Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

		Report Filed By:	
Name		Candidate	
Address		Committee	
City State Zip		Lobbyist	

Type of Report (place X to right of report type)											
	6th Tuesday Pre-Primary		2nd Friday Pre-Primary		30 Day Post-Primary		Amendment Report?	YES		NO	
	6th Tuesday Pre-Election		2nd Friday Pre-Election		30 Day Post-Election		Termination Report?	YES		NO	
	Annual Report		for Year:		Date of Election:						
Office sought by Candidate:											

Reporting Period from: to:

A. Amount Brought Forward from Last Report		Office Use ONLY Please
B. Total Monetary Contributions and Receipts (from Schedule I)		
C. Total Funds Available (sum of lines A and B)		
D. Total Expenditures (from Schedule III)		
E. Ending Cash Balance (subtract Line D from Line C)		
F. Value of In-Kind Contributions Received (from Schedule II)		
G. Unpaid Debts and Obligations (from Schedule IV)		

AFFIDAVIT SECTION

PART I - if this is a Committee report, Treasurer sign here - if this is a Candidate report, Candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this _____ day of _____ , 20____

NOTARY STAMP

(SIGNATURE of NOTARY)

Signature of Person Submitting Report

Printed Name

Daytime Telephone Number

Cell Phone Number

E-Mail Address

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 provision of the Pennsylvania Election Code.

Sworn to and subscribed before me this _____ day of _____ , 20____

NOTARY STAMP

(SIGNATURE of NOTARY)

Signature of Candidate

Printed Name

Daytime Telephone Number

Cell Phone Number

E-Mail Address

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer	

1.Unitemized Contributions and Receipts - $50.00 or Less per Contributor		
Total for the reporting period (1)	$	
2. Contributions - $50.01 to $250.00 (From 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 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, Interested Earned, Returned Checks, ETC. (from Part E)		
Total for the reporting period (4)	$	

Total Monetary Contributions and Receipts during this reporting period (add amount totals from boxes 1 thru 4; also enter this amount on Report Cover Page, item b) $

PART A Contributions Received From Political Committees

$50.01 TO $250.00

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

Filer	

								Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
Mailing Address						Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
Mailing Address						Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
Mailing Address						Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
Mailing Address						Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
Mailing Address						Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$	
Mailing Address						Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	

Total this Page $ _____

PART B All Other Contributions $50.01 TO $250

Use this Part to itemize all other contribution with an aggregate value from $50.01 TO $250 in the reporting period. (Exclude contribution from political committee reported in Part A.)

Filer	

Name of contributor						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Name of contributor						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Name of contributor						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Name of contributor						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Name of contributor						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Name of contributor						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Total this Page $

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	

Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$

Total this Page $

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	

Name of contributor						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business							

Name of contributor						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business							

Name of contributor						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business							

Name of contributor						Date [MM/DD/YYYY]	$
Mailing Address						Date [MM/DD/YYYY]	$
City		State		Zip Code		Date [MM/DD/YYYY]	$
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business							

Total this Page $

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	

Full Name								
Mailing Address								
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
Mailing Address								
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
Mailing Address								
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
Mailing Address								
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
Mailing Address								
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								
Full Name								
Mailing Address								
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Receipt Description								

Total this Page $ _____

SCHEDULE ll 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	

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.00 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-KIND CONTRIBUTION RECEIVED-VALUE OVER $250.00 (FROM 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	

Full Name of the Contributor						Date [MM/DD/YYYY]	$	
Mailing Address						Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Description of Contribution								

Full Name of the Contributor						Date [MM/DD/YYYY]	$	
Mailing Address						Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Description of Contribution								

Full Name of the Contributor						Date [MM/DD/YYYY]	$	
Mailing Address						Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Description of Contribution								

Full Name of the Contributor						Date [MM/DD/YYYY]	$	
Mailing Address						Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Description of Contribution								

Full Name of the Contributor						Date [MM/DD/YYYY]	$	
Mailing Address						Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Description of Contribution								

Total this Page $ _____

Reporting Period _____ Page ____ of ____

SCHEDULE II Part G In-Kind Contributions Received VALUE OVER $250

Filer	

Full Name of the Contributor						Date [MM/DD/YYYY]	$
Mailing 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 the Contributor						Date [MM/DD/YYYY]	$
Mailing 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 the Contributor						Date [MM/DD/YYYY]	$
Mailing 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 the Contributor						Date [MM/DD/YYYY]	$
Mailing 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	

Total this Page $ _____

SCHEDULE III Statement of Expenditures

Filer	

To Whom Paid						Date [MM/DD/YYYY]	$
Mailing Address						Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	$
Mailing Address						Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	$
Mailing Address						Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	$
Mailing Address						Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	$
Mailing Address						Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	$
Mailing Address						Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	$
Mailing Address						Description of Expenditure	
City		State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	$
Mailing Address						Description of Expenditure	
City		State		Zip Code			

Total this Page $ _____

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	

Name of Creditor					Outstanding Balance of Debt	
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		$	
City		State		Zip Code		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		$	
City		State		Zip Code		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		$	
City		State		Zip Code		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		$	
City		State		Zip Code		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		$	
City		State		Zip Code		
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
Mailing Address			DATE DEBT INCURRED [MM/DD/YYYY]		$	
City		State		Zip Code		
Description of Debt						

Total this Page $ _____