## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Committee Filer Identification Report Filed By Candidate Lobbyist Number (Mark X) Name of Filing Committee, Candidate or Lobbyist Street Address City Type of Report (Place x under report type) Special 2<sup>nd</sup> Friday 1-6th Tuesday 2- 2nd Friday 3-30 Day Post 4-6th Tuesday 5- 2<sup>nd</sup> Friday 6-30 Day Post 7- Annual Special 30 Day **Pre-Election Post-Election** Election **Pre-Election Pre-Election** Pre-Primary **Pre-Primary** Primary Termination **Date Of Election** Year Amendment Report (MM/DD/YYYY) 20*2* Report For Office Use Only To Date Summary of Receipts and **Expenditures** A. Amount Brought Forward From Last Report **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 1- 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 Signature My Commission expires\_ DAY 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 Sworn to and subscribed before me this Signature of Candidate **Printed Name** Signature My Commission expires DAY Area Code Daytime Telephone Number MO.

### PART C

## **Contributions Received From Political Committees**

Over \$250.00

Filer Identification Number:

WADG TRANSLAS

Contributing Committee Kamau for Judge	Date [MM/DD/YYYY]	\$	
Contributing Committee KUMAU FOR Suage	5-17-21		500,00
House # Street Address 2419 Golf Road	Date [MM/DD/YYYY]	\$	
2417 GOIT ROUG			
City State Zip Code	Date [MM/DD/YYYY]	\$	
Philadelphia Per 19131			
Full Name of Shand (leaning Company	Date [MM/DD/YYYY]	\$	11
Full Name of Shand Cleaning Company Contributing Committee Honzo Shands	5-17-81		100,00
Production of the second secon	Date [MM/DD/YYYY]	\$	
House # Street Address 1716 SOUTH DOVER ST			
City State Zip Code	Date [MM/DD/YYYY]	\$	
City Philadephia State Pa. Zip Code 19145-163			
Full Name of Contributing Committee Betsy Wath For Judge	Date [MM/DD/YYYY]	\$	H00
Contributing Committee 136739 WQ 715	5-17-21		500,00
House # Street Address C / A	Date [MM/DD/YYYY]	\$	
House # Street Address 424 Solly Avenue			:
City State Zip Code	Date [MM/DD/YYYY]	\$	
City Philade Wing State Par Zip Code 19111			
Production		0.520	
	Date [MM/DD/YYYY]	\$	
	5 - 17 - 2 /	\$	500.00
Full Name of Cateria R. Mc Cabe Judge		\$	500.00
Full Name of Cateria R. Mc Cabe Judge	5-17-21		500.00
Full Name of Cateria R. Mc Cabe Judge  House # Street Address P.O. Lox 16736	5-17-21		500.00
Full Name of Cateria R. Mc Cabe Judge  House # Street Address P.O. Lox 16736	5 - / 7 - 2 / Date [MM/DD/YYYY]	\$	500.00
Full Name of Contributing Committee Cateria R. Mc Cabe Judge  House # Street Address P.O. Vox 16736  City Philadelphia State Pa. Zip Code 19139	5 - / 7 - 2 / Date [MM/DD/YYYY]	\$	500.00
Full Name of Contributing Committee Cateria R. Mc Cabe Judge  House # Street Address P.O. Vox 16736  City Philadelphia State Pa. Zip Code 19139	5 - / 7 - 2 / Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee Cateria R. Mc Cabe Judge  House # Street Address P.O. Lox 16736  City Philadelphia State Pa. Zip Code 19139  Full Name of Contributing Committee Tward y for Judge	5 - / 7 - 2 / Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	500.00 500.00
Full Name of Contributing Committee Cateria R. Mc Cabe Judge  House # Street Address P.O. Vox 16736  City Philadelphia State Pa. Zip Code 19139  Full Name of Contributing Committee Tward y for Judge	5 - / 7 - 2 / Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee Cateria R. Mc Cabe Judge  House # Street Address P.O. Dox 16736  City Philadelphia State Pa. Zip Code 19139  Full Name of Contributing Committee Tward y for Judge  House # Street Address 1026 Winter Street	5 - / 7 - 2 / Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee Cateria R. Mc Cabe Judge  House # Street Address P.O. Dox 16736  City Philadelphia State Pa. Zip Code 19139  Full Name of Contributing Committee Tward y for Judge  House # Street Address 1026 Winter Street	5 - / 7 - 2 / Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee Cateria R. Mc Cabe Judge  House # Street Address P.O. Dox 16736  City Philadelphia State Pa. Zip Code 19139  Full Name of Contributing Committee Tward y for Judge  House # Street Address 1026 Winter Street  City Philadelphia State Pa. Zip Code 19107-1808	5 - / 7 - 2 / Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ \$	
Full Name of Contributing Committee Cateria R. Mc Cabe Judge  House # Street Address P.O. Dox 16736  City Philadelphia State Pa. Zip Code 19139  Full Name of Contributing Committee Tward y for Judge  House # Street Address 1026 Winter Street  City Philadelplia State Pa. Zip Code 19107-1808  Full Name of Contributing Committee District 1996	5 - / 7 - 2 / Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee Cateria R. Mc Cabe Judge  House # Street Address P.O. Dox 16736  City Philadelphia State Pa. Zip Code 19139  Full Name of Contributing Committee Tward y for Judge  House # Street Address 1026 Winter Street  City Philadelphia State Pa. Zip Code 19107-1808	5 - / 7 - 2 / Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ \$	500.00
Full Name of Contributing Committee Cateria R. Mc Cabe Judge  House # Street Address P.O. Dox 16736  City Philadelphia State Pa. Zip Code 19139  Full Name of Contributing Committee Tward y for Judge  House # Street Address 1026 Winter Street  City Philadelphia State Pa. Zip Code 19107-1808  Full Name of Contributing Committee District 1999 C  Contributing Committee District 1999 C  Pointical Outlon Fund.  House # Street Address Street Address	5 - / 7 - 2 / Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ \$	500.00
Full Name of Contributing Committee Cateria R. Mc Cabe Judge  House # Street Address P.O. Dox 16736  City Philadelphia State Pa. Zip Code 19139  Full Name of Contributing Committee Tward y for Judge  House # Street Address 1026 Winter Street  City Philadelphia State Pa. Zip Code 19107-1808  Full Name of Contributing Committee District 1999 C  Contributing Committee District 1999 C  Contributing Committee District 1999 C  Full Name of Contributing Committee District 1999 C  Full Name of Contributing Committee District 1999 C  Street Address Street Address Street Address	5 - / 7 - 2 / Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$ \$	500.00

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#### **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.)

1774691

\$609400000

		<u> </u>		 
Full Name of Contributor	Freids of	Michele	Date [MM/DD/YYYY]  5 - 12 - 21	\$ 750,00
House # Str	P.O. Bo)	× 60558	Date [MM/DD/YYYY]	\$
City Philas	Le phia State	/   Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Freinds 0	f Wendi B		\$ 500,00
House # Str	eet Address Po, Bo,	x40224	Date [MM/DD/YYYY]	\$ 
City Philo	dephia State	9 Zip Code 19	106 Date [MM/DD/YYYY]	\$ 
Full Name of Contributor	Freinds t	of Chis Ha	)   Date [MM/DD/YYYY] 5 - 13 - 21	\$ 500.00
House # Str	eet Address 9/0/	GREEN Trei	Date [4444/DD/00007]	\$
City Philade	lohia State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor	,,,,,	Sing of the special control and distributions	Date [MM/DD/YYYY]	\$
House # Str	eet Address		Date [MM/DD/YYYY]	\$ 
City	State	Zip Code	Date [MM/DD/YYYY]	\$ 
Full Name of Contributor	100000000		Date [MM/DD/YYYY]	\$
House # Str	eet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributor		350C 1450 1560 1550 1560	Date [MM/DD/YYYY]	\$ 
House # Str	eet Address		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$

# Statement of Expenditures

Filer Identification Number:	HORG XER TOO	1776691	
			<del></del>

To Whom Paid	n	01		Date [MM/DD/YYYY] \$ 69.37
	INOME	V S 1)12	26	15-18-21 63.57
House #	Street Address	D'S p12	·d.\/	Description of Expenditure
		Flecti	on agy	
City		State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		train -	Code	
To Whom Paid	1	Gagles Election		5-18-21 71 63
	Uncle	(a)ales		5-18-21 1163
House #	Street Address	211	-/	Description of Expenditure
10000000		F= lection	oncigy	
City		State	Zip	
			Code	
To Whom Paid	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Date [MM/DD/YYYY] \$ 44,90 Description of Expenditure
	1. Electi	on Dax		5-18-21 44.90
House #	Street Address	0 17 D 9 X		Description of Evnenditure
	Jucet Address			
City		State	Zip	ASSESSMENT OF THE PROPERTY OF
			Code	
To Whom Paid	1	10.1		Date [MM/DD/YYYY]   \$
	Show	Wito		Date [MM/DD/YYYY] \$ 76.46 Description of Expenditure
House #	10,70	1111	1	5-10-21 10-18
nouse #	Street Address	Rite Election	Oay	Description of Expenditure
City		State	Zip	
A PROPERTY.			Code	
To Whom Paid		8. Y-10/5-70/4	B-71-31-3-39-101	Date [MM/DD/YYYY] \$
TO WITCH FAIL	1	Kin Dor	- 10	
	1041	KIA DOR	1UB	5-18-31 61-10 Description of Expenditure
House #	Street Address	Eleation	15-11	Description of Expenditure
City		Election   State	170	
City		State	Code	
To Whom Paid	1 /		Charles and Chicago	Date [MM/DD/YYYY] \$ 10/
10 to thom raid	1 Tomas to	Groces		5-18-21 136.62
	1/1851	(210CES	· · ·	1 0 /8 0/1
House #	Street Address	Floatio	a hal/	Description of Expenditure
City		Flection State	) DV X	
aty		State	Code	
To Whom Paid		A SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSO		Date [MM/DD/YYYY] \$
10 WROM Paid	1 Klest.	Day Bu	01/ 00 - 000	
	1-166/10	Day Da	eresques	5-18-21 101-19
House #	Street Address		<b>O</b>	Description of Expenditure
City		State	Zip	int
city		State	Code	
To Whom Paid		To the state of	San all published	Date [MM/DD/YYYY] \$
10 Whom Paid	1 / 100	-100		111/
	GRIM	COME COM	erry	5-18-21 146.00
House #	Street Address			Description of Expenditure
City		State	71-	
City		State	Zip Code	
\$100 CENT		<b>的人名英格兰</b>	Code	

Of Expenditures 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 Numb	er: 17766	91		
Full Name	Albert	Litt	he paque	
House #	Street Address	Lina N		
City	1/100	State	Zíp	Date [MM/DD/YYYY] \$
			Code	5-18-21 100.00
Receipt Description				
Full Name	Lavery	re Bro	···) ()	
House #	Street Address	ection	١.	
City		State	Zip Code	Date [MM/DD/YYYY] \$ 100.00
Receipt Description			4	5-18-01110000
Full Name	10011			
	Kathlin	<del></del>		
	Street Address	lect101		
City		State	Zip Code	Date [MM/DD/YYYY] \$ 100.00
Receipt Description				5-18-21
Fuli Name	1) a ma	Chie	b -	
House #	Street Address	(1)10	Ker)	
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	5-18-21 100.00
Receipt Description	Elect	100 1	av	/8
Full Name	Ethel	W154		
House #	Street Address			Ation Mail
City	Mental sale	State	Zip Code	(+10n Day) Date [MM/DD/YYYY] \$ 100,00
Receipt Description				5-18-21 100,00
Fuli Name		Vii		
	Street Address	Kite,	<del></del>	
	Street Address		ction L	Para [MM/DD/WWW]
City		State	Zip Code	Date [MM/DD/YYYY] \$ 67, 10
Receipt Description				

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(2) N (6)2 (3) (20)

Statement
Schedule II
PART F

Expend tures In-Kind Contributions Received
VALUE OF SECRET 10 \$250

Filer Identification Number: 17766 91

		·····			
Full Name of Contributor	<i>(</i> )	1	Date [MM/DD/YYYY]	\$	1-
Dal	e Ha	ams	5-18-21		150,00
House # Street Address	, ,		Date [MM/DD/YYYY]	\$	
	Driver				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution					
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
51	Mon	Carr	5-18-21		150,00
House # Street Address	15		5 - 18-2/ Date [MM/DD/YYYY]	\$	-
	1)6	Carr			
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution			· · · · · · · · · · · · · · · · · · ·		
Full Name of Contributor		$\bigcirc$	Date [MM/DD/YYYY]	\$	
700	20 V 1	ant	5-18-21		140,00
House # Street Address		<u>uro</u>	Date [MM/DD/YYYY]	Ś	130,00
Street Address	acy (	ver	Date [min/DD/1111]		
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution			•	310-100	
Full Name of Contributor	30		Date [MM/DD/YYYY]	\$	.0.0
V-14	ones		5-18-21		100,00
House # Street Address			Date [MM/DD/YYYY]	\$	
Sucet Audress		AS			
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
(CL)	State	Zip Code	Date [MM/DD/1111]		
Description of Contribution		63.478.736.38	<u> </u>		
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
			Date [MM/DD/1111]	•	
House # Street Address			Date [MM/DD/YYYY]	\$	
Ju eet Audi ess			- and from a part 1 1 1 1		
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution			I	44.00	

## 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 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	n Number:	<del></del>			
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addres			Date [MM/DD/YYYY]	\$
riouse #	Street Addres	S		Date [MM/DD/1111]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	6/4
Employer Maili Principal Place					
Full Name of Co				Date [MM/DD/YYYY]	\$
House #	Street Addres	is .		Date [MM/DD/YYYY]	\$
City		State	Zîp Code	Date [MM/DD/YYYY]	\$
Employer Name	3			Occupation	
Employer Maili Principal Place					
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Addres	SS		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	e		04-11-27-11	Occupation	
Employer Maili Principal Place		4			
Full Name of Co				Date [MM/DD/YYYY]	\$
House #	Street Addres	SS		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Nam	e			Occupation	
Employer Maili Principal Place				CALLED TO CALLED	

#### 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:	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5	D.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	VI 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 G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

rier identification (editiber.				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addres	is		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	H-10		Occupation	
Employer Mailing Address / Principa Place of Business	al =		Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addres	S		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	200
Employer Mailing Address / Principa Place of Business	al		Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addres	SS.		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		经和原用的生	Occupation	
Employer Mailing Address / Principa Place of Business	val		Description of Contribution	
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addres	55		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	
Employer Mailing Address / Principa Place of Business	ial		Description of Contribution	

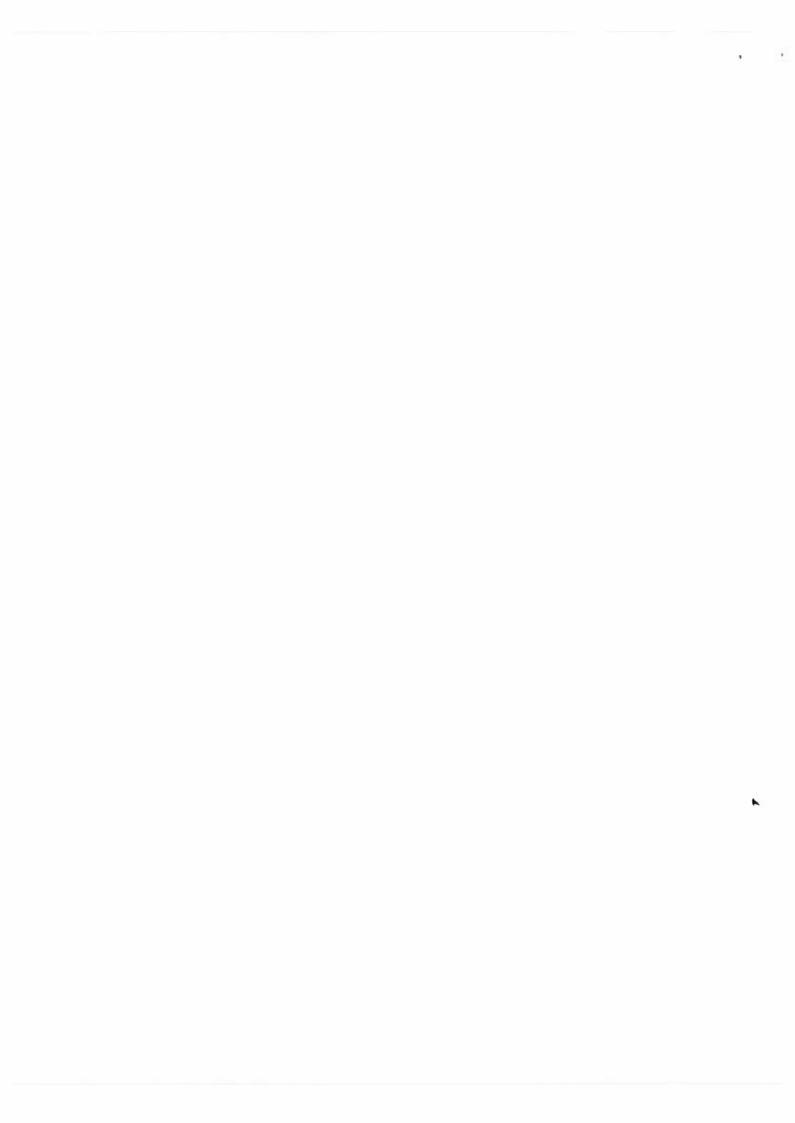


## **SCHEDULE IV**

## **Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

			· · ·	Outstanding Balance of D
lame of Credito		···		THE REPORT OF THE PARTY OF THE PARTY.
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
ity		State	Zip Code	
escription of D	Debt			
iame of Credite	or			Outstanding Balance of D
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
lity		State	Zip Code	
Description of C	Debt			<del></del>
Name of Credit	or		<del></del>	Outstanding Balance of D
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	TOT			Outstanding Balance of D
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	tor		····	Outstanding Balance of I
House #	Street Address		DATE DEBT INCURRE [MM/DD/YYYY]	\$
Cîty		State	Zip	
Description of	Debt			
Name of Credit	tor			Outstanding Balance of
House #	Street Address		DATE DEBT INCURRE [MM/DD/YYYY]	\$
City		State	Zip Code	



#### 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 expenditure 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 potitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code - 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 been 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 Method - 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 (Item 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 B 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.