Campaign Finance Report

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

| Number: | | | | | Rep File | | | | | | СОМ | IMITTEE / LOBBYIST | | | | | | |
|---|---------------------------------|-----------|---|------|-------------|-----------------------------|--------|--|-------|----------|-------------------|--------------------|--------------------|----------------|----------|----------|---------|-----|
| Name of Filing C | ommittee, Candid | ate or L | obbyist: | (| Cabo | ot C | il & G | as Cor | por | ation | Polit | ical Act | ion Com | mittee | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | Houston | | | | | | | State: | - | TX | | | Zip Cod | de: 7 | 7024 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE- PRIMARY 2. 30 DAY POST- PRIMARY | | | | | OST- | 3. | | AMENDMENT REPORT? | | | No | | \ | | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE- ELECTION 5. 30 DAY PO ELECTION | | | | PC | OST- 6. X TERMINATION Yes REPORT? | | | No | | √ | | | | | |
| report type) | ANNUAL REPORT | 7. | Year 2020 | | | FILING METHOD () CHECK ONE | | | | | PAPER | PAPER DISKETTE | | | | | | |
| Name of Office S | ought by Candida | te: | | | | | | DATE | OF | ELEC | CTIC | N | District Number | Office Code | Pai | rty Code | Cour | |
| | | | | | | | | МО | ı | DAY | YI | AR | | 10000 | | | - | |
| | | | | | | | | 1 | .1 | | 3 | 2020 | | (SEE IN | ISTRUCTI | ONS FOR | ODES |) |
| | Receipts and | МО | DAY YE | AR | | | | МО | Ī | DAY | YI | EAR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | from: | | 10 20 | 20 |)20 | Т | 0 | 1 | 1 | 2 | 23 | 2020 | | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | | \$ | | | | 49,0 | 00.00 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From Sc | hec | dule | 1) | \$ | | | | | 0.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | | \$ | | | | 49,0 | 00.00 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | | \$ | | | | 12,3 | 300.00 | | | | | | |
| E. Ending Cash | Balance (Subtract | Line D | From Line C) | | | | \$ | | | | 36,7 | 00.00 | | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From Sche | dul | e II |) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV) | | | | \$ | | | | | 0.00 | | | 1 | | | |
| | | | А | FF | IDA | \VI | T SE | CTIO | V | | | | | | | | | |
| PART I - If this is | a Committee rep | ort, trea | surer sign her | e. I | f thi | is is | a Car | ndidate | rep | ort, c | andi | date sig | jn here. | | | | | |
| I swear (or affirm) correct and comple | that this report, inclete. | uding the | attached sched | ules | filed | d on | paper | or by ele | ctro | onic me | dium | , are to t | the best o | f my kno | wledge | and beli | ef , tr | ue. |
| Sworn to and subs | cribed before me this day of | • | 20 | | | | | | - | | 5 | Signature | of Perso | n Submit | ting Re | port | | |
| | Signatu | re | - | | | | - | | - | | | | Prin | ted Nam | e | | | _ |
| My Commission Ex | pires | | | | | | _ | | _ | | | | Ema | il | | | | |
| | МО | D | AY | YR | | | | | | Are | a Cod | le | Daytim | e Telep | hone Nu | mber | | |
| Part II- If this is | a report of a cand | lidate's | authorized Co | mm | itte | e, C | andid | ate sha | II si | ign he | re. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ned. | ny knowle | edge and belief t | :his | politi | ical | comm | ittee has | not | t violat | ed an | y provis | ions of th | e act of J | lune 3,1 | 937 (P.L | . 133 | 3, |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | - | | | S | ignature o | of Candid | late | | | - |
| | | | | | | | - | | - | | | | Printe | d Name | | | | - |
| My Commission Exp | Signature ires | | | | | | - | | _ | | | | Ema | il | | | | - |
| | мо | D | AY | YR | | | - | | - | Area (| Code | | Da | aytime 1 | Telephoi | ne Numb | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|-----------|---------------|------------|
| Cabot Oil & Gas Corporation Political Action Committee | From: | 10/20/202 | <u>:0</u> To: | 11/23/2020 |
| 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 | \$ | 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 |
| | | | 1 | |
| 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 | R | Reporting Period | | | | | | |
|--------------------------------|-------|-------------------|------|------|------|----|--------|--|
| | | Fi | rom: | | То | : | | |
| | | • | | DATE | | | AMOUNT | |
| Full Name of Contributing Comm | ittee | | 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 | | | |
| _ | Gt-t- | Zin Code (Blue 4) | | 1 | I | | | | | |
| City | State | Zip Code (Plus 4) | | | | | | | | |

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 | | P | AMOUNT | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | 0.00 |
| Mailing Address | | | | | | | - \$ | | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | | | PAGE TOTA | AL |
| nter Grand Total of Part C on Schedule I, Detailed Summary Page, S | | | | 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 | | | | Reporting Period | | | | | | |
|--|-----------------|----|--------------|------------------|------------|-------|------|--------|--------------|--|
| | | | | From: | | | To | То: | | |
| | | | | | D | ATE | | AMOUNT | | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | | | | |
| City | State | Zi | p Code (Plus | (4) | | | | | | |
| Employer Name | • | | | | Occupation | | | | | |
| Employer Mailing Address/Principal Pl | ace of Business | | City | | • | State | | Zip Co | ode (Plus 4) | |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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 | ame of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|---------------------------|--------------------------------------|---------------|-----------|------------------|-----|------|----|------------|--|--|
| | | | From: | | | То: | | | | |
| | | | | C | ATE | | | AMOUNT | | |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 | | |
| Mailing Address | | | | | | | 7 | | | |
| City | State | Zip Code (F | Plus 4) | | | | | | | |
| Receipt Description | . | . | | • | • | • | | | | |
| Enton Cuand Total of Doub | E on Cohodulo I. Dotailed | Summany Dazz | Costis :- | 4 | | | | PAGE TOTAL | | |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, | 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 Peri | od | | | | | | | |
|--|----------------|------------------------------|------------|--|--|--|--|--|--|
| Cabot Oil & Gas Corporation Political Action Committee | From: | <u>10/20/2020</u> To: | 11/23/2020 | | | | | | |
| 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 Car | lame of Filing Committee or Candidate | | | | Reporting Period | | | | |
|---------------------------------|---|-------------------|---|--------|------------------|-------------|------|------|--|
| | | | | | | To | | | |
| | | DATE | | AMOUNT | | | | | |
| Full Name of Contributor | | | | DAY | YEAR | | | | |
| Mailing Address | | | | | | 7 \$ | | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | | |
| Description of Contribution: | • | | • | • | | • | | | |
| | | | | | - | | | | |
| | nter Grand Total of Part F on Schedule II, In-Kind Contributions De | | | | | PAGE TOTAL | | • | |
| Section 2. | | | | | \$ | (| 0.00 | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | ame of Filing Committee or Candidate | | | Re | porting | Period | | | | |
|---|--------------------------------------|------|------------------|--------|---------|--------------|-------|------|---------------------|------|
| | | | | Fro | From: | | | 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 | ′ | Stat | e Zip | Code(Plus 4) | Desci | ript | ion of Contribution | on |
| Enter Grand Total of Part G on Scho | edule II, In-Kir | nd C | ontributions De | etaile | ed | | | | PAGE TO | ΓAL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or | Candidate | | Reporting Period | | | | |
|--|--------------------------|-------------------|----------------------------|--------------------------------------|------|------------|--------|
| Cabot Oil & Gas Corporation Political Action Committee | | | | 10/20 | То: | 11/23/2020 | |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | | | МО | DAY | YEAR | | |
| Friends of Jonathan Fritz | | | MO | | ILAK | | |
| Mailing Address | | | 10 | 28 | 2020 | \$ | 500.00 |
| City Honesdale | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| PA 18431 | | | | Jonathan Fritz, STATE HOUSE 111th PA | | | |
| To Whom Paid | | | | DAY | YEAR | | |
| Citizens for Jordan Harris | tizens for lordan Harris | | | | LAK | | |

| Citizei | ns for sordan riarris | | | | | | | | | |
|---|---|--|----------------------------|----------|-------------------------------------|-----------|-------------|----------|--|--|
| Mailin | lailing Address | | | | | 2020 | \$ | 1,000.00 | | |
| City Philadelphia State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | | |
| | PA 19105 . | | | | Jordan Harris, STATE HOUSE 186th PA | | | | | |
| To Wh | To Whom Paid | | | | DAY | YEAR | | | | |
| Chris | Sainato for State Representative | | | МО | | ILAK | | | | |
| Mailin | g Address | | | 10 | 28 | 2020 | \$ | 250.00 | | |
| City | City New Castle State Zip Code (Plus 4) | | | Descript | ion of Exp | enditure | | | | |
| | PA 16101 | | | | her Sainat | to, STATE | HOUSE 9th P | PA | | |

| 10 W | lom Paid | | | мо | DAY | YEAR | | | |
|---------------------------------|--------------|-------|-------------------|----------------------------------|------|---------|--------|--|--|
| Friends of Anita Astorino Kulik | | | | 1-10 | | . Z.A.K | | | |
| Mailing Address | | | 10 | 28 | 2020 | \$ | 300.00 | | |
| City | Mckees Rocks | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | PA | 15136 | Anita Kulik, STATE HOUSE 45th PA | | | | | |
| | | | | 1 | | | | | |

| To Whom Paid | | | | мо | DAY | YEAR | | |
|-------------------------------|----------|-------|-------------------|-------------------------------------|------|------|--------|--|
| Friends of Todd Stephens, Inc | | | MO | DAT | ILAK | | | |
| Mailing Address | | | 10 | 28 | 2020 | \$ | 250.00 | |
| City | Hatsboro | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | | PA | 19040 | Todd Stephens, STATE HOUSE 151st PA | | | | |

| | | | Today Stephenson, | | | | | |
|-------------------------------|-------|-------------------|---|-----|------|----|-----------|--|
| To Whom Paid | | | мо | DAY | YEAR | | | |
| Non-Pennsylvania Expenditures | | | | | | | | |
| Mailing Address | | | 11 | 23 | 2020 | \$ | 10,000.00 | |
| City | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |

| | PAGE TOTAL |
|---|-----------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | \$ 12,300.00 |