Resettoini tiinttoini

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

Filer Identification Number Name of Filing Committee, Candidate or Lobbyist Street Address	Repo (Mai	rt Filed E k X)	Sy Candid	ate	Committee		Lobbyist
City			State		Zip Code		
Type of Report (Place x under report type)							
1-6 th Tuesday 2- 2 nd Friday 3-30 Day Post	a cth1	Tuesday	5- 2 nd Friday	6- 30 Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
Pre-Primary Pre-Primary Primary		ection	Pre- Election		7° Ailliuai	Pre-Election	Post-Election
Date Of Election (MM/DD/YYYY)	Year			Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures		To Date			For	Office Use Only	
A. Amount Brought Forward From Last Repor	t \$						
B. Total Monetary Contributions and Receipt (From Schedule I)	\$			1			
C. Total Funds Available	\$			1			
(Sum of Lines A and B)		- 22-		l			
D. Total Expenditures (From Schedule III)	\$			•			
E. Ending Cash Balance	\$			i			
(Subtract Line D from Line C)							
F. Value of In-Kind Contributions Received	\$			1			
(From Schedule II)				l			
G. Unpaid Debts and Obligations	\$			1			
(From Schedule IV)							
			Affidavit Se				
Part 1- If this is a Committee report, treasurer sign I swear (or affirm) that this report, including the atta					dge and belief to	rue correct and complet	10
Sworn to and subscribed before me this	iciica sci	icaules of	r paper, is to the	best of my knowled	age and benefit	rac, correct and complet	
day of20	_		-	Signature	of Person Subm	nitting report	_
Signature	- 38	ſ	1.00		Printed Nam	ne e	
My Commission expires	_	• •			Vi-		T/i
MO. DAY YR.			7	Area Code	Day	ytime Telephone Numbe	er .
Part II- If this is a report of a Candidate's Authorized							
I swear (or affirm) that to the best of my knowledge amended.	and beli	ef this pol	itical committee	has not violated an	y provisions of t	the Act of June 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this							
day of20		41	·				_
				Sign	nature of Candi	date	
Signature		,			Printed Name		
My Commission expiresMO. DAY YR.	-,,		-	Area Code	Dayt	ime Telephone Number	_
							_

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 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, Report Cover Page, Item B)	\$

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification	n Number				
					Amount
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	entributing			Date [MM/DD/YYYY]	\$
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.)

Filer Identificatio	n Number:				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address	7		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			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.

Filer Identification Number:

Full Name of				Date [MM/DD/YYYY]	\$	
				Date (William DD) 1111	7	
Contributing Com	imittee					
				The sales have described		
House #	Street Address			Date [MM/DD/YYYY]	\$	
1 - 11						
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
			44		1	
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Com	mittee			*		
				1		
House #	Street Address			Date [MM/DD/YYYY]	\$	
110use #	Street Address			Date (WINI) DD/ 1111)	3	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
10.00						
					-	
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Com	mittee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
Cita		Canan	7: - Code	Dotto [8484 /DD /2000/]	6	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of				Date [MM/DD/YYYY]	\$	
				Date [IVIIVI/DD/1111]	١٦	
Contributing Com	mittee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Com	mittee					
16						
House #	Street Address			Date [MM/DD/YYYY]	\$	
nouse #	Street Address			Date (IVIIVI/DD/1111)	3	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
		5 /				
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Com	mittee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
	Street Address				Ť	
et. I						
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)

Filer Identification Number:

Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailir Principal Place o					
Full Name of Co			×	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailir Principal Place (
Full Name of Co				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailin Principal Place					
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailin					

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 f	lumber:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			
Full Name	1-1-1			
House #	Street Address			
City	1	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			
Full Name				
House #	Street Address		2	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	in		400	
Full Name	13-2			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	n			
Full Name	-41			
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	n			

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:	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3 IN VIND CONTRIBUTION OF CHIVED VALUE OVER \$350.00 (FROM	1 A DADT ()
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	1 PART G)
TOTAL for the reporting period (3)	\$
TOTAL VALUE OF IN KIND CONTRIBUTIONS DURING THIS DEPOSITING	
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 Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ntribution				
Full Name of Con	tributor	*		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ntribution			<u> </u>	
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ntribution		•		
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ntribution				
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 Cor	ntribution			***************************************	

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
		_	

Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
	Street Address			Date (initi) DD (i i i i	
		· · · · · · · · · · · · · · · · · · ·			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing	Address / Principal			Description	
Place of Business				of	
				Contribution	
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
House #	Carra Address			Doto (SABA (DD (VVVV))	\$
nouse #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Place of Business	Address / Principal	1		Description	
Place of business				of Contribution	
Full Name of Con	telhutor			Date [MM/DD/YYYY]	\$
ruii Name or con	tributor			Date [wild] DD/1111	3
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				social facility and facility	
Employer Name				Occupation	
Employer Mailing	Address / Principal			Description	
Place of Business				of	
- 1				Contribution	
Full Name of Con	tributor			Date [MM/DD/YYYY]	\$
100					
House #	Street Address			Date [MM/DD/YYYY]	\$
House #	Street Address			Date (MINI/DD/1111)	3
City		State	Zip Code	Date [MM/DD/YYYY]	\$
			Jan 118.		
Employer Name				Occupation	
P1	411				
Place of Business	g Address / Principal			Description of	
riace of business				Contribution	
				Contribution	

Statement of Expenditures

Filer Identification Number:				
	1			

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	
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.

Filer Identificatio	n Number:			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of t	Debt			
Name of Credit	or	-		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	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 expanditure 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 Filled By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Labbyist, Street Address, City, State, Zip Gode - 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 bean 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 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 (Rem 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 8 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

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 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 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 schadules 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. Filad only by candidates for Statewide office and political committees/lobbylets 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.

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	24	Elk	47	Montour	REP	Republican Party
0.2	Allegheny	25	Erio	48	Northampton	DEM	Democratic Party
03	Armstrong	26	Fayette	49	Northumberland	CST	Constitutional Party
04	Beaver		Franklin	50	Perry	LIB	Libertarian Party
OБ	Bedford	28	Forest	51	Philadelphia	REF	Reform Party
06	Berks		Fulton	52	Pike	OTH	Other
07	Stair	30	Greene	53	Potter		
08	Bradford	31	Huntingdon	54	Schuvlkill	Office	Code Table:
09	Bucks	32	Indiana	5.5	Snyder		
10	Butler	33	Jefferson	56	Somerset	GOV	Governor
11	Cambria	34	Juniata	57	Sullivan	LTG	Lieutenant Governor
12	Cameron	35	Lackawanna	58	Susquehanna	ATT	Attomey General
13	Carbon	36	Lancaster	59	Tioga	AUD	Auditor General
4	Centre	37	Lawrence	60	Union	TRE	State Treasurer
15	Chester	38	Lebanon	61	Venango	SPM	Justice of the Supreme Court
16	Clarion	39	Lehigh	62	Warren	SPR	Judge of the Superior Court
17	Clearfield		Luzeme	63	Washington	CCJ	Judge of the Commonwealth Court
18	Clinton	41	Lycoming	64	Wavne	STS	Senator in the General Assembly
19	Columbia	42	McKean	65	Westmoreland	STH	Representative in the General
20	Crawford	43	Marcer	66	Wyoming		Assembly
21	Cumberland	44	Mittlin		York	CPJ	Judge of the Court of Common Plea
22	Dauphin	45	Monroe			MCJ	Judge of the Municipal Court
23	Delaware	46	Montgomery			TCJ	Judge of the Traffic Court
			e monta Marena (P			OTH	Other (Candidates for local offices who file only with the County

Party Code Table:

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		
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		

Board of Elections)