	Street Address	op a construction		Parally 10 Concentration
City 1		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	The production			127-051
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] 5
Receipt Description			(ASSESSED ASSESSED	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				Levi L

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 CONTRIBUTIONS RECEIVED-VALUE OF \$5	O OO OD LECC DED CONTRIBUTOD
	1 c
TOTAL for the reporting period (1)	Y .
2, IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250	0.00 (FROM PART.F)
TOTAL for the reporting period (2)	\$
3: IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FRO	IM PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Nu	mper.		•		
STATES THE PROPERTY OF THE PRO	- The Commission of the				
Full Name of Contri	ibutor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Con	tribution				
Full Name of Contr	ibutor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
				高数型 分型型 2000年	
Сіту		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Con	tribution	A STATE OF THE STA	patientestes en antakelkenn Leitza.		
Full Name of Cont	ributor	W601		Date [MM/DD/YYYY] \$	
				(2017年) (2017年) (2017年) (2017年) (2017年)	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code-	Date [MM/DD/YYYY] \$	
Description of Cor	itribution				
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Co	ntribution			1 1979-14	
Full Name of Con	tributor			Date [MM/DD/YYYY] \$	
House#	Street Address		·	Date [MM/DD/YYYY] \$	
City	MARINE SERVER	State	Zip Code	Date [MM/DD/YYYYY] \$	
Description of Go	etribution	potenioris della di	Jackinstromical Company (1972)		

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Full Name of Contributor			Date [MM/DD/YYYY] \$
			- 1925 - 1925 - 1926 - 1926
House # Street A	ddress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
			(2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Employer Name			Occupation:
Employer Mailing Address / Pr	incinal		Description
Employer Mailing Address / Pr Place of Business			of .
			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street A	lddress		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		世界各項語類形成語表於	Occupation
	rincia al		Description -
Employer Mailing Address / Pi Place of Business	uncipal		of
			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street A	Address		Date [MM/DD/YYYY] 5
City	State	Zip Code	Date [MM/DD/YYYY] 5
			(4) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Employer Name		N. 1944 P. 194	Occupation
			Description
Employer Mailing Address / P	rincipal		Description of
			Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
			等等等的 一定, 一定, 一定, 一定, 一定, 一定, 一定, 一定,
House # Street	Address		Date [MM/DD/YYYY] \$
City:	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
			Description
Employer Mailing Address / I Place of Business	r incipal		ot
			Contribution

Statement of Expenditures

Statement of Expenditu	

the prime and promoting the sign prime is a prime in the sign prim	Date [MM/DD/YYYY] \$
To Whom Paid Anna Thomas	11/20/2021 500,00
House # Street Address 3325 Davien Rd	Description of Experditure
City Beth Lehem PA PA Gode 18020	Campaign Management
To Whom Paid Jan Beatty	Date [MM/DD/YYYY] 5 394.40
House # Street Address 1924 12 57	Description of Expenditure
City Beth Lehem State PA Code 18020	L.V. Print Centul Cash dep)
activated programmed and a second programmed and a sec	Date [MM/DD/YYYY] \$ G1 46
To Whom Paid Beverly Rickles House # Street Address 1344 Beverly Hills Rd	Description of Expenditure
House # Street Address 1344 Beverly Hills Rd	
[Magazinetista]	Campayor Finance/Treasurer
To Whom Paid	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
City State Zip Code	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City Zip Code	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
Citý State Zip Code	
To Whom Paid	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Gode	The part of the 20 of the part

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

us endaller betradhilden en endalle b	oorganigarineessa assi (Krisii)	
Name of Credito		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
		(WINI/DD/AFRE)
City		State Zip.
Description of D)eb t	Code
	A ANTHON CONTROL AND	
Name of Credito	or and the second secon	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED. \$ [MM/DD/YYYY]
City		State Zip Code
Description of D	Debt	Hardrey Transport Programmed National
Name of Credit	Of .	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
		The contract of the contract o
City	1 Carried Annual Control (1975)	State Zip Code
Description of I	Debt	
Name of Credit	O	Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED \$
		[MM/DD/YYYY]
City		State Zip
		Code
Description of	Ueot	
Name of Credi	tor	Outstanding Balance of Debt.
House #	Street Address	DATE DEBT INCURRED \$
		[MM/DD/YYYY]
City		State Zîp
Description of	Deat	Code
Name of Credi	itor	Outstanding Balance of Debt
House#	Street Address	DATE DEBT INCURRED \$ [MM/DD/YYYY]
City		State Zip Code
Description of	Debt	· ·

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 compalign 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 Search 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 politions. A political committee or legislate files identification number is assigned when the committee or legislate 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 - Plaese enter appropriate name and address.

Type of Report - Please place on "X" by the applicable report type.

Amandment 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. Contribution 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 as 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 condidate or candidate's committee, indicate district in which candidate is sesting office.

Office Code, Farty 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 Expanditures - 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 - Most be swern to by the filer acknowledging the accuracy of the report (Pert II. On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part III).

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 excompany 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.

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page - provides a summary of all monetary contributions and receipts during the reporting period.

Item 1: Unitermized 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, forboarance, 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 positical committee and also includes any return on investments by a political committee. [See 25 P.S. 53241]

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 data 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 data 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 tip 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.

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.

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Total Contract of the Contract	

Commonwealth of Pennsylvania - Campaign Finance Report

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

Property and the second	Company of the compan	e de la visioni de la compositione de la compositio					
Filer Identification Number	Report Filed By Candi (Mark X)	date:	Committee	Eobbyist			
Name of Filing Committee, Candidate or							
Lobbyist	Jan B	eattu					
Street Address	1926 12	th Si	reet				
ROULOLA.	State	PA	Zip Code 1800				
Bethlehen			18020				
Type of Report (Place x under report type)	Schooler - School Land Community in the second	State US - Commission of the C	Cleaning and Annual Control				
1–6 th Tuesday: 25 2 nd Friday: 3–30 Day Post Pre-Primary: Pre-Primary: Primary	4–6 th Tuesday <u>5–2th Frida</u> Pre–Election Pre–Electio		Z-Annual Special 2 nd Friday Pre-Election	Special 30 Day Post-Election			
	rie cieculus rie ciecul		Electedik	FUSI-ELECTION			
Date Of Election	Year	Amendment	Termination				
(MM/BD/XXXX) as 118/2021		Report	Report				
Summary of Receipts, and From Date	To Date		For Office Use Only				
Expenditures 5-5-26	4 6-7-2021						
A. Amount Brought Forward From Last Report							
	-692		$oldsymbol{arphi}_1$	7 + 3 			
B.: Total Monetary Contributions and Receipts (From Schedule: []	\$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- Pro-			
C. Total Funds Available	\$	1		10 mm sign			
(Sum of Lines A and B)		_	. ***				
D-Total Expenditures (From Schedule III)	\$ /		•				
E. Ending Cash Balance	\$	-1	**/	gradient v			
(Subtract Line D from Line C) E. Value of in-Kind Contributions Received			ř	.)			
(From Schedule II)	\$ \$						
G. Unpaid Debts and Obligations	\$						
(From Schedule IV)		_1	***************************************				
Part 1- If this is a Committee report, treasurer sign he	Affidavit re. If this is a Candidate report						
I swear (or affirm) that this report, including the attack	hed schedules on paper, is to t	ne best of my knowle	dge and belief true, correct and comple	te.			
Sworn to and subscribed before me this	•						
day of20	. '1						
	<u> </u>	Signature 	of Person Submitting report				
Signature	- -		Printed Name				
My Commission expires	_						
MO. DAY YR.		Area Code	Daytime Telephone Numbe	er			
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 a			ry provisions of the Act of June 3, 1937 (P.L 1333, NO.320) as			
amended.		Δ					
Sworn to and subscribed before me this		// _					
9 day of June 20 21	. 1	time	Un Deatty				
Remi I Rolan]. (nature of Candidate Beath				
Signature	`	Comin	Printed Name	_			
My Commission expires April 07 205	25	610	610.360	0233			
MO. DAY YR. Area Code Daytime Telephone Number							
Commonwealth of Pennsylvania - Notary Seal							
	Reni J. Rajan, Not	ary Public					

My commission expires April 7, 2025 Commission number 1311027

Member, Pennsylvania Association of Notaries

SCHEDULE I Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
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 Aland Part B)		
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	1	
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, But		\$

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.

				Amount
Full Name of Contributing			Date [MM/DD/YYYY] 5	
Committee				
House# Street Address			Date MM/DD/YYYY] 5	
Giv	State	Zp:Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing			Date [MM/DD/YYYY] S	
Committee				
House# Street Address			Date [MM/DD/YYYY] \$	
City	State	Zp €ode	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date MM/DD/YYYY] 5	
Committee				
House # Street Address			Date [MM/DD/YXYY] 5	
Ety	State	Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee:			Data Brase In Court & C	
House# Street Address			Date [MM/DD/YYYY] 5	
	100-00 000 000 000 000 000 000 000 000 0			
City	State	Zip Code	Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee		<i>y</i>	Date[MM/DD/YYYY] \$	
Committee				
House#. Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/XYXI] S	
Full Name of Contributing Committee			Date [MM/DD/YYYY] 5	
			Date[MM/DD/YYYY] \$	
House# Street Address			POTE BRING DOLLEGE T	1
	kg •••odi⊈overol	be the second second	Principle of the Princi	
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.)

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Hill Kapv⊆gi⊈goin butov			DATE MM/DD/AYYY	
Hopsett Street Ador			Date MM/DD/CYYY) S	
I CITY.	State	Zipi€ode.	Pate MM/DD/AYY	
Full Name of Contributor			Date MM/DD/YYYTH 5	
Housest Street Addi			Date [MM/DD/WYT] S	-
	State	Zip(code	Date [MM/DD/YWY] 5	
FulkName of Contributor			Date MM/DD/ATAT	
House # Street Add			Date MM/DDAMM	
Ely .	Sate	Zip Code	Date MM/DD/ANNI	
Fill Nameol Contributo			क्रबंद्धां आर्थकार्थं भ्रम्भः है	
House to Street Add	(ess		Date [MM/DD/YYY] . S	
Ein	Sec	ispode.	Date MM/DDAYYY S	
Full Name of Contributor			Date [MM/DID/MA]	
House # Street Addi			Date MM/DD/MMI	
a.	Sare	ZIO SOPIE		
Fall (Amegia Contributor)			Date [MM/DD/XXXV] US	
Hoose it Street, Asia			Date [MM/DD/MV]	
OLC -	Sac	Zipscode:	Date MM/DD/YYY) S	

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.

STIME CONTRACTOR NUMBER -

Full Name of the Committee			Date IMM/DD/YYYY] 5	Spare (MM/DD/YS)	
House # Street Address			Date MM/DD/YYYY 35	SDATE (NIM/DID/1994)	
THE CONTRACTOR OF THE PARTY OF	State	Zip:Code	Date MM/DD/NYY	Jate MM/DD/AAA	
EiltNameol Commuting Amountee			Date [MM/DD/YYYY] [5]	Dan≥ [MM/DD/YYY	
Gouse Street Address			Date IMM/DD/ASSA 5		
	State*	Zipi Code	Date MM/DDAYYYL.		
Füll Name of Contributing Committee			Date MM/DD/YYYY] \$	de Serpelande (y et mees) commenced and Comments and Server and a	
Honse # Street Address			Date [MM/DD/XXX] \$		
Give A	State.	Zip Code	Date MM/DD/MYME S		
Evillame of L. Contributing Committee			ADAIE [MIM/DD/MYX]		
Honseil Street Address			Date[MM/DD/MYM] = \$	Section 1997 to the second section of the second section 1997 to the second section of the second section of the second section 1997 to the s	
	State	Zip Ende	Date IMM/DD/XXXII S		
Full Same of Community Committee,			Date MM/DD/MYKE		
Honselfs Street Address			#Date (viit/)DD/(viii) (5		
	State	7ip Code	Date MM/DD/YYML (\$		
Gill Name of Committee			Date MW/DDAYYI &		
House # Street Address	Bayes and the second	<u> </u>	Pare MM/DD/MCFE		
(Ris	-States	Zip Code	Date[MM/DD/ATM]	Patel Michigan	

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)

Fulf Name of Contributor	Date[MM/DD/WYY]
House # Steel Andress	Date MM/DD/YYYY 5
Eiy State // // // // // State // // // // // // // // // // // // //	Date MM/DD/YYYY 5
Employes Name Employes Mailing Address / **	Occupation:
Paneigal Placeot Business	Date MM/DD/WYY
Foll Name of Contributors	The second section of the second seco
Street Address	Date MM/DD/AYYY 5
Cisy Ap Code	Date MM/DD/YYTTE
Employes Name	Occupation
Employer Mailing Address:/ Emocipal Place of Businesis	
Fülk Name of Contstautor	Date (MINI (DD/YXXI)
Horse:# Steer Address	Date MM/DD/MAXI
State Zip€ode	=Date [MM/DD/A12X1] (2.5)
Employer Name	Occupation.
Employee Mailing Address 1000 100	
EJII Vanieri Contributor	Pate MM/DD/YYYE S
Housest Street Address	Date MB (DD YYYY) S
State Zip(code	Date MM/DD/YYY
Employer Name 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Dicespation
Employee-Mailing Address/ Principal Plass 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 (dentinçation Number-				
±iii van∈				
	Address			Mary Age parameter and
CLV		State.	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
	Address	,		
CUT		Sale	Zip code	Date [MM/DD/YYYY] \$
Recept Description				
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City 1 100%	The second secon	State	Aig :: Code	Date[MM/DD/YYYY] \$
Receipt Descriptions				
Full Rames Da. Thouse# Street	Address			
City	***************************************	State:	Zp Fode	DETERMINIDAMM S
Receipte Description				
House# Street	Ældræss			
Gire .		States	Zip Code	Date [MM/bb/KWY] 5
Reserve Descriptions				
Till Name:	Affices			
<u> </u>		State	ZIO EDICE	-bate MM/bb/XXXII : 5
Receipt 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

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			HICENTINIBUTES.	
TOTAL for the reporting period	(1)	\$		
				1
- 2 IN-KIND CONTRIBUTIONS	RECEIVED VALUE OF \$500	LTO \$250 NOT(EROM PART	19	
TOTAL for the reporting period	(2)	\$		
			mass	
3 NEINE CONTRIBUTION R	EGENER-VALUE ONER \$250	200 (EROM PAREG)		
TOTAL for the reporting period	(3)			
		Ţ.		
TOTAL VALUE OF IN-KIND CONTRIBU	JTIONS DURING THIS REPO	RTING \$		
PERIOD (Add and enter amount total		ilso enter		
on Page 1, Report Cover Page, Item	F)			

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

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ault varn≥of(contributor				
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-Eill Vameof-Constitution			December 5	
House# Street Address			Date MM/DD/XXXI	
	State	Zip Code:	Date MM/DD/YYYT S	
Description of Contribution				
Fill Name of Contributor:			Date MM/DD/YYYYI S	
House Street Address			Datr≃[MM/JDJ/NYYY] 3	
(City)	State	Zip Code	Date MM/DD/YYYY) S	
Description of Contribution				
Full Name of Contributor			Date MM/DD/WYY S	
Housew Street Address			Date Nim/DD/XXXI	
Giv.	State	Zip Code	Date MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date MM/DD/YXXV	

Zip Code

Date MM/DD/YYYE \$

TERESTANDO PARA SE

Sireer/Address

Description of Contribution

City

State

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

File identification Number	

<u> </u>			
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(1)	State.	Ap Code	Date MM/bb/AYYY)
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Employee Mailing Address// Principal Place of Business		·	Description Of Contribution
EUF Name of Contributor.			Date[MM/DD/YYYY] .= .S
House # Street Address			Pate [MM/DD/YYYY]
din.	State / S	Ap:Code:	Date [MM/DD/YYYY] S
Employer Name			©ecupation:
Employer Mailing Address / Principal Place of Business			Description of a second of a s
47ultName of contributor			Dare(MM/DD/MYN) \$
Houseaft Street Ardress			©Bar=[MM/DD/AYYY] :::
₹In	State.	Zip €ode	EDate MM/DD/AYY
Employee Vanne			Occupation
Employee Mailing Address / Mincipal Place of Business			Description: Of 71-10 Continuous
THINGUE OAGONICUROS	4014		DATE IMM ADDAMYSE S
House # Street Address			Date MM/DD/YYYE
Oly (State-	ZinCode:	Date [MM/DD/YXXA] 2
EnjoyenVanie o real accompany			Occupation Tells
Employe-Mailing Address / Principal - Pacelo, Business			Description (*) oil (*) Contribution (*)

SCHEDULE III Statement of Expenditures

Files identification Number.			

				The section of the se	
Pravytrome Parid				Date MM/DD/KKY)	
House#	Street-Address	,		Description of Expendit	
(1) (1)	2. Expression of the content of t	State	Zip. Eodé:		
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ne Whom Paid				Date [MM/DD/XXXX]	5-
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a o Whom Paid.				Date MIM/DD/YVY)	
House #	Street Address			Description of Expendit	
ENT:	N. T. STORY CO. A. L. S. STORY TO CO. C. CO.	State 13 m 13 m	ZIP Eside		

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.

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Giay (Stat		APE - Gride			
Description of Deb						***	
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House#	Street Address	-	<u>[M</u>	Degeingurge Mydd/Aasag	Y S		
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Description of Deb	17.						
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House #	Street Address			deringstrre M/DD/YYYYI			
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	Street Address		E E IM	M/DD/ASASE			
		Sta	ie.	Zip # Code Miles			
Description of De							
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<u>बार</u>		, Ala	(C	Zije i i j €adie i je			
Description of De							
Vaned (seiros						g Balance of De	bt is
100590	Sircet Address			DERFINGURRE	DE S		
<u>(2197</u>		Sta	lie /	ZII Gode			
Description of DE							

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 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 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.

Filling Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskerte accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a condidate 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 Cade, 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 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 swom to by the filer acknowledging the accuracy of the report (Part II). 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, functions, railies 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 of 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 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 expenditures 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.

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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 lobbylists:

Political committees required to file pre-election reports must also file post election reports.

Postmarks - are acceptable as proof of timely thing where report is sent by first class mail and postmarked by the U.S. Postal Service no later than the day prior to the filling deadline.

Late filling fee - A late filling 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.

County Code Table:

01	Adams	24	EIR	47	Montour
02	Allegheny	25	Erje	48	Northampton
	Armstrong	26	Fayette	49	Northumberland
Ŏ4	Beaver	27	Franklin	50	Perry
05	Bedford	28	Forest	51	Philadelphia.
06	Berks		Fulton	52	Pike
	Blair	30	Greene	53	Potter
	Bradford	31	Huntingdon	54	Schuylkill
09	Bucks	32	Indiana	55	Snyder
ŧ0	Butler	33	Jefferson	56	Somerset
11	Cambria	34	Juniata	57	Sullivan
12	Cameron	35	Lackawanna	58	Susquehanna
	Carbon	36	Lancaster		Tioga
	Centre	37	Lawrence	60	Union
15	Chester	38	Lebanon	61	Venango
16	Clarion		Lehigh		Warren
	Clearfield	40	Luzerne	63	Washington
	Clinton	41	Lycoming	64	Wayne
	Columbia		McKean	65	Westmoreland
	Crawford	43	Mercer	66	Wyoming
	Cumberland	44	Mifflin	67	York
	Dauphin	45	Manroe		
	Delaware	46	Montgomery		•

Party Code Table:

	REP	Republican Party
	DEM	Democratic Party
<u>.</u>	CST	Constitutional Party
	UB	Libertarian Party
	REF	Reform Party
	OTH	Other
	Office	Code Table:
	GOV	Governor
	LTG	Lieutenant Governor
	ATT	Attorney General
	AUD	Auditor General
	THE	State Treasurer
	SPM	Justice of the Supreme Court
	SPR	
	CCJ	
	STS	Senator in the General Assembly
	STH	Representative in the General Assembly
	CPJ	Judge of the Court of Common Pleas
	MCJ	Judge of the Municipal Court
	TCJ	Judge of the Traffic Court
	OTH	Other (Candidates for local offices

who file only with the County

Board of Elections)



Commonwealth of Pennsylvania - Campaign Finance Report

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

Francisco Control Control Control	fee a control of the	
Filer Identification Number	Report Filed By Candid (Mark X):	date Committee Lobbyist
Name of Filing Committee, Candidate or Lobbyist	FRIENDS	of Jan Beatty
Street Address	1926 12	th Street
Bethleh	State	
Type of Report (Place x under report type)	- · · · · · · · · · · · · · · · · · · ·	「 」 Bearstandingschaftel 「 U C C C C
1_6 th Tuesday 2_ 2 nd Friday 3_30 Day Po	st 4–6 th Tuesday ₹27 ^{ed} Friday	6–30 Day Post 7–Annual Special 2 nd Friday Special 30 Day
Pre-Primary Pre-Primary Primary	Pre-Election Pre-Election	
Date Of Election: \$18 /20	21 Year 21 21	Amendment Fermination Report Report
Summary of Receipts and From Date	THE COMMISSION OF THE PROPERTY	For Office Use Only
Expenditures	021 6/7/2024	
A. Amount Brought Forward From East Repo		
B. Total Monetary Contributions and Receip	\$ 152,00	1
(From Schedule: I) C_Total Funds Available	Ś	
(Sum of Lines A and B) D. Total Expenditures	5 /52,00	
(From Schedule III) E. Ending Cash Balance	- 0 -	▲
(Subtract Line Difrom Line C)	15a, VU	
F.:Value of In-Kind Contributions Received [From:Schedule II]	\$ - 0 -	
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0 -	
	Affidavit S	
Part 1- If this is a Committee report, treasurer sign		
Sworn to and subscribed before me this	cracined schedules on paper, is to th	ne best of my knowledge and belief true, correct and complete.
J day of JUNE 2021	_ 'i'	Jony Milles
Sur- Model M		Signature of Person Submitting report Beverly KICLES
Signature Commonwea JAMES MI	olth of Pennsylvania - Notary Seal CHAEL BRADY - Notary Public	(Printed Name
IVIY CUITITIISSION EXPITES	Bucks County So Expires November 23, 2024	Area Code Daytime Telephone Number
re / Comn	mission Number 1386068	
Part II- If this is a report of a Candidate's Authorize I swear (or affirm) that to the best of my knowledge amended.		here. te has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this		
day of 20	· i	
		Signature of Candidate
Signature		Printed Name
My Commission expires		Area Code Daytime Telephone Number
MO. DAI IN.		Dayana recuione Number

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number:			

		
L.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	* 1,00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	O
All Other Contributions (Part B)	\$	150.00
Total for the reporting period (2)	\$	150.00
3. Contributions: Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	0
Total for the reporting period (3)) \$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks; ETC. (From Part E),		
Total for the reporting period (4)) \$	0
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 Poge 1, Report Cover Page, Item B)	\$	152,00

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

			Amount
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$	
COMMISSION OF THE PROPERTY OF			
House# Street Address	e e e e e e e e e e e e e e e e e e e	Date[MM/DD/YYYY] \$	
CIS	State Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributing		Date [MM/DD/XXXX] 5	
Committee			
House# Street Address		Date [MM/DD/YYYY] \$	
City:	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		Date[MM/DD/YYYY] S	
House:# Street Address	######################################	Date[MM/DD/YYYY] 5	
Eity	State Zip Code	Date[MM/DD/YYYY] \$	
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$	
House # Street Address		Date[MM/DD/YYYY] \$	
JULICE AUGUSTS		- Archinison trul	
En-	State Zip Code	Date [MM/DD/YYYY] 5	
Etty:	- Epicode	Parchinator tree	
THE THE PARTY OF T		Date [MM/DD/YYYY] 5	
Full Name of Contributing Committee	·	PATCHANAY DATE LEE	
House:# Street Address		Date [MM/DD/XYYY] \$	
	in the second in		
City	State: Zip Code	Date[MM/De/YYYY] S	
E-ital-			
Full Name of Contributing Committee:		POTCHAIN TO VELLE S	•
House# Street Address		Date[MM/DD/YYYY] 5	
City:		Date[WM/DD/XXXI] 5	
		The second secon	

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.)

Files dentification (dambes-				

The state of the s	The state of the s	
Tina) Concetta Labellarte	05 05 0021	
HOUSE APT STEET Additions 4060 Mcbee St	Date MM/DD/YYY)	
Kansas City State MD Mocode 64111	Date MM/MD/XXVIII &	
KRISTEN Stachina	Date MM/DD/MENT 5 DS 0 8 30 2	50,00
Street Additions 865 Nicholas St	Date MM/DD/YYYY 2	
Bethlehem PA 18017	Date MM/DD/4441 \$	
Full Name of Contributor	Date [MM/DD/YYY] S	Telephone and the second and the sec
House # Street Ardress	Date MIM/DD/AWAIL S	
City State Zip code	Pate MM/DE/YXXX) : ;	
Ef(il Nameof, Contributor	Date MM/DD/MYY1 5	
House # Street Address	Date MM/DD/WYY] 5	A PROPERTY AND A PROP
City State ZipCode	Date MM/DD/XXXII S	
Till Nam≥d Contributor	Date[MK/DD/WW] S	
Bouse # Street Address	Date [MM/DP/WWY]	
State Zip Codi	Dane MMADDAWATE 5	
Fulf Name of Contributor	Date MM/DD/AAAA	
Street Address	Date MM/ED/AWE	
City State Zip Code	Date [MM/DD/YYM]	

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.

Fler-dentiteationNamber

	26 6.76				
ंशि। (रिमान्स्लॉट २०० र्डिंगतिसीमसीम्हरिक्स	mite.			adate MM/DD/YYMIE	*
House #	Singer Address	To have recovered	Establish Language and Assault	Date MM/DD/YYYE	
(City		State	Epicote :		
Fill vane of Contributing com				Date MM/DD/AXXX	
House#	Street Abdress		E	Date MM/DD/XXXX	
(my	Carres Co. Carre	State	Zip Code		
FULLName of Contributing Com	mittees.			Date MM/DD/YEM	
Gloose#	Speet Address	Back-Religion County	form and a second secon	Date [MM/DD/XXX]	
(tiby	not represented the second	State:	Zipi Code	pate MM/DD/WYY	\$
Full Varne of some of some of the community of the commun	mitee			Date [MM/DD/AYY]	
House #	Street-Address			Date MM/DD/AYYM	
(a)		State.	Tip Eode -	Date MM/DD/CCX	
Full Name of Simulating Form				Date MM/DD/CCYY	
House 4	Street Address	OPPORTUNITY I	b	Date MM/DD/WW	
		State	Zip Code	Date MW/DD/AWK[
Full Name of Entributing Con				Date MM/DD/CCCV	
House f	Stree / Articless			Date[MM/DD/YYX]	
Cive in the cive i		State	Zip(Code	Date MIM/DD/1000	

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.

File Eldentification Number 2

Full Name					
	eer Address				
City on the second		State	Zip. Foole	Date (MM/DDAY-Y)	S
Receipt Description					
Full Name					
	eet Address				
alt-		State:	∕/Ip €code	Date MM/DD/XXXX	
Recept Descriptions					
Full Name of the state of the s	- 1 66 67 (A)				
	eet Address				
City 	Company of the compan	State	Др Code	Date MM/DD/YYYY	<i>Ş</i>
Reseipt Description					
FUI Name 2 4 2					
	eer Address				
City Design of the control of the city of		State.	Zig Foole	Date MM/DD/MM	
Receipts Description					
rulk yame					
	eet Address				
Citys		State	Zip -Code	Date [MIW/DD/1974]	
Receipt Descriptions					
FULLYAME SARE					
	eet Address				
City		State	Zip Eode	pace MM/DDAYYYI	
Receipt 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

Fler deotheation Number:			
TO UNITERIZEDIM-KINDICONTRIBUTIO	ric occurerateiciet	CMANGO RECEDENCE DE DESCRIPTORIO	
TOTAL for the reporting period	(1)	\$	
			,
IN KIND CONTRIBUTIONS RECEIVED TOTAL for the reporting period	VALUE OF \$50.01 TO \$250. (2)	LODI (FROM PARILE)	
TOTAL for the reporting period	(2)	٦	
3. IN KIND CONTRICTION RECEIVED A		MPARTO)	
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)		. \$	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Till Nameni (onuributur			Dare Kimi/DD/Kikye \$	
Houses Street A	(diress		- Date MW/DD/VAXV	THE PERSON AND THE PE
	States	∤Ap(Gde:	Date MK/DD/MYY1 5	
Description of Contribution				
Hill Name of Contabulor			* DETERMANDO VALUE &	
Housest Street A			Date[MM/DD/4444]	
City	State	Zip €ode	Date [MM/DD/NYX] Sc	
Description of Contabution				
Full Name of Contributor	- Control Control		Date [MM/DD/ASSY]	
Housest Street A			Date MINIMODANNI C	
Lity Descriptional Contribution	Safe	Zip Code	Date [MM/DD/YWYY] \$	
				-
FOI Name of Contributor	Zichichucha ¹		Date MM/DD/YYY) S	
House It Street A			Date MM/DD/XXXII \$	
Eig.	State	Zip Code	Date MM/DD/YYYY] \$	
Full Name of Ebutibutos	agget the description of		Date MM/DD/WWYL 5	
House# Street-A			Date MM/DD/nxxx) (\$	
Tity 18-2 19-3 Description of Contribution →	State	Zip Code	Date MW/DDWAYT	
A SERVICIONE CONTRACTION SE		***		!

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Electrentification Number:	
7	
Full Nameon Contributor	Date Min/DD/YSYN] \$
Houseff Street Address	Date IMM/DB/AAAA
State. /ipccode.	Date MW/DD/YYYY] [5]
Employer Name	Occupation:
Employee Mailing Address (Rincipal Place of Rusiness	Bescription GE 15 Contribution 1
Eul Name (18 Sautibutor	Date [MM/DD/ASSY]
House III Street Address	Date (MM/DD/MM)
State Appende	Date [MM/DD/XXXX] S
Employe: Name	(Geopation:
Employer Mailing Address / Principals / Place of Business	Description: 1. of the Contributions
QULName of Contabulation	Date (MIN/DIP/MYMES) S
House # Sirce Address	Date [MIM/DD/XXXXI] [S
Elly State Zip Code:	Date MM/DD/YYYCE 5
Employee Name	(Grupation)
Employee Mailing Address / Principals (Flace of Business)	Description Of: 14 Contribution
Tall Name of controller	Date (MM)DD(YYYY)
House # Street Address	Pate [MM/DD/YYSS] 5
City State Zip(Code 4)	Date MM/DD/WWW. 5
Employer Vame	Germanion.
Employes Máiling-Address / Páintigal Place of Business	Desciption of: Contribution

SCHEDULE III

Statement of Expenditures

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海州(高级)(100m) (100m) (100m) (100m) (100m)	4		
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	4		

Province Paid				DESCRIMINATION AND STREET	
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		Sare	ANCES.		
rosythomePaid				Date MM/DD/XXXI	
SHOUSE/E	Street-Address			Description of Expendit	ure:
(Mir)		State	COVE		
ាកា(អាចក្រ Paldas) ខ្លួននៅ				Date MM/DD/YYYY	
ifo <i>us=t</i> t	Street Address			Description of Expendit	ure.
		State	<u>Zip</u> Ecoce		
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#Horise#	Street Address			Description of Expendit	WE THE THE THE THE THE THE THE THE THE TH
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CANTON ALTONO			Shirland		
To Whom Paid				Date (MM/DD/1111)	
House ##	Street Address		Bouleaner (1946) National	Date [MM/DD/YYYY] Description of Expendit	
House#	Street Address	Since	ZIP	Description of Expendi	ure i s
House ##	Street Address	State	Substantivitée National	Description of Expendit	ore
House # City: Ta Whore Paid House #	Street Address Street Address		ZIP	Description of Expendi	ore
House # Eity Ta Whom Paid House #		State	Substantivitée National	Description of Expendit Date MM/DD/MMC	ture
House # City: Ta Whore Paid House #	Street Address		ZIP.	Description of Expendit Date [MM/DD/MW] Description of Expendit Date [MM/DD/MW]	is and the second secon
House ## City To Whom Paid City House # Lo Whom Paid House #		State	Code	Description of Expendit Date MM/DD/MMC	is and the second secon
House # To Whom Paid House # House # House # House #	Street Address		ZIP.	Description of Expendit Date [MM/DD/WW] Description of Expendit Date [MM/DD/WW] Description of Expendit	ure.
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House # To Whom Paid House # House # House # House #	Street Address	State	Code	Description of Expendit Date [MM/DD/WW] Description of Expendit Date [MM/DD/WW] Description of Expendit	is the state of th

SCHEDULE II

IN-KIND CONTRIBUTIONS RECEIVED

Detailed Summery 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)

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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 loobyists.

Political committees required to file pre-election reports must also file post-election reports.

47 Montour

67 York

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 filling fee - A late filling 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.

County Code: Table:

01 Adams

23 Delaware

21 Cumberland 22 Dauphin

, e	Suckers to the contract of the		A-1/7.	7.7	Garden rices to k
	Allegheny	25	Erie:		Northampton
	Armstrong	26	Fayette	49	Northumberland
	Beaver	27	Franklin	50	Perry
05	Bedford	28	Forest	51	Philadelphia
06	Berks	29	Fulton	52	Pike
07	Blair	30	Greene	53	Potter
80	Bradford	31	Huntingdon	54	Schuylkill
09	Bucks	32	Indiana	55	Snyder
10	Butler	33	Jefferson	56	Somerset
11	Cambria	34	Juniata	57	Sullivan
12	Cameron	35	Lackavranna	58	Susquehanna
	Carbon	36	Lancaster	59	Tioga
14	Centre	37	Lawrence	60	Union
15	Chester	38	Lebanon	61	Venango
16	Clarion	39	Lehigh	62	Warren
17	Clearfield	40	Luzerne	63	Washington
18	Clinton	41	Lycoming	64	Wayne
19	Columbia	42	McKean		Weatmoreland
20	Crawford	43	Mercer	66	Wyoming

44 Mifflin

45 Monroe

46 Montgomery

24 Elk

Party Code Table:

Republican Party Democratic Party

REP

DEM

CST	Constitutional Party
ЦB	Libertarian Party
REF	Reform Party
OTH	Other
Office	Code Table:
GOV	Governor
LTG	
ATT	Attorney General
AUD	Auditor General
THE	State Treasurer
SPM	Justice of the Supreme Court
SPR	Judge of the Superior Court
	Judge of the Commonwealth Court
STS	Senator in the General Assembly
STH	Representative in the General
•	Assembly
CPJ	Judge of the Court of Common Pleas
MCJ	Judge of the Municipal Court
TCJ	Judge of the Traffic Court
OTH	Other (Candidates for local offices
	who file only with the County
	Board of Elections)



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Report Filed By Candid Number (Mark X)	ate Committee Lobbyist
Name of Filing Committee, Candidate or Friends of	Jan Beatty
Street Address 1926 12-1	
Bethy hem state	PA Zip Code 18020
Type of Report (Place x under report type)	
1- 6 th Tuesday 2- 2 nd Friday 3-30 Day Post 4- 6 th Tuesday 5- 2 nd Friday Pre-Primary Primary Pre-Election Pre-Election	
Date Of Election (MM/DD/YYYY) Pear 2021	Amendment Termination Report
Summary of Receipts and Expenditures To Date	For Office Use Only
A. Amount Brought Forward From Last Report. \$	
B. Total Monetary Contributions and Receipts \$ (From Schedule I)	Annual Property of the Control of th
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 \$	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
(From Schedule II) G. Unpaid Debts and Obligations \$	2"7 CH
(From Schedule IV) Affidavit S	₹ C
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 Sworn to and subscribed before me this	Bever 14 RICKLYS Printed Name Pealth of Pennsylvan Signature of Person Submitting report Printed Name Printed Name
31st gy of January 20 22	Signature of Person Submitting report
Sandia J. Gulmer	Signature of Person Submitting report Bevery 14 R10 C17 S Printed Name
Signature (717 917 1 STERE
My Commission expires MO. DAY YR.	
Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign	
I swear (or affirm) that to the best of my knowledge and belief this political committee amended.	ee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this	
day of	Signature of Candidate
Signature	Printed Name
My Commission expires	
MO. DAY YR.	Area Code Daytime Telephone Number

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

	N
Filer Identification Number	
675 M 7 TO 3 M PRO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period (1)	5	
2. Contributions of \$50.01 to \$250:00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)			
All Other Contributions (Part B)		5	
Total for the reporting period (2)	5	
3. Contributions Over \$250.00 (From Part Cand Part D)			
Contributions Received from Political Committees (Part C)			
All Other Contributions (Part D)		5	 , , , , , , , , , , , , , , , , , , ,
Total for the reporting period (3)		11.
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period (4)	3	
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, Repo Cover Page, Item B)	ort		

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

				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			Date [MM/DD/YYYY] \$	
Committee				
House# Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			A Company	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee			140 mg/ 72 Carlo 10 mg/ 10 mg/	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
House # Street Address			Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
Committee				
House # Street Address			Date [MM/DD/YYYY] \$	VI
City	State	Zip.Code	Date [MM/DD/YYYY] \$	
			115 - 126 -	
Full Name of Contributing			Date [MM/DD/YYYY] \$	
Committee				
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.)

Eller/Identification Number:			

				o:Aes
Full Name of Contributor			Date [MM/DD/YYYX]	
House:# Street Address			Date [MM/DD/YYYY]	
			Į.	And the Landson of th
Civilia	State	Zip Code	Date [MM/DD/YYYY]	
		Company of the Compan		Lippical S Summer region Summer region Carlo Contract Region C
Full Name of Contributor;			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	
ECITY.	State	Zip Code	Date [MM/DD/YYW]	
Full Name of Contributor			_Date [MM/DD/XYYY]	
House # Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code.	Date [MM/DD/YYYY]	\$
Full Name of Contributor			Date [MM/DD/YYYY]	
House # Street Address			Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House# Street Address			Date [MM/DD/XYYY]	\$
ECITY CONTROL OF THE PROPERTY	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Address	2400 10 4000000		Date [MM/DD/YAXX)	
CITY	State	Zip Code	_Date_[MM/JDD/XYXX]	5

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:				
Full Name of			Date [MM/DD/XYXY]	
Contributing Committee	11.7. Q			
House # Stre	eet Address		Date [MM/DD/YYYY] S	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			170 P. 17	
Full Name of	and the state of t		Date [MM/DD/XYYY] \$	
Contributing Committee	THE COLUMN TWO IS NOT		Secretary Control of the Control of	
House #	eet-Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
A state of the sta		A property of the control of the con	HERENE AND	
Full Name of	THE STATE OF THE S		Date [MM//DD/YYYY] \$	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
House # Stre	eet Address		Date [MM/DD/YYYY] \$	
	Tar put we can self	for the second s		<u></u>
-City	Siate	Zip Code	Date [MM/DD/XYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee				
House # Stre	eet Address		Date [MM/DD/YYYY] \$	
Constitution of the consti				
Giy	State	Zip Code	Date [MM/DD/YYYY] \$	
Million and the second		The state of the s		
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House#s Stre	eet Address		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/XYXY] S	
Full Name of Contributing Committee	2. A. C.		Date [MM/DD/YYYY] \$	_
House# Str	ëet Address		Date [MM/DD/YYYY] \$	
			of Entered Conference	
Gly	State	Zip Code	Date [MM/DD/YYYY] S	

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:			
Contracting the contract of th			
Full Name of Contributor			Date [MM/DD/YYYY] 5
House # Street Address			Date [MM/Db/YYYY] 55
City	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 Address			Date [MM/DD/YYYY] \$
Chy	State	Zip Code	Date [MM/DD/XYXY] \$
Employer Name			Occupation
Employer Mailing Address/) Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	e version de la companya de la compa		Date [MM/DD/YYYY] \$5
Gitÿ	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] 5
House # Street Address			Date [MM/DD/YYYY] \$
City of the second seco	State	Zip Code	Date[MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address:/ Principal Place of Business			

PART E

Other Receipts

REFUNDS, INTREST 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 Numb	OCT			
	Securitarios.			
Eull Name	Section State Boy Section State			
House #	Street Address			
City-Property	Part St. Control and Control a	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			TOTAL CONTROL OF	E-mail of the control
Full Name				
House:#	Street Address	-	arive and a state of the state	
Gry 1		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description		THE STATE OF THE S		See
Full Name	The second of th			
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
City			Code	
Receipt Description				¥27654
Full Name				
House#	Street Address		Yel-	
Clty		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1 Strange Strange		1 各種公路
Fúll Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] = 5
Receipt Description	Market all a series	(125.124.000(E)		
Full Name	TOTAL			
House#	Street Address	The families of the families o		
City Possing the continue		State	Zip == Code	Date [MM/DD/YXXY] \$
Receipt Description		经常品质证金金融		

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

HONS RECEIVED-VALUE	OFSS000 OR LESS PER CO	INTRIBUTOR	
(1)	\$		
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(2)	\$		
EDEVALUE OVER \$750.00	(EROM PART S)		
(3)	\$.		
	1 ' 1		
	(1) VED-VALUE OF \$50.01 TO (2) ED-VALUE OVER \$250.00 (3) S DURING THIS REPORTIN	(1) \$ VED-VALUE OF \$50.00 TO \$250.00 (FROM PARTE). (2) \$ \$ ED-VALUE OVER \$250.00 (FROM PART G) (3) \$	/ED-VALUE OF \$50.001 TO \$250.00 (FROM PART F) (2) \$ ED-VALUE OVER \$250.00 (FROM PARE G) (3) \$ S DURING THIS REPORTING \$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number			

Full Name of Contributor.			Date [MM/DD/XYYY] \$	THE STATE OF THE S
House # Street Address			Date [MM/DD/YYYY] S	100 Cartes 100 C
CITY TO THE PROPERTY OF THE PR	State	Zip Code	Date [MM/DD/YYYY] S	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street Address			Date [MM/DD/YYYY] \$	
<u>City</u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street Address			Date [MM/DD/XYYY] \$	
City :	State	Zip Code	Date:[MM/DD/YYYY]: \$	
Description of Contribution				
Full Name of Contributor			Date:[MM/DD/YYYY] - 5	
House # Street Address			Date [MM/DD/YYYY] S	
City Description of Contribution	State	Zip Code	Date[MM/DD/YYYY] \$	
			Baran was sign = 2 1 2 2 2 2	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House# Street Address			Date [MM/DD/YYYY] %	hand of the control o
City	State	Zip:Code	Date [MM/DD/YYYY] 49	
Description of Contribution				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

The same a grown of garaging of the group makes, and considering a grown of the same of th	
Filer Identification Number	
The state of the s	

Full Name of Contributor	Date MM/DD/YYYY) \$
	Section 1
House #: Street Address	Date [MM/DD/XYYY] 55 \$5
City State Zip.Code	
Scale: Control Contro	Date [MM/DD/MYY] ::S
Employer:Name	Occupation:
Employer Mailing Address / Principal Place of Business	Description:
	Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
	Microsco GENERAL GENERAL GENERAL HISTORIA
House # Street Address	Date [MM/DD/YYYY] \$
Crty State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation .
Employer Mailing Address / Principal Place of Business	Description of page 1
Full Name of Contributor	Contribution
Full (Carried Contribution)	Date (MM/DD/YYYY)\$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Section of the sectio	The state of the s
Employer Name	Occupation
Employer Mailing Address / Principal 3 Place of Business / Pri	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

Statement of Expenditures

Filer Identification Number:		
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CONTRACTOR OF SEASONS AND SEASONS AND SEASONS ASSOCIATED ASSOCIATION AND SEASONS ASSOCIATED ASSOCIA		

To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid		Editor and the pure and the Filter's	Date[MM/DD/YYYY] 5
House# Street Address			Description of Expenditure
Gry Cry	State	Zip	
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Gity Squeet August	State	Zip	
Fig. 1. Constitution of the constitution of th	Control of the contro	Code	
To Whom Paid			Date [MM/DD/YYYY] \$
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City:	State	Zip Code	
To Whom Paid			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
City	State:	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] \$
House # Street Address			Description of Expenditure
City	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.

Eller identification Number:		
The processory of the Control of the		Marie Part on the State of the
Name of Creditor. House:#: Street Address	DATE DEBT INCURRED	Outstanding Balance of Debt
SECCAULESS SIGNATURE	[MM/DD/YYYY]	
City.	State	2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2
Description of Debt	Code	
Name of Creditor		Outstanding Balance of Debt
House:# Street:Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
Ghy.	State Zip	
Description of Debt	Code	
Name of Creditor		Outstanding Balance of Debt
House # Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	Total III Control
TO SECURITE S		
City	State Zip Code	
Description of Debt	- The control of the	
Name of Greditor		Outstanding Balance of Debt
House # Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip	
The second secon	State 2/10 Code	
Description of Debt		
Name of Creditor		Outstanding Balance of Debt
House # Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
	A TOTAL OF THE PARTY OF THE PAR	Constitution of the consti
City.	State: Zip. Code	
Description of Debt		-
Name of Greditor		Outstanding Balance of Debt
House# Street Address	DATE DEBT INCURRED. [MM/DD/YYYY]	The second state of the second
	Constitution and the Constitution of the Const	
City Control of the C	State Zip Code Code	
Description of Debt		

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 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 lobbylists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Mathod - 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 - It 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 II). On reports filed by a candidate is 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, Merch 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: Uniterrized 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 expenditures 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 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.

County Code Table:

01	Adams	24	EIX	47	Montour
	Allegheny		Erle	48	5 3
	Amstrong		Fayette		Northumberland
	Beaver	27	Franklin		Perry
	Bedford	28			
			Forest		Philadelphia
	Berks		Fulton		Pike
4	Blair		Greene		Potter
	Bradford		Huntingdon		Schuylkill
	Bucks		Indiana	55	
10	Butler	33	Jefferson	56	Somerset
11	Cambria	34	Juniata	57	Sullivan
12	Cameron	35	Lackawanna	58	Susquehanna
13	Carbon	36	Lancaster	59	Tioga
	Centre	37	Lawrence	60	Union
	Chester		Lebanon	61	Venango
	Clarion	39	Lehigh	62	Warren
	Clearfield		Luzerne	63	Washington
18	Clinton		Lycoming	64	Wayne
19	Columbia	42	McKean	65	Westmoreland
20	Crawford	43	Mercer	66	
21	Cumberland	44	Mittiin	67	York
22	Dauphin	45	Monroe		,
23	Delaware	46	Montgomery		

Party Code Table:

REP	Republican Party
DEM	Democratic Party
CST	Constitutional Party
LIB	Libertarian Party
R≦F	Reform Party
OTH	Other

Office Code Table:

GOV	Governor
LTG	Lieutenant Governor
ATT	Attorney General
AUD	Auditor General
TRE	State Treasurer
SPM	Justice of the Supreme Court
SPR	Judge of the Superior Court
CCJ	Judge of the Commonwealth Court
STS	Senator in the General Assembly
STH	Representative in the General
	Assembly
CPJ	Judge of the Court of Common Pleas
MCJ	Judge of the Municipal Court
TĈJ	Judge of the Traffic Court
OTĤ	Other (Candidates for local offices
	who file only with the County
	Board of Elections)

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.
- 4. Each statement shall be subscribed and swom 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 swom 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 déadline: 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 6th 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.)

2nd Friday Pre-Election. Reporting period closes 15 days prior to the election.

Fifth report deadline: Cycle 5

(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. (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.

- 6. 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 misdemeanor 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) mouth 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.



Print Form



Commonwealth of Pennsylvania - Campaign Finance Report

	(Note: In	is report mus	t be clear and	l legible. It shou	uld be typed		
Filer Identification Number		Report Filed B (Mark X)	Sy Candida	te X	Committee		Lobbyist
Name of Filing Committee, Car	ndidate or	-	Rat	471	process (62,620,63,1950,656)	economica (Company Company Com	P1003704 (ch. NP200588003550)
Lobbyist Street Address		197	n Deal	2th St		· · · · · · · · · · · · · · · · · · ·	
City	ethlehe	100	State	PA	Zip Code	18020	,
Type of Report (Place x under r		/// ·		, , ,		100	· · · · · · · · · · · · · · · · · · ·
1- 6 th Tuesday 2- 2 nd Friday		ر دth Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Frida	y Special 30 Day
Pre-Primary Pre-Primary	and the second of the second o	Pre- Election	Pre- Election	Election		Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY)		Year .	2021	Amendment Report		Termination Report	
Summary of Receipts and Expenditures	From Date	To Date	e		For	Office Use Only	
A. Amount Brought Forward F	rom Last Report	\$ \$	<u> </u>				,
B. Total Monetary Contributio (From Schedule I) C. Total Funds Available	ns and Receipts	\$ &)		,		
(Sum of Lines A and B) D. Total Expenditures		\$ (<u> </u>				
(From Schedule III) E. Ending Cash Balance		\$ 0	<u> </u>			#5-7 	
(Subtract Line D from Line C))			702	
F. Value of In-Kind Contribution (From Schedule II)	ns Received	\$				87.C0	A
G. Unpaid Debts and Obligation	ns:	\$				お 所 当	<u>o</u>
(From Schedule IV)			Affidavit Se	ection		<u> </u>	
Part 1- If this is a Committee report I swear (or affirm) that this report,	t, treasurer sign h	ere. If this is a Ca	ndidate report, c	andidate sign here.	dae and helieft		plata
Sworn to and subscribed before m		crieu scriedules o	m paper, is to the	best of my knowle	edge and benefit	A /	piece.
day of	20	- '1	· ·	time	e (Seath	·
		_		Signature	of Person Subn		eatly
Signature					Printed Nam	ie	(
My Commission expires MO.	DAY YR.	_	.	Area Code	Da	ytime Telephone Nu	mber
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 m	e this			1		0 11-	
31 st day of Januar	142022 Fully	- 1.	(Tank	gnature of Cand	date ++U	SANDRA Nor Nor Commission
Signature/ My Commission expires 09	08 26		_	610	Printed Name	360-02	
MO.	DAY YR. 6	2005 TF		Area Code	Day	time Telephone Nun	FULMER - Notation Full Mere - Notation Count in Expires Septer ion Number 12
						7	1254
							2 6.3
							025

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.

					Amount
Full Name of Cor	ntributing			Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	za, masa no tomestical	State	Zip Code	Date [MM/DD/YYYY]	\$
	displaying an decreased				<u> </u>
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$.
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY]	\$
City	p constant and the first of the	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$.
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					÷
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	Š
House #	Street Address			Date [MM/DD/YYYY]	\$
			•		
City		State	Zip Code	Date [MM/DD/YYYY]	Ś
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address	<u>,</u>		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

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.

Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
Gity	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		Toronto Control States of Control Control	Date [MM/DD/YYYY] \$	
City City City City City City City City	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee	al a			
House # Street Address			·	
City Full Name of	State	Zip Code	Date [MM/DD/YYYY] - \$ Date [MM/DD/YYYY] - \$	
Contributing Committee House # Street Address			Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of			Date [MM/DD/YYYY] \$	
Contributing Committee House # Street Address	S		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	

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				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
		Julie	Code	
Dorsies D				Transaction .
Receipt Description				
Full Name				·
House #	Street Address			
	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
	Su eet Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
			Code	
Receipt Description			CONTRACTOR SERVICES	I Paragraphic
Full Name				
House#	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
and the second second				
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	***
Receipt Description				
Receipt Description				
Full Name				
House#	Street Address			
	Juse Addies			Day IAMA Do Avont
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		·		
receipt bescripted!				

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:		
SEMINES WAS ASSESSED.	Date [MM/DD/VVVV] C	

The state of the figure of the state of the		1		Asset
Full Name of Contributor		1	Date [MM/DD/YYYY]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
JUEEL AUULES		ŀ		
		Į.		
City	Ctoto	Zin codo	Date [MM/DD/YYYY]	\$ ·
City	State	Zip Code	Date [ININI/DD/TTTT]	3
		Control of the Contro		
Description of Contribution				
			- Colombian Annual Colombian Colombian	2000
Full Name of Contributor		·	Date [MM/DD/YYYY]	\$
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		· · · · · · · · · · · · · · · · · · ·		
House # Street Address			Date [MM/DD/YYYY]	\$
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City	Centa	7in Codo	Date IMMA/DD MONT	\$
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Description of Contribution				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
		•		
		!		
House # Street Address			Date [MM/DD/YYYY]	Š
Street Address				(40)
		NATION COLUMNIA	Does Taxas / Do Associa	čes
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution		expension of the operation of the state of t	<u> </u>	0.000.00 4
acturities of contribution				
TEUNOMETER TENTANT	1		Date [MM/DD/YYYY]	e 1
Full Name of Contributor		•	Pare fixIIAI\PD\1111]	\$
House # Street Address			Date [MM/DD/YYYY]	\$
			7.7	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
			accompanies on the second of t	
Description of Contribution				
	¥			
Full Name of Contributor			Date [MM/DD/YYYY]	\$
			Date [MM/DD/YYYY]	\$
House # Street Address			Pare (IAIIAI\DD\ 1111)	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				

Statement of Expenditures

Filer Identification Number:			

To Whom Paid				Date [MM/DD/YYYY]	5
House #	Street Address	•		Description of Expend	iture
City		State	Zip Code		
To Whom Paid		I and the control of	Control of the Contro	Date [MM/DD/YYYY]	\$
	- 2000, 1000,				
House #	Street Address			Description of Expendi	ture
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address	:		Description of Expendi	ture
City		State	Zip Code		
To Whom Paid			TO Northwish United Table (1)	Date [MM/DD/YYYY]	\$
House#	Street Address			Description of Expendi	TOPE
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House#	Street Address			Description of Expend	iture
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expend	iture
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House#	Street Address			Description of Expend	liture
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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 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 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 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 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.