Campaign Finance Report

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

| Filer Identification 20140277 Report Filed By: CANDIDATE COMMITTEE V LOBBYIST | | | | | | | | SYIST | | | | | | | | | | |
|---|----------------------------------|-----------|-----------------------|---------|---------|------------|-----------|--------------------|------------|--------|------------|------------------------|----------------|----------|-----------|-----------|--|--|
| Name of Filing C | Committee, Candid | ate or Lo | obbyist: | | PAT | RIO | TS FC | R PERR | 1 | | - | | · | | | | | |
| Street Address: | PO BOX 633 | | | | | | | | | | | | | | | | | |
| City: | NEW CUMBER | LAND | | | | | State: PA | | | | | Zip Code: 17070 | | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | | | | | | AY ARY | | | | AMENDM REPORT? | | Yes | No | ~ | | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRI | E- ! | 5. | 30 DA | | POST- | 6. | | TERMINA REPORT? | | Yes | No | \ | | |
| report type) | ANNUAL REPORT | 7. | Year 2020 | | | | | NG METH CHECK C | | | | PAPER | | | DISKE | TTE | | |
| Name of Office S | - Sought by Candida | te: | | | | | | DATE (| F ELE | CTIC | N | District Number | Office Code | Par | ty Code | County | | |
| | | | | | | | | МО | DAY | YI | EAR | | 1000 | <u> </u> | | | | |
| | | | | | | | | 11 | | 3 | 2020 | | (SEE IN | STRUCTIO | ONS FOR C | ODES) | | |
| | Receipts and | МО | DAY | YEAR | 2 | | | МО | DAY | Y | EAR | FO | R OFFI | CE USE | ONLY | | | |
| Expenditures | from: | | 3 10 | 2 | 020 | Т | 0 | Į. | 5 | 18 | 2020 | | | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | | \$ | | | 621,9 | 928.19 | | | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (From | Sche | dule | : I) | \$ | | 560,343.29 | | | | | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | | \$ | | 1, | 182, | 271.48 | | | | | | | |
| D. Total Expen | ditures (From Scho | edule II | I) | | | | \$ | | | 450,5 | 504.27 | | | | | | | |
| E. Ending Cash | Balance (Subtract | Line D | From Line | C) | | | \$ | | | 731,7 | 67.21 |] | | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From S | chedu | le II | :) | \$ | | | | 0.00 | | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV |) | | | \$ | | | | 0.00 | | | | | | | |
| | | | | AFF | IDA | \VI | T SE | CTION | | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign | here. | If th | is is | a Car | ndidate r | eport, | candi | date sig | ın here. | | | | | | |
| I swear (or affirm) correct and comple |) that this report, incl ete. | uding the | attached sc | hedule | s filed | d on | paper | or by elec | tronic m | edium | , are to t | he best o | f my kno | wledge | and belie | ef , true | | |
| Sworn to and subs | cribed before me this day of | i | 20 | | | | | | | 5 | Signature | of Perso | n Submit | ting Rep | ort | | | |
| | Signatu | ra | | | | | - - | | | | | Prin | ted Name | e | | | | |
| My Commission Ex | • | | | | | | | | | | | Ema | il | | | | | |
| | мо | D | AY | YR | | | | | Ar | ea Cod | de | Daytim | e Telepl | none Nu | mber | | | |
| Part II- If this is | a report of a cand | lidate's | authorized | Comr | nitte | e, C | andid | ate shall | sign h | ere. | | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of n | ny knowle | edge and beli | ef this | polit | tical | comm | ittee has i | not viola | ted ar | ıy provisi | ions of the | e act of J | une 3,19 | 937 (P.L. | 1333, | | |
| Sworn to and subso | ribed before me this | | | | | | | | | | Si | ignature o | of Candid | ate | | | | |
| | day of | | | | | | _ | | | | | Drinto | d Name | | | | | |
| | Signature | | | | | | _ | | | | | Fillite | w Haille | | | | | |
| My Commission Exp | - | | | | | | | | | | | Ema | il | | | | | |
| | МО | D | AY | YR | ł | | - | | Area | Code | | Da | aytime T | elephon | e Numbe | er | | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | y Period | | |
|--|-----------|----------|--------------|-----------|
| PATRIOTS FOR PERRY | From: | 3/10/202 | <u>0</u> To: | 5/18/2020 |
| 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) | | | \$ | 0.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting |) Period | (3) | \$ | 0.00 |
| 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 | | | \$ | 0.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | this Part to itemize only with an aggregate valu | | | | | | | |
|---------------------------------------|--|------------------|-----|---------|--------|------|---------------|------------|
| Name of Filing Committee or Candidate | | | Re | porting | Period | | | |
| | | | Fre | om: | | То | : | |
| | | <u> </u> | | | DATE | | | AMOUNT |
| Full Name of Contributi | ing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 |) | | | | | |
| | • | · | | | • | • | $\overline{}$ | DACE TOTAL |

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

PAGE TOTAL \$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 Filling Committee of Candidate | | | | oorting P m: | eriod | o: | | |
|--|-------|-------------------|---|-----------------|-------|------|----|-------|
| | | | | | DATE | | Al | MOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | ١ | | | | | |

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

PAGE TOTAL \$0.00

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 | Period | | | | |
|---------------------------------------|-----------------------|----------|-------------|--------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | А | MOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Scho | edule 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.)

| lame of Filing Committee or Candidate | | | Rep | orting Pe | riod | | | |
|--|----------------------|----------------|---------|-----------|-------|------|------------|-----------------|
| | | | Fron | n: | | To |) : | |
| | | | | D | ATE | | ı | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus | s 4) | | | | | |
| Employer Name | | | | Occupa | tion | | | |
| Employer Mailing Address/Principal Pla Business | ce of | City | | | State | | Zip Co | ode (Plus 4) |
| Enter Grand Total of Part C on Scho | edule I, Detailed Su | ımmary Page, | Section | 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 Ca | ndidate | | Repor | ting Perio | od | | | |
|---------------------------------|------------------------|------------------|---------|------------|-----|------|----|-----------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | А | MOUNT |
| Full Name | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | · | | | | • | • | |
| Enter Grand Total of Part E on | Schedule T Detailed | l Summary Page | Section | 4 | | | P | AGE TOTAL |
| zinci. Grana rotal or rait z on | ocilculate 1, Detailet | z cammary r uge, | Section | | | | \$ | 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 Perio | od | |
|--|-----------------|-----------------------|------------------|
| PATRIOTS FOR PERRY | From: | 3/10/2020 To : | <u>5/18/2020</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

| lame of Filing Committee or Candidate Re | | | | Reporting Period | | | | | |
|--|--------------------|-----------------------|-------------|------------------|-------|-----------|------------|--|--|
| | Fr | | | | | То: | То: | | |
| | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) | | | | | | | |
| Description of Contribution: | | | | | | | | | |
| Enter Grand Total of Part F on Sch | andula II. In-Kir | nd Contributions Data | ilad Sum | mary Pag | | | DACE TOTAL | | |
| Section 2. | iedule II, III-KII | ia contributions Deta | iiieu Suiii | iliai y Pag | , je, | | PAGE TOTAL | | |
| | | | | | | \$ | 0.00 | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Re | porting | Period | | | | |
|--|--------------|--------|------------|---------|---------|-----------|-----------|-------|---------|--------------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | - \$ | 0.00 |
| City | State | | Zip Code(I | Plus 4) | | | | | | |
| Employer of Contributor | | | | | | Occupa | ition | | | |
| Employer Mailing Address/Principal Pla Business | ce of | City | | State | | Zip 4) | Code(Plus | Descr | iptio | n of Contribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | nedule II, I | n-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|---------------------------------------|-------|-------------------|---------|------------------|---------------|-----|------------|--|--|
| PATRIOTS FOR PERRY | | | From | <u>3/10</u> | <u>0/2020</u> | То: | 5/18/2020 | | |
| | | | | DATE | | | AMOUNT | | |
| To Whom Paid ALL OTHER DISBURSEMENTS | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | 5 | 18 | 2020 | \$ | 450,504.27 | | |
| City | State | Zip Code (Plus 4) | Descrir | tion of Exr | enditure | | | | |

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

PAGE TOTAL

\$ 450,504.27