



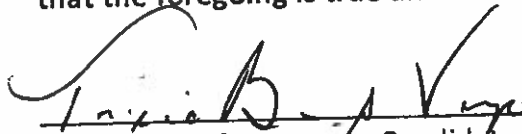
Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

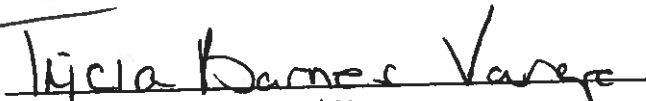
Name of Filer, Committee, Candidate, or Lobbyist				
IATSE & PAC				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input checked="" type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input checked="" type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.



 Signature of Treasurer, Candidate, or Lobbyist



 Printed Name

Phila. County
 JUL 14 2020
Board of Elections
 7/6/2020

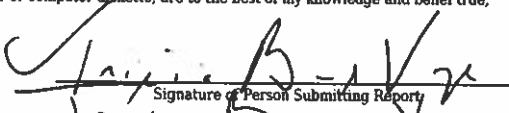
 Date (DD/MM/YYYY)



 Location (City/State/Country)

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.)

Filer Identification Number: 2008397		Report Filed By: CANDIDATE ¹		COMMITTEE ²		LOBBYIST ³		
Name of Filing Committee, Candidate or Lobbyist: IATSE Local 8 PAC								
Street Address: 2401 S Swanson Street								
City: Philadelphia			State: PA		Zip Code: 19148			
TYPE OF REPORT	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Other	Annual Report	7.	YEAR	2020				
Name of Office Sought by Candidate: Other			DATE OF ELECTION			District Number:	Office Code: OTH	
			MO. 6	DAY 2	YEAR 2020		Party Code: OTH	
							County Code: 51	
Summary of Receipts and Expenditures from:		MO. 5	DAY 19	YEAR 2020	To	MO. 6	DAY 22	YEAR 2020
FOR OFFICE USE ONLY								
A. Amount Brought Forward From Last Report				≈301,039.19				
B. Total Monetary Contributions and Receipts (From Schedule I)				≈0.00				
C. Total Funds Available (Sum of Lines A and B)				≈301,039.19				
D. Total Expenditures (From Schedule III)				≈6,861.00				
E. Ending Cash Balance (Subtract Line D from Line C)				≈294,178.19				
F. Value of In-Kind Contributions Received (From Schedule II)				≈0.00				
G. Unpaid Debts and Obligations (From Schedule IV)				≈54.08				
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								
_____ day of _____ 20 _____		 Signature of Person Submitting Report						
_____ Signature _____		Irida James Vargo Printed Name						
My Commission expires _____ MO. _____ DAY _____ YEAR _____		215 Area Code		952-2106 Daytime Telephone Number				
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 of Person Submitting Report						
_____ Signature _____		_____ Printed Name						
My Commission expires _____ MO. _____ DAY _____ YEAR _____		_____ Area Code		_____ Daytime Telephone Number				

Department of State Bureau of Commissions, Elections and Legislation
 210 North Office Building Harrisburg, PA 17120-0029 (717)787-5280

Based on BSEB-502 (7-99)