Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF _____ (COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:	Report Filed By:	CANDIDATE 1.	COMMITTEE 2.	LOBBYIST 3.

Name of Filing Committee, Candidate or Lobbyist:

Street Address:

City: | State: | Zip Code: –

TYPE OF REPORT (place X to the right of report type)

6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES		NO
6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES		NO
ANNUAL REPORT	7.	YEAR		FILING METHOD ( ) CHECK ONE		PAPER		DISKETTE	

Name of Office Sought by Candidate:

DATE OF ELECTION			District Number	Office Code	Party Code	County Code
MO.	DAY	YEAR				
				(SEE INSTRUCTIONS FOR CODES)		

Summary of Receipts and Expenditures from: MO. DAY YEAR To MO. DAY YEAR

A. Amount Brought Forward From Last Report	$
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)	$
E. Ending Cash Balance (Subtract Line D from Line C)	$
F. Value of In-Kind Contributions Received (From Schedule II)	$
G. Unpaid Debts and Obligations (From Schedule IV)	$

FOR OFFICE USE ONLY

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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20_____

Signature of Person Submitting Report

Signature

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 of Candidate

Signature

Printed Name

My commission expires _____ MO. DAY YR.

Area Code | Daytime Telephone Number

Administrative Center • 28 East Market St. • York, Pa 17401-1579 • Telephone 717-771-9604 • Fax 717-771-4387
E-Mail: snsuchanic@york-county.org Web Site: york-county.org/voters/election

"EQUAL OPPORTUNITY EMPLOYER"

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	$

2. CONTRIBUTIONS $50.01 TO $250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		$
All Other Contributions (Part B)		$
TOTAL for the Reporting Period	(2)	$

3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		$
All Other Contributions (Part D)		$
TOTAL for the Reporting Period	(3)	$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD *(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)*	$

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

$50.01 TO $250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from $50.01 to $250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

Full Name of Contributing Committee			DATE MO.	DAY	YEAR	AMOUNT
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL $

PART B

ALL OTHER CONTRIBUTIONS

$50.01 TO $250.00

Use this Part to itemize all other contributions with an aggregate value from $50.01 to $250.00 in the reporting period. (Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

Full Name of Contributor			DATE MO.	DAY	YEAR	AMOUNT
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
					PAGE TOTAL	$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

Full Name of Contributing Committee			DATE MO.	DAY	YEAR	AMOUNT
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Full Name of Contributing Committee						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$

PAGE TOTAL $

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PART D

ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

OVER $250.00

Use this Part to itemize all other contributions with an aggregate value of over $250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

Full Name of Contributor			DATE MO.	DAY	YEAR	AMOUNT $
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor						$
Mailing Address						$
City	State	Zip Code (Plus 4) –				$
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business						

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL $

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.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	Amount $
Receipt Description						

PAGE TOTAL
$

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

SCHEDULE II

PAGE _____ OF _____

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

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

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 $250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

Full Name of Contributor			DATE MO.	DAY	YEAR	AMOUNT $
Mailing Address			MO.	DAY	YEAR	$
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	$
Mailing Address			MO.	DAY	YEAR	$
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	$
Mailing Address			MO.	DAY	YEAR	$
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	$
Mailing Address			MO.	DAY	YEAR	$
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	$
Mailing Address			MO.	DAY	YEAR	$
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	$
Mailing Address			MO.	DAY	YEAR	$
City	State	Zip Code (Plus 4) –	MO.	DAY	YEAR	$
Description of Contribution:						

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
$

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER $250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

				DATE MO.	DAY	YEAR	AMOUNT
Full Name of Contributor							$
Mailing Address							$
City	State	Zip Code (Plus 4) –					$
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business			Description of Contribution				
Full Name of Contributor							$
Mailing Address							$
City	State	Zip Code (Plus 4) –					$
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business			Description of Contribution				
Full Name of Contributor							$
Mailing Address							$
City	State	Zip Code (Plus 4) –					$
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business			Description of Contribution				
Full Name of Contributor							$
Mailing Address							$
City	State	Zip Code (Plus 4) –					$
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business			Description of Contribution				
Full Name of Contributor							$
Mailing Address							$
City	State	Zip Code (Plus 4) –					$
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business			Description of Contribution				

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
$

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

To Whom Paid			MO.	DAY	YEAR	Amount $
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) –				
To Whom Paid			MO.	DAY	YEAR	Amount $
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) –				
To Whom Paid			MO.	DAY	YEAR	Amount $
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) –				
To Whom Paid			MO.	DAY	YEAR	Amount $
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) –				
To Whom Paid			MO.	DAY	YEAR	Amount $
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) –				
To Whom Paid			MO.	DAY	YEAR	Amount $
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) –				
To Whom Paid			MO.	DAY	YEAR	Amount $
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) –				
To Whom Paid			MO.	DAY	YEAR	Amount $
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) –				
To Whom Paid			MO.	DAY	YEAR	Amount $
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4) –				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL $

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.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____

Name of Creditor					Outstanding Balance of Debt $
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) –		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt $
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) –		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt $
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) –		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt $
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) –		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt $
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) –		
Description of Debt					

Name of Creditor					Outstanding Balance of Debt $
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4) –		
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
$

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** 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)