

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Cynthia Mota						
Street Address		2604 Appel Street						
City	Allentown	State	PA	Zip Code	18103			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/04/2025	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/20/25	11/24/25	
A. Amount Brought Forward From Last Report	\$	1007.28	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0750.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1757.28	
D. Total Expenditures (From Schedule III)	\$	1605.86	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0151.42	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0000.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0000.00	

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____
MO. DAY YR.

Signature of Person Submitting report

Printed Name

Area Code

Daytime Telephone Number

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

My Commission expires _____
MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0000.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0250.00
All Other Contributions (Part B)	\$	0000.00
Total for the reporting period	(2)	\$ 0250.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0000.00
All Other Contributions (Part D)	\$	0000.00
Total for the reporting period	(3)	\$ 0000.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0500.00
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	0750.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number											
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										Amount	
Full Name of Contributing Committee		Hendricks for Allentown						Date [MM/DD/YYYY]	\$	0250.00	
								10/28/25			
House #		Street Address		1411 W Linden Street				Date [MM/DD/YYYY]	\$		
City	Allentown			State	PA	Zip Code	18102	Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		

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.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
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Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$		
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code	Date [MM/DD/YYYY]	\$	

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 Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business							

PART E

Other Receipts

REFUNDS, INTEREST 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 Number:	
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Full Name	Returned Check 111									
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$	0500.00	
Receipt Description	Check Returned uncashed, redeposit into account									
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										
Full Name										
House #		Street Address								
City			State		Zip Code		Date [MM/DD/YYYY]	\$		
Receipt Description										

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR
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TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	
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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)	\$	0000.00
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution								

SCHEDULE II
Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

Full Name of Contributor				Date [MM/DD/YYYY]		\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business						Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Lehigh Valley Print				Date [MM/DD/YYYY]		\$		0085.86	
						10/28/25					
House #		Street Address						Description of Expenditure			
City				State				Zip Code			
										printed campaign materials	
To Whom Paid		Pennsylvania Preservation Music Society				Date [MM/DD/YYYY]		\$		0100.00	
						10/30/25					
House #		Street Address						Description of Expenditure			
City				State				Zip Code			
										donation	
To Whom Paid		Cynthia Mota				Date [MM/DD/YYYY]		\$		1420.00	
						11/14/25					
House #		Street Address						Description of Expenditure			
City				State				Zip Code			
										reimbursement for Dilicia Events 11/04/25	
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address						Description of Expenditure			
City				State				Zip Code			
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address						Description of Expenditure			
City				State				Zip Code			
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address						Description of Expenditure			
City				State				Zip Code			
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address						Description of Expenditure			
City				State				Zip Code			
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address						Description of Expenditure			
City				State				Zip Code			

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.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City			State		Zip Code		
Description of Debt							

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 a separate report when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. Candidate's report discloses contributions received and expenditures made individually by the candidate.

Contributing lobbyist 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 he authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

REPORT COVER PAGE

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 petitions.
- A political Committee or lobbyist filer identification number is assigned when the committee or lobbyist files a registration statement with 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" in the applicable report type.

Amendment Report- Check "Yes" only if this 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 Lobbyist may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Date of Election- If this is a pre-or post-primary election report. Indicate the date of the primary or election.

- For special elections, please notate the date of the special election. We encourage you to indicate on the cover page the special election district should there be more than one election occurring on the same date.
- If you are a candidate that is running for more than one office, a report for each office you are running for is required to be filed.

Summary of Receipts and Expenditures- Enter the appropriate date of the reporting period covered.

Amount Bought Forward from Late Report (Item A)- The balance, if any as of the first day of the reporting period. For committees, it is the amount reports as the ending cash balance on the previous filed report, if any.

Items B through G- Detailed instructions on each corresponding schedule page.

Affidavit Section- Must be sworn to by the filer acknowledging the accuracy of the report (Part I) On reports filed by the candidates authorized committee, the candidate must also sign affidavit in Part II.

Page Number- Calculate the total number of pages in the complete reports and indicate on the top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on CD/Diskette: The cover page must accompany all filings, CD & disc filings. CD & Diskette filings must also meet the specifications of the Department. These specifications are available at

<https://www.dos.pa.gov/VotingElections/CandidatesCommittees/CampaignFinance/Pages/default.aspx>

You may also contact our Bureau at 717-787-5280 (option 4).

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page- provides a summary of all monetary contributions and receipts during the reporting period.

Item 1: Unitemized Contributions and Receipts represents the total amount of contributions and receipts of \$50.00 or less in the aggregate per contributor received during the reporting period.

Items 2,3 and 4- Enter the total of each sections from the corresponding schedules in the report (Part A, Part B, Part C, Part D, Part E.)

Enter the total from Schedule I on the Report Cover Page, Item B.

Definition of Contribution: Any payment, gift, subscription, assessment contact, payment for services, due, loans, forbearance advance or deposit of money or any valuable thing, to a candidate or political committee made for the purpose of influencing any election in the Commonwealth or for paying debts incurred by or for a candidate or committee before or after any election. "Contribution" shall also include the purchase of tickets for events such as dinners, luncheons, rallies and other fund-raising events; the granting of discounts or rebates by television and radio stations and newspapers not extended on equal basis to all candidates for the same office; and any payments provided for the

benefit of any candidate, including any payments for the services of any person serving as an agent of a candidate or committee by a person other than the candidate or committee or a person whose expenditures the candidate or committee must report under the act. The word “contribution” includes any receipt or use of anything of value received by a political committee from another political committee and also includes any return on investments by a political committee.

Instructions for Reporting Contributions

The aggregate total of contributions from an individual contributor within a reporting period determines which part of the report form should be used to disclose a contribution or receipt. The form is designed to list the dates and amounts of as many as three separate contribution from the same source one line item.

Contributions and receipts of \$50.00 or less per contributor, during the reporting period, need not be itemized on the report. The total amount of all unitemized contributions should appear **on Schedule I, Contributions and Receipts Detailed Summary Page, Line 1**. A record must be kept of the receipt dates of contributions and the names and addresses of each person from whom a contribution of over \$10 has been received.

Contributions and receipts over \$50 to \$250- report the name of the contributor, mailing address, amount and date received on **Schedule 1, Part A. Contributions Received from Political Committee” or Part B “All other Contributions”**.

Contributions and receipts over \$250- report the name of the contributor, mailing address, occupation, employer’s name and address, amount and date received on Schedule I, Part C “Contributions Received from Political Committees,” or Part D, “All Other Contributions”.

Receipts- Use **Part E, “Other Receipts”** to report all other monetary receipts or income; e.g. refunds received, interest income, returned checks and prior expenditures that were returned to the filer during the reporting period.

Address- In all parts a complete address must be provided.

Date- all dates blocks in the report must be completed with eight digits. Example: 03 24 2000.

Total- of each Part should be transferred to the appropriate section on the Schedule I “Contributions and Receipts Detailed Summary Page” (Page 2 of the report form).

Occupation and Employer- Part D, which List individuals who have contributed over \$250, also requires the occupation and name and address of the employer of the contributor. Report the principal place of business of any contributor who is self-employed.

SCHEDULE II

Part G

IN-KIND CONTRIBUTIONS RECEIVED

DETAILED SUMMARY PAGE- provides a summary of all in-kind contributions and valuable things received during the reporting period.

Item 1; Unitemized In- Kind Contributions Received represents the total value of in- kind contributions of \$50.00 or less, in the aggregate per contributor, received during the reporting period.

Items 2 and 3: Enter the total of each section from the corresponding schedules in the report (Part F and Part G).

Enter the page total on Page 1, Report Cover Page, Item F.

Part F and Part G- Use these Parts to itemize in-kind contributions from individuals or political committees according to the dollar value of the contribution. The form is designed to list the dates and amounts of as many as three separate in-kind contributions from the same source in one line item. The amount is equal to the current market value of the item or service contributed.

- **Totals of Part F and G** should be transferred to the appropriate section on the Schedule II Detailed Summary Page.

SCHEDULE III

EXPENDITURES

EXPENDITURES- The payment, distribution, loan or advancement of money or any valuable thing by a candidate, political committee or other person for the purpose of influencing the outcome of an election; the payment, distribution, loan, advance or transfer of money or other valuable thing between or among political committee; the providing of a service or other valuable thing for the purpose of influencing the outcome of a nomination or election of any person to any public office to be voted for in this Commonwealth, or the payment providing of money or other valuable things by an person other then the candidate or political committee, to compensate any person for services rendered to a candidate or political committee.

Reporting Expenditures

It is state law that the filer of Statement of Expenditures is required to report the purpose for which funds were expended, the name and address of the entity to whom the expenditure was made, and the amount and date of each expenditure.

Vouchers for all expenditures over \$250.00 must be retained by the candidate or committee treasurer and shall be available for public inspection or copying. Filers are not required to submit vouchers with reports; however, vouches must be retained for a period of three years.

Transactions between a candidate and their committee should be recorded on both the candidate's and committee's reports. For example, if a candidate contributes to or loans the committee money the amount should appear on the candidate report as an expenditure and on the committee's report as a receipt. A loan must be reported by the recipient on the statement of Unpaid Debts (Schedule IV)

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

All unpaid debts and obligation which are outstanding at the end of the reporting period must be reported. If a debt is incurred in one reporting period and not repaid every report filed must continue to show the outstanding debt, even though there was not activity during the current reporting period.

A debt owed to an individual may be forgiven. A copy of the letter of forgiveness from the individual to committee must accompany the report filed by the committee in the reporting period in which the debt was forgiven. A debt that is forgiven is considered a contribution to the committee. Such contributions from corporations or unincorporated associations are prohibited by the Election Code.

REPORT FILING DEADLINES

Sixth Tuesday Pre-Election - Reporting period closes 50 days prior to election day. Filed only by candidates for Statewide office and political committees/lobbyists supporting such candidates.

Second Friday Pre-Election - Reporting period closes 15 days prior to election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Thirty Day Post-Election - Reporting period closes 20 days after election day. File 30 days after election day. Filed by all candidates for nomination or election and political committees/lobbyists supporting such candidates.

Annual Report - Reporting period closes December 31. File by January 31 of the year following the reporting period. Filed by all candidates for nomination or election, political committees and contributing lobbyists.

Political committees required to file pre-election reports must also file post-election reports.

Postmarks - are acceptable as proof of timely filing where report is sent by first class mail and postmarked by the U.S. Postal Service no later than the day prior to the filing deadline.

Late filing fee - A late filing fee of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the report is overdue, plus an additional fee of \$10.00 for the first six days that a report is overdue will be assessed.

County Code Table:

01 Adams	24 Elk	47 Montour
02 Allegheny	25 Erie	48 Northampton
03 Armstrong	26 Fayette	49 Northumberland
04 Beaver	27 Franklin	50 Perry
05 Bedford	28 Forest	51 Philadelphia
06 Berks	29 Fulton	52 Pike
07 Blair	30 Greene	53 Potter
08 Bradford	31 Huntingdon	54 Schuylkill
09 Bucks	32 Indiana	55 Snyder
10 Butler	33 Jefferson	56 Somerset
11 Cambria	34 Juniata	57 Sullivan
12 Cameron	35 Lackawanna	58 Susquehanna
13 Carbon	36 Lancaster	59 Tioga
14 Centre	37 Lawrence	60 Union
15 Chester	38 Lebanon	61 Venango
16 Clarion	39 Lehigh	62 Warren
17 Clearfield	40 Luzerne	63 Washington
18 Clinton	41 Lycoming	64 Wayne
19 Columbia	42 McKean	65 Westmoreland
20 Crawford	43 Mercer	66 Wyoming
21 Cumberland	44 Mifflin	67 York
22 Dauphin	45 Monroe	
23 Delaware	46 Montgomery	

Party Code Table:

REP	Republican Party
DEM	Democratic Party
CST	Constitutional Party
LIB	Libertarian Party
REF	Reform Party
OTH	Other

Office Code Table:

GOV	Governor
LTG	Lieutenant Governor
ATT	Attorney General
AUD	Auditor General
TRE	State Treasurer
SPM	Justice of the Supreme Court
SPR	Judge of the Superior Court
CCJ	Judge of the Commonwealth Court
STS	Senator in the General Assembly
STH	Representative in the General Assembly
CPJ	Judge of the Court of Common Pleas
MCJ	Judge of the Municipal Court
TCJ	Judge of the Traffic Court
OTH	Other (Candidates for local offices who file only with the County Board of Elections)