

# Campaign Finance Report

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

<b>Filer Identification Number:</b>	2017033	<b>Report Filed By:</b>	CANDIDATE <sup>1.</sup>	COMMITTEE <sup>2.</sup>	LOBBYIST <sup>3.</sup>
				X	

Name of Filing Committee, Candidate or Lobbyist:  
**Wojdak For The Commonwealth**

Street Address:  
**30 N. Third Street Suite 950**

City: **Harrisburg** State: **PA** Zip Code: **17101**

<b>TYPE OF REPORT</b>	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	No	X
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes	No	X

Other: **Annual Report** 7. YEAR: **2019**

Name of Office Sought by Candidate: \_\_\_\_\_ DATE OF ELECTION: MO. **11** DAY **5** YEAR **2019** District Number: \_\_\_\_\_ Office Code: \_\_\_\_\_ Party Code: \_\_\_\_\_ County Code: \_\_\_\_\_

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
	A. Amount Brought Forward From Last Report	6	11		2019	9	16
B. Total Monetary Contributions and Receipts (From Schedule I)							\$2,500.00
C. Total Funds Available (Sum of Lines A and B)							\$6,485.67
D. Total Expenditures (From Schedule III)							\$5,292.00
E. Ending Cash Balance (Subtract Line D from Line C)							\$1,193.67
F. Value of In-Kind Contributions Received (From Schedule II)							\$0.00
G. Unpaid Debts and Obligations (From Schedule IV)							\$0.00

**FOR OFFICE USE ONLY**

CITY COMMISSIONERS

COUNTY ED. OF ELECTIONS

2019 SEP 26 P 1:2

**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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 23<sup>rd</sup> day of September 20 19

Signature: Wendi R. Bay Signature of Person Submitting Report: [Signature]  
 Printed Name: Thomas P. Flynn

My Commission expires 05 08 2022 MO. DAY YEAR Area Code: 215 Daytime Telephone Number: 893-4288

**AFFIDAVIT SECTION**

**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 of \_\_\_\_\_ 20 \_\_\_\_\_

Signature: \_\_\_\_\_ Signature of Person Submitting Report: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

My Commission expires \_\_\_\_\_ MO. DAY YEAR Area Code: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

