**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.

<table>
<thead>
<tr>
<th>FILER IDENTIFICATION NUMBER</th>
<th>REPORT FILED ON BEHALF OF</th>
<th>CANDIDATE</th>
<th>COMMITTEE</th>
<th>LOBBYIST</th>
</tr>
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</tbody>
</table>

**NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST**

Stanley A. Casacio

**STREET ADDRESS**

625 Creek Road

**CITY**

Pottstown

**STATE**

PA

**ZIP CODE**

19464

**TYPE OF REPORT (CHECK ONE)**

1. 6TH TUESDAY PRE-PRIMARY
2. 2ND FRIDAY PRE-PRIMARY
3. 30 DAY POST-PRIMARY
4. 6TH TUESDAY PRE-ELECTION
5. 2ND FRIDAY PRE-ELECTION
6. 30 DAY POST-ELECTION
7. ANNUAL REPORT

**NAME OF OFFICE SOUGHT BY CANDIDATE**

Controller

**DISTRICT NO.**

46

**PARTY**

REP

**DATE OF ELECTION**

MO. | DAY | YEAR
---|-----|------
5  | 91  | 2012

**DATES OF REPORTING PERIOD**

MO. | DAY | YEAR
---|-----|------
1  | 11  | 19
5  | 6   | 19

**CASH BALANCE AT END OF REPORTING PERIOD:**

$ 0.00

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

$ 0.00

**AMENDMENT REPORT?**

YES  NO [ ]

**TERMINATION REPORT?**

YES  NO [ ]

**AFFIDAVIT SECTION**

**PART I**

If statement is filed on behalf of a Political Committee or Candidates’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 SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS ($250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

COMMONWEALTH OF PENNSYLVANIA

SWEARING TO AND SUBSCRIBED BEFORE ME THIS 20/2

[Signature]

Signature of person submitting report

Date: March 28, 2021

Printed Name

[Signature]

Printed Name

Area Code: 633-5470

Daytime Telephone Number

**PART II**

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

[Signature]

Signature of Candidate

[Signature]

Printed Name

Area Code: 633-5470

Daytime Telephone Number

DSEB-503 (12-99)