COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed $250.00 during the reporting period.

FILER IDENTIFICATION NUMBER

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST

STREET ADDRESS

CITY

STATE

ZIP CODE

DATE OF ELECTION

TYPE OF REPORT (CHECK ONE)

6TH TUESDAY PRE-PRIMARY

2ND FRIDAY PRE-PRIMARY

30 DAY POST-PRIMARY

6TH TUESDAY PRE-ELECTION

2ND FRIDAY PRE-ELECTION

30 DAY POST-ELECTION

ANNUAL REPORT

NAME OF OFFICE SOUGHT BY CANDIDATE

DISTRICT NO.

PARTY

DATE OF ELECTION

MO.

DAY

YEAR

DATES OF REPORTING PERIOD

MO.

DAY

YEAR

CASH BALANCE AT END OF REPORTING PERIOD:

TOTAL AMOUNT OF FILER’S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:

AMENDMENT REPORT? YES NO

TERMINATION REPORT? YES NO

PART I -

If statement is filed on behalf of a Political Committee or Candidate’s Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWORE TO AND SUBSCRIBED BEFORE ME THIS

DATE

SIGNATURE

MY COMMISSION EXPIRES

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate’s Authorized Committee, Candidate must sign here.

I SWORE TO AND SUBSCRIBED BEFORE ME THIS

DATE

SIGNATURE

MY COMMISSION EXPIRES

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-4280