360			9	_		270	8
100	Re	CZ.	37	L. /	>r	m	
	110	. JC	- T		91	1.1.2	12

Print Form

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer mentification Number		ort Filed B irk X)	y Candida	ate	Committee	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Julio	Guridy for N	Mayor	1 1		La participa de la constantina della constantina
Street Address	1425	West Linde	en Street			
<b>City</b> Allentown			State	PA	Zip Code 18104	<u> </u>
Type of Report (Place x under report type)	***********	voja od prodosta i 165.			The same and the s	
1- 6 <sup>th</sup> Tuesday   2- 2 <sup>nd</sup> Friday   3- 30 Day Pos Pre-Primary   Primary   Primary	机工作量法 水角	Tuesday lection	5- 2 <sup>nd</sup> Friday Pre- Election	<ul><li>(4) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4</li></ul>	7- Annual Special 2 Pre-Elect	
			X			
Date Of Election (MM/DD/YYYY) 05/18/2021	Year		2021	Amendment Report	Terminat Report	ion
Summary of Receipts and From Date Expenditures	e de la companya de l	To Date	O PARAGRAM CONTROL OF THE		For Office Use	Only
06/11/2021	1	10/	/21/2021			
A. Amount Brought Forward From Last Report	<b>t</b> \$		910.00			9,4 5
B. Total Monetary Contributions and Receipt (From Schedule I)	s - \$	4	,998.00		1	
C. Total Funds Available (Sum of Lines A and B)	\$		5,908			ES B
D. Total Expenditures	\$	, .	750.00			
(From Schedule III) E. Ending Cash Balance	\$					THE ROLL OF THE
(Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II)	\$	5	0.00		*	Zä ä C
G. Unpaid Debts and Obligations	\$		0.00			·
(From Schedule IV)			S Affidavit Se	ction	45.00	
Part 1- If this is a Committee report, treasurer sign	iere. If	his is a Ca	<u> </u>			
Sworn to and subscribed before me this	icheu st	omi omi	peper, is to the	pest of my knowled	age and beller true, correct a	and complete.
22 day of 000 be 20 2	_ [	Leh lission nissior	th of F	A STATE OF THE PARTY OF THE PAR		
I swear (or affirm) that this report, including the att Sworn to and subscribed before me this  22 day of 20  My Commission expires		Number Co.	AFN's	Signature Jaryaneli Agosto	of Person Submitting report	
1900 G 22 2	₹	unty es sep per 12	vania 4	DA .	Printed Name	
MO. DAY YR		7. 7	28 4	Area Code	Daytime Teleph	one Number
Part II- If this is a report of a Candidate's Authorized	Commi	itee, candi	datkishall sign h	ere.		
I swear (or affirm) that to the best of my knowledge amended.	and bel	ef this poli	tical committee	has not violated an	y provisions of the Act of Jur	ne 3, 1937 (P.L. 1333, NO.320) as
Sworn to and subscribed before me this				mandemoral services	M. Comments of the Comments of	All Language Con run.
22 day of M DAM on 71		, Mg	Ommic Committee	A STATE OF THE PARTY OF THE PAR		The state of the s
		Comin	nweal nweal		nature of Candidate	
Signature	<i>₽</i>	Leh issior issior	th of l	lio Guridy	Printed Name	
My Commission expires 9 27 20	_	Lehigh County sion Expires Son Sion Number 1	Penns 6:	10	906-7955	
MỞ. DAY YR.		Lehigh County Commission Expires Sep Commission Number 125	Commonwealth of Pennsylvania - Notary Sec	rea Code	Daytime Telepho	ne Number
		p 27, 25814	of a -			
		1, 2022 142	Publi			., ,



# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed I ( Mark X)	By Candida	te	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Julio Guridy for	Mayor		<del> </del>		ار <u>مستور</u> د از این بازی از این از ای
Street Address	1425 West Lind	en Street				
City Allentown		State	PA	Zip Code	18104	
Type of Report (Place x under report type)						
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Po Pre-Primary Pre-Primary Primary	st 4- 6th Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY) 05/18/2021	Year	2021	Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures	To Dat	e		For	Office Use Only	
06/11/20	21 10	)/21/2021				
A. Amount Brought Forward From Last Rep	ort \$	910.00	<u> </u>	<u> 18. gergest filt i litter i li</u>		<u>- Part district (1980) - 143 (1986)</u>
B. Total Monetary Contributions and Receipt (From Schedule I)	ots \$	4,998.00				
C. Total Funds Available (Sum of Lines A and B)	\$	5,908				
D. Total Expenditures (From Schedule III)	\$	750.00				
E. Ending Cash Balance (Subtract Line D from Line C)	\$	5,108.00				
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00				
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00				
		Affidavit Se		* * ******		
Part 1- If this is a <b>Committee</b> report, treasurer sign i swear (or affirm) that this report, including the a Sworn to and subscribed before me this day of 20				ige and belief t	rue, correct and comple	te.
udy 0120		M	Signature aryaneli Agosto	of Person Subn	nitting report	<del></del>
Signature				Printed Nam	ne	<del></del>
My Commission expires	-	. 48	84	632	-9210	
MO. DAY	'R.	7	Area Code	Da	ytime Telephone Numbe	er
Part II- If this is a report of a <b>Candidate's Authoriz</b>	ed Committee, can	didate shali sign h	ere.			
I swear (or affirm) that to the best of my knowled amended.				y provisions of	the Act of June 3, 1937 (	P.L. 1333, NO.320) as
Sworn to and subscribed before me this						
day of20	'1					
				nature of Candi	date	
Signature		<u>JU</u>	illo Guridy	Printed Name		
My Commission expires	, ,	6	10	906-7	7955	
MO. DAY YR.			\rea Code	Day	time Telephone Numbe	*
					***	

# 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 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.

TO A COLUMN TO THE PARTY OF THE					Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	_ \$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	<u></u>	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributing		Date [MM/DD/YYYY]		
Committee				<u> </u>	
House #	Street Address	***************************************		Date [MM/DD/YYYY]	\$
				- Leaves of the second of the	13)
City		State	Zip Code	Date [MM/DD/YYYY]	
				Sees Danal And Little	- 1
Full Name of Co	ntributing		The second second	Date [MM/DD/YYYY]	\$
Committee					
House #	Street Address			Date [MM/DD/YYYY]	\$
	Juleet Audress			Pare fininh DD\XXXX	121
Cit		- Carrier			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full No.	ntribution	Per disk	1:28:23:33	Production of the second	
Full Name of Co Committee	nu watiilg			Date [MM/DD/YYYY]	<b>1 \$</b>
House #	Street Address			Date [MM/DD/YYYY]	\$
				- was Danot-pol (144)	
City	10000000000000000000000000000000000000	State	Zip Code	Date [MM/DD/YYYY]	
7 Y		Jiale	zip coue	υαιε [۱۷ΙΙΝΙ/DD/ΥΥΥΥ]	\$  -
Enil N	northeration				
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
		Annual to the state of the stat	Advance-real real real real real real real real		P. Adda T. T. d
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
	ntributing		Land Section Control	Date [MM/DD/YYYY]	\$
Committee				Date [MM/DD/YYYY]	\$
	Street Address			mana franki pinal ri 111	_  ~
Committee	Street Address				
Committee	Street Address	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.)

A STATE OF THE STA					Control of the Contro
Filer identification	Number				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	S
House #	Street Address		***************************************	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Full Name of Cor	ntributor	Take a second		Date (MIVI/DD/YY/YY)	Ś
House #	Street Address			Date [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Cor	ntributor	Personal	Dwg/resols/15/20162591	@Date [MM/JDD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	Š
City	NATION AND ADDRESS OF THE PARTY	State	Zip Code	Date [MM/DD/YYYY)	\$
Full Name of Co	ntributor	Parameters	Date of the Company o	Date [MM/DD/YYYY)	\$
House #	Street Address		and the second s	Date [MM/DD/YYYY]	Š
Gity	Program and the Company of the Compa	State	Zip Code	Date (MM/DD/YYYY)	i S
Full Name of Co				Date [MM/DD/YYYY)	
House #	Street Address			Date [MIM/DD/YYYY]	\$.
City	TO GAT CALIFORNIA	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co				Date [MIN/DD/YYYY]	<b>\$</b>
House#	Street Address	Province Control of		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/Y/YY]	\$

# 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 Numbers

Full Name of			EDATESIMINADIDYAAWAYASSAS	
Contributing Committee				
House # Street Address			Date [MM/DD/YYYY) \$	
Glty 1	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/YYYYY]	
Full Name of Contributing Committee			Date [MIN/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/XYYY]	•
City	State	Żip Códe	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:

Light Maller of the Construction of the Constr				
Full Name of Contributor			Date [MM/DD/YYXY]	6272
	Victor Martinez		10/21/2021	\$4,998.00
House # Stree	t Address		Date [MM/DD/YYYY]	
				9-
čliy	State	Żip Code	Date (MM/DD/YYYY)	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business	Note: Check 1002 in the a	amount of \$4,998.00 was not cashed. The	his amount remained in the campa	aign bank's account.
Full Name of Contributor				
	t Address		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			The Property of the Control of the C	
Full Name of Contributor			Date [MM/DD/YYYY]	•
	t Address		Date:[MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	•
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business			To the second se	
Full Name of Contributor				
	t Address			
City	State	Zip Code		3
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business		<del>-</del>		

# **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 Numb	er:			
Full Name		8. 1. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
	Street Address			
City		State	Zip Code:	Date [MM/DD/YYYYY] S
Receipt Description	35 (3 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4			[7882]
Full Name				
House# City	Street Address	State	Žip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description		P. Carrier St.		[5]
Full Name				561
House#	Street Address	State	Zip	Date [MM/DD/WYY] \$
			Code	
Receipt Description				
Full Name House #	Street Address			
City:		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description	3.00 mm		Code	
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description			Code	Contract Charles and Assessment Charles and Charles an

# 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:				
1: UNITEMIZED IN-KIND CONTR  TOTAL for the reporting period	(1)	S I	CONTRIBUTOR	
	\-/			
2. IN-KIND CONTRIBUTIONS REC	EIVED-VALUE OF \$50.	01 TO \$250.00 (FROM PÄRT F		
TOTAL for the reporting period	(2)	\$		
3. IN:KIND CONTRIBUTION REC	EIVED=VALUE OVER \$2	50:00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIBUTION (Add and enter amount totals for page 1, Report Cover Page, Item F)				

# SCHEDULE II PART F

# **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification N	umber;				
Full Name of Conti	ributor			Date [MM/DD/YYYY)] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Des Contract Contract	State	Zip Code	Date [MM/DD/YYYY] \$	77.44.4
Description of Con	tribution		1500 to the deposition and the second		
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of Con					
Full Name of Cont				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City Description of Con	e ikoriaa	State	Zip Code	Date [MIN/DD/YYYY] S	
Full Name of Cont				Date:[MM/DD/YYYY] \$	
House #	Street Address	ISSA: Supplied	The Anna Schalles State Court of Court St	Date [MM/DD/XYYY] \$	
City  Description of Con	er hinda	State	Zip Gode	Date [MM/DD/YYYY] \$	
					u
Full Name of Cont				Date [MM/DD/YYYY] \$	
House:#	Street Address		NOOM PROGRESS, A SHORLOWN	Date [MM/DD/YYYY] \$	
City  Description of Cor	C/Itmiles	State .	Zip Code	Date [MM/DD/YYYY] \$	
Peschingu al (co)	шиши				

# SCHEDULE II

# Part G

# **In-Kind Contributions Received**

VALUE OVER \$250

Filer identification Numbers			
Full Name of Contributor	A PROPERTY OF THE PROPERTY OF		Date [MM/DD/YYYY] \$
House # . Street	Address		Date [MM/DD/YYYY] \$
Gity	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / P Place of Business	Principal		Description of Contribution
Full Name of Contributor	State Superpress Class 1		Date [MM/DD/YYYY] \$
	Address	Edward Barrier	Date [MM/DD/YYYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	F-1722.0017.55		Occupation
Employer Mailing Address / P Place of Business	Principal		Description of Contribution
Full Name of Contributor			Date (MM/DD/XXYY) \$
	Address		Date [MM/DD/YYYY] \$
City	State	Zip Gode	Date [MM/DD/)/YYY] \$
Employer Name			Occupation:
Employer Mailing Address / Place of Business	Principal:		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
	Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / P Place of Business	rincipal		Description of Contribution

# Statement of Expenditures

Billion and the professional action in the profession and the second of the second of the second of the second	
Filer Identification Number:	
A CHEST AND THE STATE OF THE ST	,
	, ·
	,

To Whom Paid				Date [MM/DD/WW] \$	8
	Friends of Cynthia Mo	ota		10/16/2021	150.00
House #	Street Address			Description of Expenditure	
Gity		State	Z)p Code	Campaign Donation	
To Whom Paid	Frlends of Linda Vega	-Sirop for Judge	102	Date [MIVI/DD/YYYY] - \$. 10/16/2021	150.00
House #	Street Address		AND	Description of Expenditure	
City		State	Zip	Campaign Donation	
To Whom Paid			Code		32
	Santiago for Judge			Date [MM/DD/YYYY] *\$ 10/16/2021	500.00
House#	Street Address			Description of Expenditure	
City		State	Zip Code	Campaign Donation	
To Whom Paid			(1979) (1	Date [MM//DD/YYYY] . \$	
House #	Street Address			Description of Expenditure	1
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] S	
House #	Street Address			Description of Expenditure	
City		State	Zip Code		
To Whom Paid				Date [MM/DD/YYYY] S	
House #	Street Address			Description of Expenditure	
City		State	Zip Gode		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Gode		
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zip Gode		

# 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 Numbers	
Name of Creditor  House # Stri	et Address  DATE DEBT INCURRED [MM/DD/YYYY]  Outstanding Balance of Debt
City  Description of Debt	State Zip Code
Name of Creditor House # Stri	et Address  DATE DEBT INCURRED  [MM/DD/YYYY]  State  Zip
Description of Debt  Name of Creditor	Code  Outstanding Balance of Debt
Gity  Description of Debt	DATE DEST INCURRED \$  [MM/DD/YYYY]  State Zip Code
Name of Creditor  House # Str  City  Description of Debt	et Address  DATE DEBT INCURRED [MM/DD/YYYY]  State Zip Code
Name of Creditor House # Str	et Address  DATE DEBT INCURRED [MIM/DD/YYYY]  See The Dest of Debt of
City  Description of Debt  Name of Creditor	State Zip Code Code Outstanding Balance of Debt
House#: Str	et Address  DATE DEBT INCURRED  [MM/DD/YYYY]
Description of Debt	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 petitions. 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 Expanditures - 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.

#### 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 for each section from the corresponding schedules in the report (Part A, Part B, Part C, Part D and Part E).

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

Definition of Contribution: Any payment, gift, subscription, assessment, contract, payment for services, dues, loan, 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 this 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 an 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. (See 25 P.S. §3241)

#### 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 contributions from the same source in one line item.

Contributions and receipts of \$50 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 I, Part A, "Contributions Received from Political Committees," 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, including zip code, must be provided. Space is provided for the Zip Code Plus Four. The State block should be completed with the U.S. Postal Service's standard two-letter abbreviation, such as PA for Pennsylvania.

Date - all date blocks in the report must be completed with eight digits. For instance, March 24, 2000 would appear as 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 lists 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**

#### 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 for 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 Parts F and G should be transferred to the appropriate section on the Schedule II Detailed Summary Page.

#### **SCHEDULE III**

#### **EXPENDITURES**

Definition of Expenditure: 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 committees; 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 or providing of money or other valuable thing by any person other than a candidate or political committee, to compensate any person for services rendered to a candidate or political committee. (See 25 P.S. §3241)

# Instructions for Reporting Expenditures

Pursuant to state law, the Statement of Expenditures requires the filer to report the purposes 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 \$25.00 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, vouchers must be retained for a period of three years.

Transactions between a candidate and his/her 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's report as an expenditure and on the committee's report as a receipt. A loan must also be reported by the recipient on the Statement of Unpaid Debts (Schedule IV).

# SCHEDULE IV

## STATEMENT OF UNPAID DEBTS

All unpaid debts and obligations 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 no 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 the 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 filling 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:**

23 Delaware

01	Adams	24	Eik	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	Wiifflin	67	York
22	Dauphin	45	Monroe		

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)