Campaign Finance Report

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

Filer Identificat Number :	ion 20200	C1132			Repor Filed E		CANDI	DATE	<	СС	OMMITTE	E	LOBI	BYIST			
	Committee, Candida	ate or Lo	bbyist:			-	L CHARD CH	IASE									
Street Address:																	
City:							State:				Zip Cod	Zip Code: 17015					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST-	3. X		AMENDMENT Yes N REPORT?						
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pre	- 5.	30 D ELEC	AY F TION	POST-	6.		TERMINA REPORT?		Yes	No	 Image: A start of the start of		
report type)	eport type) ANNUAL REPORT 7. Year 2020 FILING METHOD () CHECK ONE							PAPER		\checkmark	DISKE	TTE					
Name of Office	Sought by Candidat	:e:			Į		DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code		
SENATOR IN T	HE GENERAL ASSE			мо	DAY	YEA	R	31	STS	DEN	1	21					
SENATOR IN 1			11		3	2020]	(SEE INS	TRUCTI	ONS FOR	CODES)						
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEA	R	FO	R OFFIC	E USE	ONLY			
Expenditures	s from:		5 19	2	020 T	0	6	2	22	2020							
A. Amount Bro	ought Forward From	n Last Re	eport			\$		(22,053	8.00)							
B. Total Monet	tary Contributions A	And Rece	eipts (From	1 Sche	dule I)	\$	5	0.00									
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5	(22,053	8.00)							
D. Total Expen	nditures (From Sche	edule III	:)			\$	5			0.00							
E. Ending Cash	n Balance (Subtract	Line D I	From Line	C)		4	5	(2	22,053	.00)	-						
F. Value Of In-	-Kind Contributions	Receive	ed (From S	chedu	le II)	4	5			0.00	-						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')		4	5			0.00							
				AFF	IDAVI	T SE	CTION										
	is a Committee repo		-					• •			-		dadaa	and hali	-f . h		
correct and comp	ı) that this report, inclu lete.	uaing the	attached sc	neaule	s filed on	paper	or by elect	ronic me	edium, a	re to i	the best of	ту клом	leage	and bell	er, true		
Sworn to and sub	scribed before me this day of 		20						Sig	nature	e of Person	Submitt	ing Rep	oort			
	Signatur	re				_					Print	ed Name					
My Commission E	xpires					_					Emai	I					
	МО	DA	Y	YR				Are	ea Code		Daytime	e Teleph	one Nu	mber			
	a report of a cand) that to the best of m led.							-		provis	ions of the	e act of Ju	ine 3,1	937 (P.L	. 1333,		
Sworn to and subs	cribed before me this									s	ignature o	f Candida	ite				
	day of		20			_					D -1-4	d N.a					
	Signature					_		Printed Name									
My Commission Ex	-							Email									
	мо	DA	Y	YR	1	-		Area	Code		Da	ytime Te	elephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** COPLEN, RICHARD CHASE From: <u>5/19/2020</u> To: 6/22/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, 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			Re	porting I	Period			
			Fre	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

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 Candidat	e		Rep	orting P	eriod			
			Fro	m:		Τα):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	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 Ca	ndidate		Reporting) Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Com	mittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

PART D 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	Reporting Period	
	From:	То:

				D	ATE			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of		City		State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section						\$		0.00

I

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			Report	ing Perio	d				
			From:			То:			
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i 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

SE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
COPLEN, RICHARD CHASE	From:	<u>5/19/2020</u> то:	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
	From:						
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Ca	andidate				Rep	oorting P	eriod			
					Fro	m:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Princ Business	cipal Place of	City		State		Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Total of Part G	on Schodulo II	In-Kind	Contributi	one De	taile			İ		PAGE TOTAL

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate R						
	From			То:			
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrij	tion of Ex	penditure		
Enter Grand Total of Expenditures	on Page 1 Pepart C	over Page Them F	`				PAGE TOTAL
	on rage 1, Report C	over rage, item i				\$	0.00

5/18/2024 3:35:37 AM