### **Campaign Finance Report**

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

Filer Identificati Number :	on	2019	4				port		CANDI	DATE	<b>√</b>	CO	MMITTEE		LOBI	BYIST			
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		ARC	GALL	, DAV	ID G.								_	_	
Street Address:																			
City:								State:				Zip Code	<b>Zip Code:</b> 18634-0000						
TYPE OF REPORT	6TH TUES PRE-PRIN		1.	2ND FRIDA PRIMARY	Y PRE	-	2. <b>X</b>	30 DA PRIMA		POST-	3.		AMENDMENT Yes REPORT?				,	<b>/</b>	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	TERMINATION Yes REPORT?					
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2002					NG METHO				PAPER		✓	DISKE	TTE		
Name of Office S	L Sought by	, Candidat	:e:						DATE O	F ELE	CTION		District Number						
									МО	DAY	YEAR	₹	124 STH REP 54						
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11		5 2	2002		CODES	)				
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	YEAI	R	FOF	OFFIC	E USE	ONLY			
Expenditures	from:			1 1		1	Т	0	5		6 2	2002							
A. Amount Bro	ught For	ward Fron	ı Last R	eport	•		1	\$			. (	0.00	1						
B. Total Moneta	ary Contr	ibutions <i>F</i>	And Rec	eipts (From	Sche	dule	e I)	\$			422	2.24							
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			422	2.24							
D. Total Expend	ditures (I	From Sche	dule II	I)				\$			422	2.24							
E. Ending Cash	Balance	(Subtract	Line D	From Line (	C)			\$			C	0.00							
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$			C	0.00							
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$			C	0.00		'					
					AFF	ID	AVI	T SE	CTION										
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate re	eport, o	candidat	te sig	jn here.						
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper (	or by elect	ronic m	edium, aı	re to t	the best of	my know	/ledge	and beli	ef , tr	пе	
Sworn to and subs	cribed bef day of	ore me this		20							Sigr	nature	of Person	Submitti	ing Rep	ort		-	
	_	Signatur	·e					- -					Printe	ed Name				-	
My Commission Ex	pires							_					Email					_	
		МО	D	AY	YR					Are	ea Code		Daytime	Telepho	one Nu	mber			
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andida	ate shall	sign he	ere.								
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has n	ot viola	ted any p	rovis	ions of the	act of Ju	ine 3,1	937 (P.L	1333	3,	
Sworn to and subsc		re me this										s	ignature of	Candida	te			-	
	day of —							_					Printed	Name				-	
		Signature						-										_	
My Commission Exp	ires												Email						
	_	МО	D	AY	YR	<u> </u>		-		Area	Code		Day	time Te	lephon	e Numb	er	-	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period		
ARGALL, DAVID G.	From:	То:	5/6/2002
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	Period (1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)			
Contributions Received From Political Committees (Part A)		\$	0.00
All Other Contributions (Part B)		\$	0.00
TOTAL for the Reporting	Period (2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			
Contributions Received From Political Committees (Part C)		\$	422.24
All Other Contributions (Part D)		\$	0.00
TOTAL for the Reporting	Period (3)	\$	422.24
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporting	Period (4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa	d enter amount ge, Item B.)	\$	422.24

#### **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 Candida	Name of Filing Committee or Candidate							
		F	rom:		То	:		
		•		DATE			AMOUNT	
Full Name of Contributing Committee			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						

PAGE TOTAL
0.00

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

## 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:				):		
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
		•						

Enter Grand Total of Part A 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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Reporting Period				
ARGALL, DAVID G.			From:			То:	<u>5/6/2002</u>	
				DA	TE		AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		
VOLUNTEERS FOR ARGALL							\$	195.62
Mailing Address PO BOX 241				2	27	2002		
City TAMAQUA	State	Zip Code	e (Plus 4)	] -				
	PA	18252						
Full Name of Contributing Committee				мо	DAY	YEAR		
VOLUNTEERS FOR ARGALL					27.1.		\$	226.62
Mailing Address PO BOX 241				1	9	2002		
City TAMAQUA	State	Zip Code	e (Plus 4)	1 -		2002		
	PA	18252						

 $\label{lem:constraint} \textbf{Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.}$ 

**PAGE TOTAL \$** 422.24

### ALL OTHER CONTRIBUTIONS

**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			Rep	orting Pe	riod				
			From:				То:		
				D	ATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							1		
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)	
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00	

## 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		Report	ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	0.00

#### **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

Name of Filing Committee or Candidate	Reporting Period		
ARGALL, DAVID G.	From:	То:	<u>5/6/2002</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candi	Reporting Period						
Fr					То:		
				DATE			AMOUNT
Full Name of Contributor				DAY	YEAR		
Mailing Address						<b>7</b> \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•	•		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai			led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.					\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.	<b></b>									0.00

422.24

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period			
ARGALL, DAVID G.	From			То:	5/6/2002		
	DATE AMO						
To Whom Paid			МО	DAY	YEAR		
DAVID G. ARGALL							
Mailing Address 106 LAKE DR.				9	2002	\$	195.62
City NESQUEHONING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18240	MILEAG	SE .			
To Whom Paid			МО	DAY	YEAR		
DAVID G. ARGALL			טויו	DAI	TLAK		
Mailing Address 106 LAKE DR			2	27	2002	\$	226.62
City NESQUEHONING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18250	MILEAG	EΕ			
Forter County Takel of Francisch			PAGE TOTAL				
<b>Enter Grand Total of Expendit</b>	tures on Page 1, Re	eport Cover Page, Item D	).				