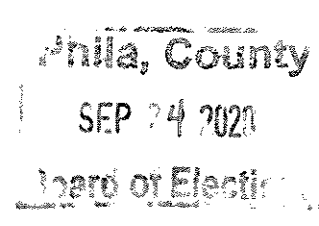


**Campaign Finance Report**

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

<b>Filer Identification Number:</b>	2016053	<b>Report Filed By:</b>	CANDIDATE	1.	<b>COMMITTEE</b>	2.	<b>LOBBYIST</b>	3.		
Name of Filing Committee, Candidate or Lobbyist: Pennoni PAC										
Street Address: 1900 Market Street Suite 300										
City: Philadelphia			State: PA		Zip Code: 19103					
<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. X	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes	No	X
Other	Annual Report	7.	YEAR	2020						
Name of Office Sought by Candidate:			DATE OF ELECTION			District Number:	Office Code:	Party Code:	County Code:	
			MO.	DAY	YEAR					
			11	3	2020				51	
<b>Summary of Receipts and Expenditures from:</b>		MO.	DAY	YEAR	To	MO.	DAY	YEAR	<b>FOR OFFICE USE ONLY</b>	
		6	23	2020		9	14	2020		
A. Amount Brought Forward From Last Report					\$3,553.71					
B. Total Monetary Contributions and Receipts (From Schedule I)					\$500.00					
C. Total Funds Available (Sum of Lines A and B)					\$4,053.71					
D. Total Expenditures (From Schedule III)					\$3,250.00					
E. Ending Cash Balance (Subtract Line D from Line C)					\$803.71					
F. Value of In-Kind Contributions Received (From Schedule II)					\$0.00					
G. Unpaid Debts and Obligations (From Schedule IV)					\$0.00					
<b>AFFIDAVIT SECTION</b>										
PART I - If this is a <b>Committee</b> report, treasurer sign here. If this is a <b>Candidate</b> 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 _____					Peter Coote, Esquire					
_____ Signature					Signature of Person Submitting Report Peter Coote, Esquire					
My Commission expires _____ MO. _____ DAY _____ YEAR					215 _____		254-7857			
					Area Code		Daytime Telephone Number			
<b>AFFIDAVIT SECTION</b>										
PART II - If this is a report of a <b>Candidate's Authorized Committee</b> , 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			



**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

www.dos.pa.gov/campaignfinance • ra\_stcampaignfinance@pa.gov

## 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 the Committee: <b>Pennoni PAC</b>				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input checked="" type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 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

**Peter Coote**

\_\_\_\_\_  
Printed Name

**09/15/2020**

\_\_\_\_\_  
Date (DD/MM/YYYY)

**Philadelphia, PA, USA**

\_\_\_\_\_  
Location (City/State/Country)



**Pennsylvania Department of State**

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[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [pa-stcampaignfinance@pa.gov](mailto:pa-stcampaignfinance@pa.gov)

***Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate 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

**Peter Coote**  
\_\_\_\_\_

Printed Name

**09/15/2020**  
\_\_\_\_\_

Date (DD/MM/YYYY)

**Philadelphia, PA, USA**  
\_\_\_\_\_

Location (City/State/Country)