### **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 :	<b>on</b> 79	00366			Repo Filed		:	CANDI	ANDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Cand	lidate or L	obbyist:	F	PSEA-	PACE	E F	OR STAT	E ELEC	TION	IS						
Street Address:	400 N THIF	RD ST															
City:	HARRISBUI	RG						State:	PA			Zip Cod	<b>le:</b> 17	'105-1	724		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY I PRIMARY	PRE-	2.		DA		POST-	3.		AMENDM REPORT		Yes	No		<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- 5. ELECTION			DA ECT	Y F ION	POST-	6.		TERMINATION REPORT?		Yes	No	'	<b>\</b>	
report type)	ANNUAL REPO	<b>RT</b> 7.	<b>Year</b> 2020					IG METHO				PAPER			DISKE	TTE	
Name of Office S	- Sought by Candi	date:			-			DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR	58	STH	DEN	1	65	
REPRESENTATI	VE IN THE GEN	ERAL ASS	EMBLY					3		17	2020		(SEE IN	STRUCTIO	ONS FOR	CODES	)
	Receipts and	МО	DAY YI	EAR				МО	DAY	YI	AR	FO	R OFFIC	CE USE	ONLY		
Expenditures	s trom:		1 7	20	20	то		3		2	2020						
A. Amount Bro	ught Forward F	om Last R	eport				\$		1,	052,7	782.67						
B. Total Moneta	ary Contribution	s And Rec	eipts (From S	ched	lule I	)	\$				0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$		1,	052,7	782.67						
D. Total Expend	ditures (From S	chedule II	I)				\$			10,0	00.00						
E. Ending Cash	Balance (Subtr	act Line D	From Line C)				\$		1,0	)42,7	82.67	]					
F. Value Of In-	Kind Contribution	ns Receiv	ed (From Sche	edul	e II)		\$				0.00						
G. Unpaid Debt	s And Obligatio	ns (From S	Schedule IV)				\$				0.00			•			
			Δ	\FFI	[DA\	/IT S	SE	CTION									
PART I - If this is	s a Committee r	eport, trea	surer sign hei	re. I	f this	is a (	Can	didate re	eport, o	andi	date sig	ın here.					
I swear (or affirm) correct and comple		ncluding the	e attached sched	lules	filed o	n pap	er o	or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge	and beli	ef , trı	ue.
Sworn to and subs	cribed before me	his	20							S	ignature	of Perso	n Submitt	ing Rep	ort		_
	Sign:	ature				_						Prin	ted Name				_
My Commission Ex	cpires											Ema	il				-
	мо	D	AY	YR					Are	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized Co	mm	ittee,	Cano	dida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		of my knowl	edge and belief	this	politic	al cor	mmi	ttee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc		nis									s	ignature o	of Candida	ate			-
	day of 					_						Printe	d Name				-
	Signatu	re				_											_
My Commission Exp	ires											Ema	il				
	мо	D	AY	YR		_			Area	Code		Da	aytime To	elephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
PSEA-PACE FOR STATE ELECTIONS	From:	1/7/202	<u>0</u> To:	3/2/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **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.

Name of Filing Committee or C	Candidate	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Comm	nittee		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.

0.00

### 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 C	Candidate		Rep					
			From: To			o:		
					DATE			AMOUNT
Full Name of Contributor								
ruii Naille of Contributor				МО	DAY	YEAR		
Mailing Address				МО	DAY	YEAR	\$	0.00
	State	Zip Code (Plus	4)	МО	DAY	YEAR	\$	0.00

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	ne of Filing Committee or Candidate		Reporting Period							
			From:			То:				
				DA	TE		,	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							<b>-</b>   \$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Schee	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00		

### 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				Repo	orting Pe	riod					
				Fron	n:		٦	То:			
					D	ATE			А	MOUNT	
Full Name of Contributor					МО	DAY	YEAR	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		z	ip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	nary Page,	Section	on 3.			\$	F	PAGE TOTA	<b>L</b> .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>						<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	1							
PSEA-PACE FOR STATE ELECTIONS	From:	<u>1/7/2020</u> <b>To:</b>	<u>3/2/2020</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 Candidate	me of Filing Committee or Candidate			Reporting Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						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	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
PSEA-PACE FOR STATE ELECTIONS	From	1/7/2020	То:	3/2/2020

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Friends of Robert Prah Jr.					ILAK		
Mailing Address PO Box 912				27	2020	\$	10,000.00
City Rostraver Twp	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15012	Contrib	ution			
	_						PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							10,000.00