#### **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 9	90002	97				Repo Filed			ANDI	DATE		COM	<b>ITTEE</b>	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee, Ca	ndida	te or Lo	obbyist	t:	P	SPA-	POLIT	ICAL	SUPF	PORT F	OR F	OLITIC	AL ACTI	ON				
Street Address:	600 THIR	RD AVE	Ē																
City:	KINGSTO	N							Sta	ate:	PA			Zip Cod	le: 18	704-5	815		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND F PRIMA		PRE-	2.		DAY MARY		POST-	3.		AMENDMENT REPORT?		Yes	No	١	
(place X to the right of	6TH TUESDAY PRE-ELECTION		4. <b>X</b>	2ND F ELECT		PRE-	5.	30 [ ELE	DAY CTIOI		POST-	6.		TERMINATION REPORT?		Yes	No		<b>\</b>
report type)	ANNUAL REP	PORT	7.	Year 2	2020						ETHOD CK ONE			PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	ought by Can	ndidate	e:	-					D/	ATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Cour	
									М	)	DAY	Y	EAR					40	
										11		3	2020		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		nd	МО	DAY	Y	YEAR			M	)	DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:			6	23	20	20	то		9		14	2020						
A. Amount Bro	ught Forward	From	Last R	eport					\$			24,	141.23						
B. Total Moneta	ary Contributi	ions A	nd Rec	eipts (	From	Sched	lule I	)	\$				0.00						
C. Total Funds	Available (Su	m Of L	ines A	and B	)				\$			24,	141.23						
D. Total Expend	ditures (From	Sche	dule II	[)					\$			4,0	00.00						
E. Ending Cash	Balance (Sub	otract	Line D	From L	Line C	)		_	\$			20,1	141.23						
F. Value Of In-	Kind Contribu	itions	Receive	ed (Fro	om Sc	hedule	e II)		\$				0.00						
G. Unpaid Debt	s And Obligat	tions (	From S	chedu	le IV)	1			\$				0.00						
						AFFI	DAV	'IT S	ECT	ION									
PART I - If this is I swear (or affirm)		=	-		_								_		f my knou	uladaa	and hali	of tw	
correct and comple		t, inclu	aing the	attach	eu scn	eaules	mea o	п раре	FOF	y electi	ronic m	earun	i, are to t	ne best o	i my knov	vieage	and bei	er, tr	ue
Sworn to and subs	cribed before m day of	ne this		20									Signature	of Perso	n Submitt	ing Re <sub>l</sub>	oort		_
	Sig	gnature	e					_						Prin	ted Name				_
My Commission Ex	xpires													Ema	il				_
	МО		D#	λY		YR					Ar	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's	author	rized (	Commi	ittee,	Candi	idate	shall	sign h	ere.							
I swear (or affirm) No 320) as amende		st of my	/ knowle	edge an	d belie	f this p	politica	al com	mitte	e has n	ot viola	ted ar	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P.I	. 133	3,
Sworn to and subsc	ribed before me	e this		20									s	ignature o	of Candida	ite			-
								_						Printe	d Name				-
	Signa	iture						_											_
My Commission Exp	ires													Ema	il				
	м	0	DA	λY		YR					Area	Code		Da	aytime Te	elephor	ne Numb	er	<sup>-</sup>

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

	_			
Name of Filing Committee or Candidate	Reporting	g Period		
PSPA-POLITICAL SUPPORT FOR POLITICAL ACTION	From:	6/23/202	<u>:0</u> To:	9/14/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reportin	ng 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 Reportin	ng 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 Reportin	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E	)			
TOTAL for the Reportin	ıg Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover P			\$	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 Comm	nittee 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 Filing Committee or Candi	date		Reporting Period From: To:						
					DATE		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0	0.00
City	State	Zip Code (Plus 4)	)						

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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			Rep	orting Pe	riod			
			Fron	n:		То	:	
				D	ATE		АМО	DUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAC	<b>GE TOTAL</b> 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	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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	
PSPA-POLITICAL SUPPORT FOR POLITICAL ACTION	From:	<u>6/23/2020</u> <b>To:</b>	9/14/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS F	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	rt 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 Candidat	e		Reporting	g Period			
			From:			To:	
				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	edule II, In-Kin	d Contributions Deta	iled Sum	marv Pac	ie, F		PAGE TOTAL
Section 2.	,			, .	,	\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl )	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
PSPA-POLITICAL SUPPORT FO	OR POLITICAL ACTION		From	<u>6/2</u>	3/2020	То:	9/14/2020
				DATE			AMOUNT
<b>To Whom Paid</b> Friends of Bridget Kosierowski			МО	DAY	YEAR		
Mailing Address PO Box 38			7	9	2020	\$	500.00
City Clarks Summit	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18411	<b>Descrip</b> Contrib	otion of Exp oution	penditure	1	
<b>To Whom Paid</b> Citizens for Mullery			мо	DAY	YEAR		
Mailing Address 6 Marie Dri	ve		7	9	2020	\$	500.00
City Nanticoke State Zip Code (Plus 4) PA 18634				otion of Exp	penditure		
<b>To Whom Paid</b> Committee to Elect Eddie Day	Pashinski		мо	DAY	YEAR		
Mailing Address 131 Meado	wcrest Drive		7	29	2020	\$	500.00
<b>City</b> Nanticoke	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18634	<b>Descrip</b> Contrib	otion of Exportation	penditure		
<b>To Whom Paid</b> Friends of Mike Carroll	-		мо	DAY	YEAR		
Mailing Address 401 Park D	rive		8	10	2020	\$	1,000.00
<b>City</b> Avoca	State PA	<b>Zip Code (Plus 4)</b> 18641	<b>Descrip</b> Contrib	otion of Exportation	penditure		
<b>To Whom Paid</b> Shapiro For PA	·		мо	DAY	YEAR		
Mailing Address PO Box 22635				14	2020	\$	1,500.00
<b>City</b> Philadelphia	State PA	<b>Zip Code (Plus 4)</b> 19110	<b>Descrip</b> Contrib	otion of Exp oution	penditure	:	
Fatan Cara I T I I C T	J		<u> </u>				PAGE TOTAL
Enter Grand Total of Expen	uitures on Page 1, Re	eport Cover Page, Item [	<i>)</i> .			\$	4,000.00