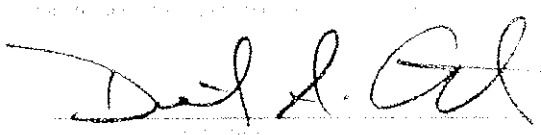


# Campaign Finance Report

File/Ident Number	Candidate	Report Label	Filing Year	Filing Date	Filing Time	Filing Location	Filing Method
I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of the State of New York.							
I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).							
I am filing this report as a: <input type="checkbox"/> Candidate <input type="checkbox"/> Candidate's Authorized Committee <input type="checkbox"/> Committee							
My Commission expires: _____							
TYPE OF REPORT	Annual Report	Quarterly Report	Special Report	Other	Other	Other	Other
	Annual Report	Quarterly Report	Special Report	Other	Other	Other	Other

Name of the State Election Commission	<b>DATE OF ELECTION</b>			No. of Precincts	No. of Ballots	No. of Votes
	MO.	DAY	YEAR			
	5	18	2021			

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	5	4	2021	6	7	2021		
A. Annual Receipts Forward From Last Report					=476,423.18			COUNTY BD. OF ELECTIONS 2021 JUN 16 A 10:26 CITY COMMISSIONERS
B. Total Monetary Contributions (including in-kind contributions)					=45,804.93			
C. Total Funds Available (sum of Lines A and B)					=522,228.11			
D. Total Expenditures (from Same Period)					=3,500.00			
E. Ending Cash Balance (Sum of Lines C and D)					=518,728.11			
F. Amount of Cash Carried Over From Last Reporting Period					=0.00			
G. Unpaid Debts and Obligations (from Last Reporting Period)					=0.00			

AFFIDAVIT SECTION	
PART I - If this is a <b>Committee</b> report, candidate shall sign here. If this is a <b>Candidate</b> report, candidate shall sign here.	
I swear or affirm to the truth of the information furnished on this report, and that I am a resident of the State of New York.	 <b>DOMINICK A. CIARAMITA</b>
My Commission expires: _____	<b>215</b> <b>286-8036</b>

AFFIDAVIT SECTION	
PART II - If this is a report of a <b>Candidate's Authorized Committee</b> , candidate shall sign here.	
I swear or affirm to the truth of the information furnished on this report, and that I am a resident of the State of New York.	
My Commission expires: _____	

Department of State - Bureau of Elections - 120 South Street, Albany, NY 12242-1200





## Unsworn Statement in Lieu of Sworn Statements for Campaign Finance Reports

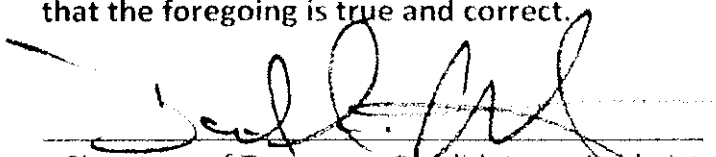
*Note: Per Act 2020-15, which was signed into law on April 30, 2020 and became effective on May 1, 2020, the following reports, including but not limited to, Candidate Declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements (form DSEB-501), Statements of full reports (form DSEB 503), and Independent Expenditure Reports (form DSEB-504) no longer need to 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.***

Comcast Corporation & NBCUniversal Political Action Committee - USA				
<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 checked="" type="checkbox"/> <b>Cycle 3</b> 30 Day Post-Primary	<input 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	

#820041

**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

6/15/21  
 \_\_\_\_\_  
 Date (DD/MM/YYYY)

**Dominick A. Ciaraldi**  
 \_\_\_\_\_  
 Printed Name

**Philadelphia, PA, USA**  
 \_\_\_\_\_  
 Location (City/State/Country)

