

## 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)	<input checked="" type="checkbox"/>	Candidate		Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Janice (Jan) Beatty							
Street Address		1926 12 <sup>th</sup> St.							
City	Bethlehem	State	PA	Zip Code	18020				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> 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
<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"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/02/21	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/04/20	10/18/2021	ENTERED 2021 OCT 21 P 6:41 NORTHAMPTON COUNTY ELECTION OFFICE 100 SOUTH MAIN ST BETHLEHEM PA 18022
A. Amount Brought Forward From Last Report	\$	-692.19	
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)	\$	-178.33	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-870.52	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

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

20 day of October 2021  
*Lauren R Assise*  
 Signature

*Janice A. Beatty Jan Beatty*  
 Signature of Person Submitting Report  
 Janice Beatty  
 Printed Name

My Commission expires 11/25 MO. 15 DAY YR.  
 Commonwealth of Pennsylvania Notary Seal  
 LAUREN R ASSISE - Notary Public  
 Northampton County  
 My Commission Expires September 15, 2025  
 Commission Number 1216878

610      360.0233  
 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

\_\_\_\_\_  
 Signature of Candidate  
 \_\_\_\_\_  
 Printed Name

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY YR.

\_\_\_\_\_ Area Code      \_\_\_\_\_ Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	
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>		\$	

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											
										Amount	
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:	
------------------------------	--

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:	
------------------------------	--

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)

<b>Filer Identification Number:</b>	
-------------------------------------	--

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

**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.

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>								
<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>								
<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>								
<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>								
<b>Full Name</b>								
<b>House #</b>		<b>Street Address</b>						
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>								

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 CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 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 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 F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
-------------------------------------	--

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

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

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

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

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

SCHEDULE II  
Part G

# In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
------------------------------	--

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:	
------------------------------	--

To Whom Paid					Date [MM/DD/YYYY]		\$	14.82
Staples					08/04/2021			
House #	4403	Street Address	Birkland Pl.		Description of Expenditure			
City	Easton	State	PA	Zip Code	18045		Printing	
								Postage

To Whom Paid					Date [MM/DD/YYYY]		\$	11.00
USPS					08/04/2021			
House #	650	Street Address	S Greenwood Ave		Description of Expenditure			
City	Easton	State	PA	Zip Code	18045		Postage	
								Postage

To Whom Paid					Date [MM/DD/YYYY]		\$	12.51
Staples					08/04/2021			
House #	4403	Street Address	Birkland Pl		Description of Expenditure			
City	Easton	State	PA	Zip Code	18045		Printing	

To Whom Paid					Date [MM/DD/YYYY]		\$	140.00
Embassy Bank					09/08/2021			
House #		Street Address	Broad St		Description of Expenditure			
City	Bedminster	State	PA	Zip Code			Cash deposit to cover checks	

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:	
------------------------------	--

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					
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 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 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 II). 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](http://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 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)

# 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"/> Treasurer	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Beverly Rickles Jan Beauty Friends of		
Street Address		1344 Beverly Hills Rd		
City	Coopersburg	State	PA	Zip Code
18036				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> 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
<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"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/02/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/04/2021	10/18/2021	
A. Amount Brought Forward From Last Report	\$	152.00	<p style="text-align: center;">ENTERED</p> <p style="text-align: center;">OCT 21 10 54 AM</p> <p style="text-align: center;">PENNSYLVANIA COUNTY</p> <p style="text-align: center;">PROCTOR OFFICE</p> <p style="text-align: center;">P.O. BOX 1042</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1060.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1212.00	
D. Total Expenditures (From Schedule III)	\$	550.14	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	661.86	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

### 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

20 day of Oct 20 21

*Cheryl Wallace*  
Signature

Date

10/20/21 - 04/15/2024 215

MO. DAY YR.

*Beverly Rickles*  
Signature of Person Submitting report

Beverly Rickles  
Printed Name

Area Code

262-9172  
Daytime Telephone Number

My Commission expires

Commonwealth of Pennsylvania - Notary Seal  
 CHERYL WALLACE - Notary Public  
 Bucks County  
 My Commission Expires Apr. 15, 2024  
 Commission Number 1173523

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) 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

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	360, <u>00</u>
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	700, <u>00</u>
Total for the reporting period	(2)	\$	
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	0
Total for the reporting period	(3)	\$	\$ 1060, <u>00</u>
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	
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>		\$	\$ 1060, <u>00</u>

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	
-----------------------------	--

							Amount
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:	
------------------------------	--

Full Name of Contributor		Phyllis Labellarte			Date [MM/DD/YYYY]	\$	100 <sup>00</sup>
House #	Street Address	1280 Village Dr. 2117			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Arlington Heights, IL 60004		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Kelly Ann Suarez Brown			Date [MM/DD/YYYY]	\$	100,00
House #	Street Address	1255 Clearview Circle			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Allentown PA 18103		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Dale Sourbeck			Date [MM/DD/YYYY]	\$	100,00
House #	Street Address	3211 Oakland Sq. DR.			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Bethlehem PA 18020		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Sharon Labellarte			Date [MM/DD/YYYY]	\$	100,00
House #	Street Address	W 336 S 939 Reimer Ct			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Oconomowoc WI 53066		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		John Labellarte			Date [MM/DD/YYYY]	\$	100,00
House #	Street Address	W 336 S 939 Reimer Ct			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Oconomowoc WI 53066		Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Dominic Labellarte			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address	W 336 S 939 Reimer Ct			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Oconomowoc WI 53066		Date [MM/DD/YYYY]	\$	

Jessica Heinz - Wunder 09/29/2021 100,00  
 405 Amesbury Drive  
 Smithville, MO 64289

**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.

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>				<b>Date [MM/DD/YYYY]</b>	\$
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</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)

<b>Filer Identification Number:</b>	
-------------------------------------	--

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

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:	
------------------------------	--

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						
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:	
------------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 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 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 F

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
------------------------------	--

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

<b>Filer Identification Number:</b>	
-------------------------------------	--

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

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
------------------------------	--

To Whom Paid	LV Print Center	Date [MM/DD/YYYY]	\$	318.00
House #	Street Address	Description of Expenditure		
	1701 Union Blvd Suite 114			
City	State	Zip Code		
Allentown	PA	18109	Yard signs, Palm Cards	

To Whom Paid	LV Print Center	Date [MM/DD/YYYY]	\$	152.64
House #	Street Address	Description of Expenditure		
	1701 Union Blvd Suite 114			
City	State	Zip Code		
Allentown	PA	18109	TEE SHIRTS	

To Whom Paid	LV Print Center / Harkin's Signs	Date [MM/DD/YYYY]	\$	79.50
House #	Street Address	Description of Expenditure		
	1701 Union Blvd Suite 114			
City	State	Zip Code		
Allentown	PA	18109	Palm Cards	

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:	
------------------------------	--

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 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 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 II). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part III).

**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](http://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).

## 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)

# 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		Jan Beatty (Janice A. Beatty)					
Street Address		1926 12 <sup>th</sup> Street					
City	Bethlehem	State	PA	Zip Code	18020		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> 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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/19/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	3-31-2021	5-3-2021	
A. Amount Brought Forward From Last Report	\$	N/A	RECEIVED MAY 05 2021
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	692.19	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-692.19	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-	

### 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

5<sup>th</sup> day of May 20 21

Signature: Reni J Rajan

Commonwealth of Pennsylvania - Notary Seal  
 Reni J. Rajan, Notary Public  
 Northampton County  
 My commission expires April 7, 2025  
 Commission number 13160210

Signature of Person Submitting report: Janice A. Beatty

Printed Name: Janice A Beatty

My Commission expires 04 07, 2025  
MO. DAY

Daytime Telephone Number: 360 0233

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 \_\_\_\_\_

Signature of Candidate \_\_\_\_\_

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

My Commission expires \_\_\_\_\_  
MO. DAY YR.

Area Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

Filer Identification Number	
-----------------------------	--

<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
---	--	--

Total for the reporting period	(1)	\$	0
--------------------------------	-----	----	---

<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
---	--	--

Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	0
Total for the reporting period	(2)	\$ 0

<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
--	--	--

Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	0
Total for the reporting period	(3)	\$ 0

<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
--	--	--

Total for the reporting period	(4)	\$	0
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>			\$ 0

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												
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	Amount
House #	Street Address						Date [MM/DD/YYYY]	\$				
City			State		Zip Code		Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	Amount
House #	Street Address						Date [MM/DD/YYYY]	\$				
City			State		Zip Code		Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	Amount
House #	Street Address						Date [MM/DD/YYYY]	\$				
City			State		Zip Code		Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	Amount
House #	Street Address						Date [MM/DD/YYYY]	\$				
City			State		Zip Code		Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	Amount
House #	Street Address						Date [MM/DD/YYYY]	\$				
City			State		Zip Code		Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	Amount
House #	Street Address						Date [MM/DD/YYYY]	\$				
City			State		Zip Code		Date [MM/DD/YYYY]	\$				
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	Amount
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.)

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	\$
---------------------------------	--	--------------------------	----

<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$
----------------	--	-----------------------	--	--------------------------	----

<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
-------------	--	--------------	--	-----------------	--	--------------------------	----

<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	\$
---------------------------------	--	--------------------------	----

<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$
----------------	--	-----------------------	--	--------------------------	----

<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
-------------	--	--------------	--	-----------------	--	--------------------------	----

<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	\$
---------------------------------	--	--------------------------	----

<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$
----------------	--	-----------------------	--	--------------------------	----

<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
-------------	--	--------------	--	-----------------	--	--------------------------	----

<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	\$
---------------------------------	--	--------------------------	----

<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$
----------------	--	-----------------------	--	--------------------------	----

<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
-------------	--	--------------	--	-----------------	--	--------------------------	----

<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	\$
---------------------------------	--	--------------------------	----

<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$
----------------	--	-----------------------	--	--------------------------	----

<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
-------------	--	--------------	--	-----------------	--	--------------------------	----

<b>Full Name of Contributor</b>		<b>Date [MM/DD/YYYY]</b>	\$
---------------------------------	--	--------------------------	----

<b>House #</b>		<b>Street Address</b>		<b>Date [MM/DD/YYYY]</b>	\$
----------------	--	-----------------------	--	--------------------------	----

<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
-------------	--	--------------	--	-----------------	--	--------------------------	----

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.

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City	State	Zip Code		Date [MM/DD/YYYY]		\$
<b>Full Name of Contributing Committee</b>					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)

<b>Filer Identification Number</b>	
------------------------------------	--

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

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:	
------------------------------	--

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							
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			
-----------------------------	--	--	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the reporting period	(1)	\$	

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)			
TOTAL for the reporting period	(2)	\$	

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM 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 F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File Identification Number:	
-----------------------------	--

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:	
------------------------------	--

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

Efiler Identification Number: \_\_\_\_\_

To Whom Paid		Staples			Date [MM/DD/YYYY]	\$	19.04
House #	Street Address	4403 Birkland Place			Description of Expenditure		
City	Easton	State	PA	Zip Code	18045	printing flyer + maps	
To Whom Paid		Staples			Date [MM/DD/YYYY]	\$	71.75
House #	Street Address	4403 Birkland Place			Description of Expenditure		
City		State		Zip Code	18045	printing 1/2 sheet flyers	
To Whom Paid		LV Print Center / Harkin's Signs			Date [MM/DD/YYYY]	\$	254.40
House #	Street Address	1701 Union Blvd. Suite 114			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18109	printing flyers + signs	
To Whom Paid		TAX- Filing Forms			Date [MM/DD/YYYY]	\$	277.00
House #	Street Address	501 NE Hood Ave STE 240			Description of Expenditure		
City	Gresham	State	OR	Zip Code	97030	EIN Registration	
To Whom Paid		PA BCCO Corp Fees-DOS			Date [MM/DD/YYYY]	\$	70.00
House #	Street Address	401 North St. 206 N08			Description of Expenditure		
City	Harrisburg	State	PA	Zip Code	17120	Fictitious Name filing fee	
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	
-----------------------------	--

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 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 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](http://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 \$50,000 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 26 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 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)

## INSTRUCTIONS FOR FILING THE CAMPAIGN FINANCE STATEMENT

1. You may file this statement in lieu of a full report when the amount of contributions (including in-kind contributions) received, the amount of money expended and the liabilities incurred *each* did not exceed \$250.00 during the reporting period.
2. File this statement in the office where the nomination petitions, nomination certificate or nomination papers of the candidate(s) supported were filed.
3. A candidate must file a statement or report that is separate from one filed by her/his authorized committee.
4. Each statement shall be subscribed and sworn to by the candidate (if it is the candidate's personal report) or the treasurer of the political committee, acknowledging the accuracy of the report. In addition, those reports filed on behalf of a candidate's political committee, authorized by a candidate and created solely for the purpose of influencing an election on behalf of that candidate, shall be subscribed and sworn to by that candidate.
5. Reports must be filed according to the following schedule. For specific dates, consult the Election Calendar.

First report deadline: Cycle 1	Sixth Tuesday Pre-Primary. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)
Second report deadline: Cycle 2	Second Friday Pre-Primary. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Third report deadline: Cycle 3	30 days Post-Primary. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Fourth report deadline: Cycle 4	6 <sup>th</sup> Tuesday Pre-Election. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)
Fifth report deadline: Cycle 5	2 <sup>nd</sup> Friday Pre-Election. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Sixth report deadline: Cycle 6	30 days Post-Election. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Annual report deadline: Cycle 7	January 31 <sup>st</sup> of the following year. Statement must be complete as of December 31.

6. Political committees that are required to file pre-election reports are also required to file at all subsequent reporting deadlines for that election.
7. Retain copies of all records for a period of 3 years. Although no detailed campaign expense report is filed, you are required to keep a record of the names and addresses of each person from whom a contribution of over \$10.00 has been received and a record of all other information required to be reported pursuant to the Campaign Expense Reporting Law.

### LATE FILING PENALTY

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

In addition, any candidate or treasurer of a political committee, or person acting as such treasurer, who shall fail to file an account of primary or election expenses, as required by the Law, shall be guilty of a misdemeanor and, upon conviction thereof, shall be sentenced to pay a fine not exceeding \$5,000 (five thousand dollars) or to undergo an imprisonment of not less than one (1) month nor more than two (2) years, or both, in the discretion of the court.

Further penalties are provided by law.

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

# 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	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Friends of Jan Beatty			
Street Address		1926 12th St.			
City	Bethlehem	State	PA	Zip Code	18020

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> 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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	3-31-2021	5/3/2021	
A. Amount Brought Forward From Last Report	\$	0	RECEIVED MAY 05 2021
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

### 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

Signature of Person Submitting report

Printed Name

My Commission expires \_\_\_\_\_ MO. DAY YR.

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

5<sup>th</sup> day of May 20 21

Signature: Reni J Rajan

My Commission expires April, 07, 2025 MO. DAY YR.

Signature of Candidate: Janice A Beatty  
Printed Name: Janice A Beatty

Area Code: 610

Daytime Telephone Number: 360.0233

Commonwealth of Pennsylvania - Notary Seal  
 Reni J. Rajan, Notary Public  
 Northampton County  
 My commission expires April 7, 2025  
 Commission number 1311027

Member, Pennsylvania Association of Notaries

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

Filer Identification Number	
-----------------------------	--

<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
---	--	--

Total for the reporting period	(1)	\$	
--------------------------------	-----	----	--

<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
---	--	--

Contributions Received from Political Committees (Part A)	\$		
---	----	--	--

All Other Contributions (Part B)	\$		
----------------------------------	----	--	--

Total for the reporting period	(2)	\$	
--------------------------------	-----	----	--

<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
--	--	--

Contributions Received from Political Committees (Part C)	\$		
---	----	--	--

All Other Contributions (Part D)	\$		
----------------------------------	----	--	--

Total for the reporting period	(3)	\$	
--------------------------------	-----	----	--

<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
--	--	--

Total for the reporting period	(4)	\$	
--------------------------------	-----	----	--

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>	\$		
---	----	--	--

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	
-----------------------------	--

							Amount
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	
-----------------------------	--

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:	
------------------------------	--

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)

<b>Filer Identification Number:</b>	
-------------------------------------	--

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

PART E

# Other Receipts

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 Number:	
------------------------------	--

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:							

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

Elder Identification Numbers	
------------------------------	--

<b>1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the reporting period	(1) \$

<b>2 IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)</b>	
TOTAL for the reporting period	(2) \$

<b>3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)</b>	
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 F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
-------------------------------------	--

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

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Employer Identification Number	
--------------------------------	--

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

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	

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.

Efiler Identification Number	
------------------------------	--

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 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 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 II). 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](http://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 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)

## INSTRUCTIONS FOR FILING THE CAMPAIGN FINANCE STATEMENT

1. You may file this statement in lieu of a full report when the amount of contributions (including in-kind contributions) received, the amount of money expended and the liabilities incurred *each* did not exceed \$250.00 during the reporting period.
2. File this statement in the office where the nomination petitions, nomination certificate or nomination papers of the candidate(s) supported were filed.
3. A candidate must file a statement or report that is separate from one filed by her/his authorized committee.
4. Each statement shall be subscribed and sworn to by the candidate (if it is the candidate's personal report) or the treasurer of the political committee, acknowledging the accuracy of the report. In addition, those reports filed on behalf of a candidate's political committee, authorized by a candidate and created solely for the purpose of influencing an election on behalf of that candidate, shall be subscribed and sworn to by that candidate.
5. Reports must be filed according to the following schedule. For specific dates, consult the Election Calendar.

First report deadline: Cycle 1	Sixth Tuesday Pre-Primary. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)
Second report deadline: Cycle 2	Second Friday Pre-Primary. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Third report deadline: Cycle 3	30 days Post-Primary. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Fourth report deadline: Cycle 4	6 <sup>th</sup> Tuesday Pre-Election. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)
Fifth report deadline: Cycle 5	2 <sup>nd</sup> Friday Pre-Election. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Sixth report deadline: Cycle 6	30 days Post-Election. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Annual report deadline: Cycle 7	January 31 <sup>st</sup> of the following year. Statement must be complete as of December 31.
6. Political committees that are required to file pre-election reports are also required to file at all subsequent reporting deadlines for that election.
7. Retain copies of all records for a period of 3 years. Although no detailed campaign expense report is filed, you are required to keep a record of the names and addresses of each person from whom a contribution of over \$10.00 has been received and a record of all other information required to be reported pursuant to the Campaign Expense Reporting Law.

### LATE FILING PENALTY

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

In addition, any candidate or treasurer of a political committee, or person acting as such treasurer, who shall fail to file an account of primary or election expenses, as required by the Law, shall be guilty of a misdemeanor and, upon conviction thereof, shall be sentenced to pay a fine not exceeding \$5,000 (five thousand dollars) or to undergo an imprisonment of not less than one (1) month nor more than two (2) years, or both, in the discretion of the court.

Further penalties are provided by law.

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

# 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		Janice (Jan) Beatty					
Street Address		1926 12th St.					
City	Bethlehem	State	PA	Zip Code	18020		

Type of Report (Place x under report type)								
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> 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
<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)		Year		Amendment Report		<input type="checkbox"/>	Termination Report	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10-19-21	11-22-21	
A. Amount Brought Forward From Last Report	\$	-870.52	<p>RECEIVED NOV 30 2021</p> <p>County Of Northampton Election Division 669 Washington St. Easton, PA. 18042</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	+394.40	
C. Total Funds Available (Sum of Lines A and B)	\$	476.12	
D. Total Expenditures (From Schedule III)	\$	_____	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-476.12	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	_____	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	_____	

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

Signature of Person Submitting report

Printed Name

My Commission expires \_\_\_\_\_ MO. DAY YR.

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

30 day of November 20 21

Signature

My Commission expires 4 11 25 MO. DAY YR.

Signature of Candidate  
Janice Beatty (Jan)  
Printed Name

610  
Area Code

360-0233  
Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
SHARON A KELS - Notary Public  
Northampton County  
My Commission Expires April 11, 2025  
Commission Number 1083679

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

Filer Identification Number	
-----------------------------	--

<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$
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>		\$

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	
-----------------------------	--

							Amount
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:	
------------------------------	--

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:	
------------------------------	--

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]		\$
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)

<b>Filer Identification Number:</b>	
-------------------------------------	--

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

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:	
------------------------------	--

Full Name	Janice (Jan) Beatty						
House #	1926	Street Address	12th Street				
City	Bethlehem	State	PA	Zip Code	18020	Date [MM/DD/YYYY]	\$ 394.40
Receipt Description	\$254.40 Wprint ctr 4/21/21 + \$140.00 cash dep. to cover ck. 9/8/21						

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:	
------------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 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 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 F

**In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
-------------------------------------	--

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

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

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

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

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

SCHEDULE II

Part G

**In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	
------------------------------	--

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:	
------------------------------	--

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		
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:	
------------------------------	--

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 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 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.dqs.state.pa.us](http://www.dqs.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.

## 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)

### 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	Committee Treasurer	Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Jan Beatty			
Street Address	1926 12th Street			
City	Bethlehem	State	PA	Zip Code 18020

Type of Report (Place x under report type)									
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> 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	
<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"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year		Amendment Report		Termination Report				

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/19/21	11/22/21	
A. Amount Brought Forward From Last Report	\$ 661.86		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 324.00		
C. Total Funds Available (Sum of Lines A and B)	\$ 985.86		
D. Total Expenditures (From Schedule III)	\$ 985.86		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 0		
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0		

RECEIVED NOV 30 2021  
 RECEIVED NOV 30 2021  
 RECEIVED NOV 30 2021  
 County Of Northampton  
 Election Division  
 669 Washington St.  
 Easton, PA. 18042

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 30<sup>th</sup> day of November 2021

Barry A. Good  
 Signature  
 Commonwealth of Pennsylvania - Notary Seal  
 My Commission Expires 02/25/2025  
 Northampton County DAY YR.  
 My Commission Expires February 25, 2025  
 Commission Number 1360099

Beverly Rickles  
 Signature of Person Submitting report  
Beverly Rickles  
 Printed Name  
215 Area Code 262-9172 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	
-----------------------------	--

<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>	
---	--

Total for the reporting period	(1)	\$	324.00
--------------------------------	-----	----	--------

<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>	
---	--

Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period	(2)	\$ 0

<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>	
--	--

Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	\$	
Total for the reporting period	(3)	\$ 0

<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>	
--	--

Total for the reporting period	(4)	\$	
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>		\$	# 324 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	
-----------------------------	--

							Amount
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:	
------------------------------	--

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:	
------------------------------	--

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]	\$
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:	
------------------------------	--

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							
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							
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							
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							

**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.

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name</b>									
<b>House #</b>		<b>Street Address</b>							
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>Receipt Description</b>									
<b>Full Name</b>									
<b>House #</b>		<b>Street Address</b>							
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>Receipt Description</b>									
<b>Full Name</b>									
<b>House #</b>		<b>Street Address</b>							
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>Receipt Description</b>									
<b>Full Name</b>									
<b>House #</b>		<b>Street Address</b>							
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>Receipt Description</b>									
<b>Full Name</b>									
<b>House #</b>		<b>Street Address</b>							
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		<b>\$</b>
<b>Receipt Description</b>									

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

Filler Identification Number:	
-------------------------------	--

**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 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 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 F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
------------------------------	--

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:	
------------------------------	--

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:	
------------------------------	--

To Whom Paid	Anna Thomas				Date [MM/DD/YYYY]	\$	500.00
House #	Street Address	3325 Darien Rd		Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	18020	Campaign Management	
To Whom Paid	Jan Beatty				Date [MM/DD/YYYY]	\$	394.40
House #	Street Address	1926 12 <sup>th</sup> St		Description of Expenditure			
City	Bethlehem	State	PA	Zip Code	18020	L.V. Print Center (cash dep)	
To Whom Paid	Beverly Rickles				Date [MM/DD/YYYY]	\$	91.46
House #	Street Address	1344 Beverly Hills Rd		Description of Expenditure			
City	Coopersburg	State	PA	Zip Code	18036	Campaign Finance/Treasurer	
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:	
------------------------------	--

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 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 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 B). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part III).

**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](http://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. 53241)

#### 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.

# 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		Jan Beatty					
Street Address		1926 12th Street					
City	Bethlehem	State	PA	Zip Code	18020		

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> 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
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)	05/18/2021	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		5-5-2021	
A. Amount Brought Forward From Last Report	\$	-692.19	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	-	
C. Total Funds Available (Sum of Lines A and B)	\$	-	
D. Total Expenditures (From Schedule II)	\$	-	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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 \_\_\_\_\_

Signature of Person Submitting report \_\_\_\_\_

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

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. 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 \_\_\_\_\_

Signature of Candidate \_\_\_\_\_

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

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. Area Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

Commonwealth of Pennsylvania - Notary Seal  
 Reni J. Rajan, Notary Public  
 Northampton County  
 My commission expires April 7, 2025  
 Commission number 1311027  
 Member, Pennsylvania Association of Notaries

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

File Identification Number	
----------------------------	--

<b>1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
<b>4. Other Receipts - Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$
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>		\$

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											
										Amount	
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]		\$			
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.)

File/Identification Number						
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.

File Identification Number	
----------------------------	--

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)

File Identification Number	
----------------------------	--

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				
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				
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				
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				

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	
-----------------------------	--

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					
---------------------	--	--	--	--	--

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

Enter Identification Numbers	
------------------------------	--

1 UNREIMBURSED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
--	--

TOTAL for the reporting period	(1)	\$	
--------------------------------	-----	----	--

2 IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)	
---	--

TOTAL for the reporting period	(2)	\$	
--------------------------------	-----	----	--

3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART E)	
---	--

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 F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>Filer Identification Number</b>	
------------------------------------	--

<b>Full Name of Contributor</b>				<b>Date</b> [MM/DD/YYYY]	<b>S</b>
<b>House #</b>	<b>Street Address</b>			<b>Date</b> [MM/DD/YYYY]	<b>S</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date</b> [MM/DD/YYYY]	<b>S</b>
<b>Description of Contribution</b>					
<b>Full Name of Contributor</b>				<b>Date</b> [MM/DD/YYYY]	<b>S</b>
<b>House #</b>	<b>Street Address</b>			<b>Date</b> [MM/DD/YYYY]	<b>S</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date</b> [MM/DD/YYYY]	<b>S</b>
<b>Description of Contribution</b>					
<b>Full Name of Contributor</b>				<b>Date</b> [MM/DD/YYYY]	<b>S</b>
<b>House #</b>	<b>Street Address</b>			<b>Date</b> [MM/DD/YYYY]	<b>S</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date</b> [MM/DD/YYYY]	<b>S</b>
<b>Description of Contribution</b>					
<b>Full Name of Contributor</b>				<b>Date</b> [MM/DD/YYYY]	<b>S</b>
<b>House #</b>	<b>Street Address</b>			<b>Date</b> [MM/DD/YYYY]	<b>S</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date</b> [MM/DD/YYYY]	<b>S</b>
<b>Description of Contribution</b>					

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Filer Name of Contributor:</b>				<b>Date [MM/DD/YYYY]</b>	S
<b>House #:</b>	<b>Street Address:</b>			<b>Date [MM/DD/YYYY]</b>	S
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>		<b>Date [MM/DD/YYYY]</b>	S
<b>Employer Name:</b>				<b>Occupation:</b>	
<b>Employer Mailing Address / Principal Place of Business:</b>				<b>Description of Contribution:</b>	

<b>Filer Name of Contributor:</b>				<b>Date [MM/DD/YYYY]</b>	S
<b>House #:</b>	<b>Street Address:</b>			<b>Date [MM/DD/YYYY]</b>	S
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>		<b>Date [MM/DD/YYYY]</b>	S
<b>Employer Name:</b>				<b>Occupation:</b>	
<b>Employer Mailing Address / Principal Place of Business:</b>				<b>Description of Contribution:</b>	

<b>Filer Name of Contributor:</b>				<b>Date [MM/DD/YYYY]</b>	S
<b>House #:</b>	<b>Street Address:</b>			<b>Date [MM/DD/YYYY]</b>	S
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>		<b>Date [MM/DD/YYYY]</b>	S
<b>Employer Name:</b>				<b>Occupation:</b>	
<b>Employer Mailing Address / Principal Place of Business:</b>				<b>Description of Contribution:</b>	

<b>Filer Name of Contributor:</b>				<b>Date [MM/DD/YYYY]</b>	S
<b>House #:</b>	<b>Street Address:</b>			<b>Date [MM/DD/YYYY]</b>	S
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>		<b>Date [MM/DD/YYYY]</b>	S
<b>Employer Name:</b>				<b>Occupation:</b>	
<b>Employer Mailing Address / Principal Place of Business:</b>				<b>Description of Contribution:</b>	

SCHEDULE III  
Statement of Expenditures

File Identification Number	
----------------------------	--

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		
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.

File Identification Number	
----------------------------	--

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 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 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 II). 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](http://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 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 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
02 Allegheny	25 Erie
03 Armstrong	26 Fayette
04 Beaver	27 Franklin
05 Bedford	28 Forest
06 Berks	29 Fulton
07 Blair	30 Greene
08 Bradford	31 Huntingdon
09 Bucks	32 Indiana
10 Butler	33 Jefferson
11 Cambria	34 Juniata
12 Cameron	35 Lackawanna
13 Carbon	36 Lancaster
14 Centre	37 Lawrence
15 Chester	38 Lebanon
16 Clarion	39 Lehigh
17 Clearfield	40 Luzerne
18 Clinton	41 Lycoming
19 Columbia	42 McKean
20 Crawford	43 Mercer
21 Cumberland	44 Mifflin
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)

# 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	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		FRIENDS of Jan Beatty			
Street Address		1926 12 <sup>th</sup> Street			
City	Bethlehem	State	PA	Zip Code	18020

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> 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
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)		5/8/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/5/2021	6/7/2021	
A. Amount Brought Forward From Last Report	\$	- 0 -	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	152.00	
C. Total Funds Available (Sum of Lines A and B)	\$	152.00	
D. Total Expenditures (From Schedule III)	\$	- 0 -	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	152.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	- 0 -	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	- 0 -	

### 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

7 day of June 2021

Signature of Treasurer: James Michael Brady

Signature of Person Submitting report: Beverly Kiciles

Printed Name: Beverly Kiciles

My Commission expires 1/23/24 MO.

Commonwealth of Pennsylvania - Notary Seal  
 JAMES MICHAEL BRADY - Notary Public  
 Bucks County  
 My Commission Expires November 23, 2024  
 Commission Number 1386068

Area Code: 215

Daytime Telephone Number: 262-9172

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

Signature of Candidate

Printed Name

My Commission expires \_\_\_\_\_ MO. DAY YR.

Area Code

Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	
------------------------------------	--

<b>1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor</b>	
---	--

Total for the reporting period	(1)	\$	2.00
--------------------------------	-----	----	------

<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>	
---	--

Contributions Received from Political Committees (Part A)	\$	0	
All Other Contributions (Part B)	\$		150.00
Total for the reporting period	(2)	\$	150.00

<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>	
--	--

Contributions Received from Political Committees (Part C)	\$	0	
All Other Contributions (Part D)	\$		0
Total for the reporting period	(3)	\$	0

<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>	
--	--

Total for the reporting period	(4)	\$	0
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>		\$	152.00

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	
-----------------------------	--

						Amount
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.)

File Identification Number									
Full Name of Contributor						Date		S	
(Tina) Concetta Labellarte						05/05/2021		100.00	
House #		Street Address				Date		S	
APT 3		4060 Mcbee St							
City			State		Zip Code		Date		S
Kansas City			MO		64111				
Full Name of Contributor						Date		S	
Kristen Stachina						05/08/2021		50.00	
House #		Street Address				Date		S	
		865 Nicholas St							
City			State		Zip Code		Date		S
Bethlehem			PA		18017				
Full Name of Contributor						Date		S	
House #		Street Address				Date		S	
City			State		Zip Code		Date		S
Full Name of Contributor						Date		S	
House #		Street Address				Date		S	
City			State		Zip Code		Date		S
Full Name of Contributor						Date		S	
House #		Street Address				Date		S	
City			State		Zip Code		Date		S
Full Name of Contributor						Date		S	
House #		Street Address				Date		S	
City			State		Zip Code		Date		S

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.

File Identification Number	
----------------------------	--

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 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.

File Identification Number:	
-----------------------------	--

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:						

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

<b>Filer Identification Number</b>	
------------------------------------	--

<b>1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50,000 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2 IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50,000 TO \$250,000 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$

<b>3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250,000 (FROM PART F)</b>		
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 F

# In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File Identification Number	
----------------------------	--

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

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

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

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

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

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

File Identification Number	
----------------------------	--

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

<b>File/Identification Number</b>	
-----------------------------------	--

<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>		

1

**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 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)

# 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	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Jan Beatty				
Street Address		1926 12th Street				
City	Bethlehem	State	PA	Zip Code	18020	

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> 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
<input type="checkbox"/>	<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"/>
Date Of Election (MM/DD/YYYY)			Year		Amendment Report	Termination Report		
			2021		<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report			<p style="text-align: center;">EMERGED</p> <p style="text-align: center;">JAN 31 A 0:04</p> <p style="text-align: center;">NORTHAMPTON COUNTY ELECTION OFFICE</p> <p style="text-align: center;">EASTON, PA 18042</p>
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 0	
C. Total Funds Available (Sum of Lines A and B)		\$ 0	
D. Total Expenditures (From Schedule III)		\$ 0	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 0	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 11	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 11	

### 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

31<sup>st</sup> day of January 2022

*Sandra J. Fulmer*  
Signature

*Beverly Rickles*  
Signature of Person Submitting report

Beverly Rickles  
Printed Name

My Commission expires 09 08 2025  
MO. DAY YR.

215 Area Code  
262-9172 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

\_\_\_\_\_  
Signature of Candidate

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

My Commission expires \_\_\_\_\_  
MO. DAY YR.

\_\_\_\_\_ Area Code  
\_\_\_\_\_ Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
 SANDRA J. FULMER - Notary Public  
 Northampton County  
 My Commission Expires September 8, 2025  
 Commission Number 1251818

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>		
<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$
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>		\$

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	
-----------------------------	--

							Amount
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.)

File Identification Number:	
-----------------------------	--

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]	\$
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:	
------------------------------	--

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)

<b>Filler Identification Number:</b>	
--------------------------------------	--

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

PART E

# Other Receipts

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 Number:	
------------------------------	--

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

File Identification Number	
----------------------------	--

<b>1 UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2 IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)</b>		
TOTAL for the reporting period	(2)	\$

<b>3 IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)</b>		
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 F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

File Identification Number	
----------------------------	--

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	
-----------------------------	--

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

Employer Identification Number	
--------------------------------	--

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			
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.

Efiler Identification Number:	_____
-------------------------------	-------

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 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 QTH 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](http://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 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)

## INSTRUCTIONS FOR FILING THE CAMPAIGN FINANCE STATEMENT

1. You may file this statement in lieu of a full report when the amount of contributions (including in-kind contributions) received, the amount of money expended and the liabilities incurred *each* did not exceed \$250.00 during the reporting period.
2. File this statement in the office where the nomination petitions, nomination certificate or nomination papers of the candidate(s) supported were filed.
3. A candidate must file a statement or report that is separate from one filed by her/his authorized committee.
4. Each statement shall be subscribed and sworn to by the candidate (if it is the candidate's personal report) or the treasurer of the political committee, acknowledging the accuracy of the report. In addition, those reports filed on behalf of a candidate's political committee, authorized by a candidate and created solely for the purpose of influencing an election on behalf of that candidate, shall be subscribed and sworn to by that candidate.
5. Reports must be filed according to the following schedule. For specific dates, consult the Election Calendar.

First report deadline: Sixth Tuesday Pre-Primary. Reporting period closes 50 days prior to the election.  
Cycle 1 (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)

Second report deadline: Second Friday Pre-Primary. Reporting period closes 15 days prior to the election.  
Cycle 2 (Required by all candidates on the ballot and committees supporting such candidates.)

Third report deadline: 30 days Post-Primary. Reporting period closes 20 days after the election.  
Cycle 3 (Required by all candidates on the ballot and committees supporting such candidates.)

Fourth report deadline: 6<sup>th</sup> Tuesday Pre-Election. Reporting period closes 50 days prior to the election.  
Cycle 4 (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)

Fifth report deadline: 2<sup>nd</sup> Friday Pre-Election. Reporting period closes 15 days prior to the election.  
Cycle 5 (Required by all candidates on the ballot and committees supporting such candidates.)

Sixth report deadline: 30 days Post-Election. Reporting period closes 20 days after the election.  
Cycle 6 (Required by all candidates on the ballot and committees supporting such candidates.)

Annual report deadline: January 31<sup>st</sup> of the following year. Statement must be complete as of December 31.  
Cycle 7

6. Political committees that are required to file pre-election reports are also required to file at all subsequent reporting deadlines for that election.
7. Retain copies of all records for a period of 3 years. Although no detailed campaign expense report is filed, you are required to keep a record of the names and addresses of each person from whom a contribution of over \$10.00 has been received and a record of all other information required to be reported pursuant to the Campaign Expense Reporting Law.

### LATE FILING PENALTY

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

In addition, any candidate or treasurer of a political committee, or person acting as such treasurer, who shall fail to file an account of primary or election expenses, as required by the Law, shall be guilty of a misdemeanor and, upon conviction thereof, shall be sentenced to pay a fine not exceeding \$5,000 (five thousand dollars) or to undergo an imprisonment of not less than one (1) month nor more than two (2) years, or both, in the discretion of the court.

Further penalties are provided by law.

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

# 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		Jan Beatty					
Street Address		1926 12th St					
City	Bethlehem	State	PA	Zip Code	18020		

Type of Report (Place x under report type)								
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> 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
<input type="checkbox"/>	<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"/>
Date Of Election (MM/DD/YYYY)		Year		2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	\$	0	<p style="text-align: center;">2021 JAN 31 A 8:04          ENTERED          NORTHAMPTON COUNTY          ELECTION OFFICE          EASTON, PA 18042</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	---	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	---	

### 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

*Janice A. Beatty*  
Signature of Person Submitting report  
Janice A. Beatty  
Printed Name

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

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

31<sup>st</sup> day of January 2022

*Sandra J. Fulmer*  
Signature

*Janice A. Beatty*  
Signature of Candidate  
Janice Beatty  
Printed Name

My Commission expires 09 08 25 MO. DAY YR. 0025 STF

610 Area Code 360-0233 Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
 SANDRA J. FULMER - Notary Public  
 Northampton County  
 My Commission Expires September 8, 2025  
 Commission Number 1251818

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	
-----------------------------	--

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

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:	
------------------------------	--

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]	\$
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 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:	
------------------------------	--

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							
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  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
-------------------------------------	--

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

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

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

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

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

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
------------------------------	--

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				
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				

## 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 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](http://www.dos.state.pa.us) or by contacting the Bureau.

## 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 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.