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 202	20C0159				port ed B		CA	NDII	DATE	√	C	OMMITTEE		LOB	BYIST		
Name of Filing C	Committee, Cand	idate or L	obbyist:		DA۱	VID (G. AR	GALL										
Street Address:																		
City:							State:						Zip Cod					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMAR	IDAY PRE Y	-		30 DA		Р	OST-			AMENDME REPORT?	ENT	Yes		0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI	IDAY PR ON	E-		30 DA		Р	OST-	6. X	х	TERMINATION REPORT?		Yes	٨	0	\
report type)	ANNUAL REPOR	T 7.	Year 20)20				NG ME					PAPER		V	DISK	ETTE	
Name of Office S	Sought by Candid	late:	•					DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Pai	ty Cod	Code	
CENATOD IN T	HE GENERAL AS	CEMBIV						МО		DAY	'	YEAR	29	STS	REF)		
JENATOR IN TI	IL GLINLKAL AS	JLMDL1							11		3	2020		(SEE IN	STRUCTI	ONS FOI	CODES	5)
Summary of Expenditures	Receipts and	МО	DAY	YEA		╽_	_	МО		DAY	•	YEAR	FOI	R OFFI	CE USE	ONLY	·	
			10	20 2	2020	T	0		11	:	23	2020	_					
A. Amount Bro	ught Forward Fr	om Last R	eport				\$					0.00						
B. Total Moneta	ary Contribution	s And Rec	eipts (Fi	rom Scho	edule	e I)	\$				1	,139.31						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$				1	,139.31						
D. Total Expend	ditures (From So	hedule II	I)				\$				1	,139.31						
E. Ending Cash	Balance (Subtra	ct Line D	From Li	ne C)			\$					0.00						
F. Value Of In-	Kind Contributio	ns Receiv	ed (Fron	n Schedu	ıle I	I)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule	e IV)			\$					0.00			'			
				AFI	FID/	AVI	ΓSE	CTI	NC									
PART I - If this is	s a Committee re	port, trea	surer si	gn here.	If th	nis is	a Car	ndida	te re	port, o	cand	didate si	gn here.					
I swear (or affirm) correct and complete) that this report, in ete.	ncluding the	e attached	d schedule	s file	d on p	paper	or by e	electr	onic m	ediu	m, are to	the best of	my kno	wledge	and be	lief , tr	ue
Sworn to and subs	cribed before me to	his	20									Signatur	e of Person	Submit	ting Re	oort		_
	Signa	ture					- -						Print	ed Name	•			_
My Commission Ex	_								-				Email					_
	мо	D	AY	YR	ł		_			Are	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authoriz	zed Com	mitte	ee, Ca	andid	ate sl	nalls	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and	belief thi	s poli	itical	comm	ittee h	as no	ot viola	ted a	any provis	ions of the	act of J	une 3,1	937 (P	L. 133	3,
Sworn to and subsc		is										S	ignature of	Candid	ate			-
	day of		_ ²⁰ _				-						Printed	l Name				_
	Signatur	e					-		_									_
My Commission Exp	ires												Email					
	МО	D	AY	YI	R		•			Area	Code	e	Da	ytime T	elephor	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DAVID G. ARGALL	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) 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)			\$	1,139.31
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	1,139.31
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			\$	1,139.31

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 Commit	tee or Candidate	R	eporting	Period			
		Fi	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing	g Committee		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						
			Fro	m:		To) :			
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)								

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	Reporting P	Reporting Period						
DAVID G. ARGALL	From:	10/20/2020	То:	11/23/2020				

DATE AMOUNT

Full Name of Contributing Committee	мо	DAY	YEAR			
VOLUNTEERS FOR ARGALL	110	DAI	ILAK	\$ 1,139.31		
Mailing Address PO BOX 241	11	6	2020	,		
City TAMAQUA	State	Zip Code (Plus 4)			2020	
	PA	18252				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 1,139.31

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			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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 Candidate		Report	ing Peri	od			
			From:			To:		
		•		C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	•	-		•	•	•	_	
Enter Crand Total of Dark	E on Schodule I. Detailed	Summany Base	Cootion	4				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 Per	riod	
DAVID G. ARGALL	From:	<u>10/20/2020</u> To:	11/23/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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			Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting F	Period		
DAVID G. ARGALL	From	10/20/2020	То:	11/23/2020

				DATE				AMOUNT
To Whom Paid				мо	DAY	YEAR		
DAVID G. ARGALL				PIO		ILAK		
Mailing Address 106 LAKE DR				11	6	2020	\$	1,139.31
City	NESQUEHONING	State	Zip Code (Plus 4)	Description of Expenditure				
		PA	18240	MILEAG	E REIMBU	RSEMENT	_	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								PAGE TOTAL
							\$	1,139.31