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 2010 | 50164 | | | | port ed B | | CANDI | DATE | | СОМ | 1ITTEE | ✓ | LOBB | YIST | |
|--|---------------------------------|-------------|------------------------|------------|--------|--------------|----------------|----------------------------|-----------------|--------|-----------|---------------------|----------------|-----------|----------|----------------|
| Name of Filing C | Committee, Candid | late or L | obbyist: | | Sec | ure l | Energ | y For An | nerica <i>l</i> | Assoc | iation [| PAC (SE | APAC) | | • | |
| Street Address: | P.O. Box 121 | 6 | | | | | | | | | | | | | | |
| City: | McMurray | | | | | | | State: | PA | | | Zip Cod | le: 1 | 5317 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRIMARY | / PRE | - | 2. | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT? | | Yes | No | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | | | | | | POST- | 6. | | TERMINATION Yes YES | | | No | |
| report type) | ANNUAL REPORT | 7. X | Year 2020 | | | | | LING METHOD) CHECK ONE | | | | | PAPER DIS | | | TE |
| Name of Office S | Sought by Candida | ite: | • | | | | | DATE 0 | F ELE | CTIO | N | District Number | Office Code | Part | y Code | County Code |
| | | | | | | | | МО | DAY | YE | AR | | 10000 | | | |
| | | | | | | | | 11 | | 3 | 2020 | | (SEE IN | ISTRUCTIO | NS FOR C | ODES) |
| | Receipts and | МО | DAY | YEAR | ł | | | МО | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | |
| Expenditures | from: | | 11 24 | 2 | 020 | T | 0 | 12 | | 31 | 2020 | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | | 0.00 | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From | Sche | dule | e I) | \$ | | | | 0.00 | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | | \$ | | | | 0.00 | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | | 0.00 | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C | :) | | | \$ | | | | 0.00 | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sc | hedu | le II | [) | \$ | | | | 0.00 | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV |) | | | \$ | | | | 0.00 | | | • | | |
| | | | | AFF | ID/ | ٩VI | T SE | CTION | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign h | nere. | If th | is is | a Can | didate r | eport, c | andi | late sig | ın here. | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | e attached sch | edules | s file | d on | paper o | or by elect | ronic m | edium | are to t | he best o | f my kno | wledge a | nd belie | f , true |
| Sworn to and subs | cribed before me the | s | 20 | | | | | | | s | ignature | of Perso | 1 Submit | ting Rep | ort | |
| | Signate | ıre | | | | | - - | | | | | Prin | ted Name | e | | |
| My Commission Ex | cpires | | | | | | _ | | | | | Emai | i | | | |
| | мо | D | AY | YR | | | | | Are | ea Cod | e | Daytim | e Telepi | none Nun | nber | |
| Part II- If this is | a report of a can | didate's | authorized | Comn | nitte | e, C | andida | ate shall | sign he | ere. | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ed. | my knowl | edge and belie | ef this | polit | tical | commi | ittee has n | ot viola | ted an | y provisi | ions of the | e act of J | une 3,19 | 37 (P.L. | 1333, |
| Sworn to and subsc | ribed before me this | | 20 | | | | | | | | Si | ignature o | f Candid | ate | | |
| | day of | | | | | | - | | | | | Printe | d Name | | | — I |
| | Signature | | | | | | - | | | | | Ema | | | | |
| My Commission Exp | oires | | | | | | | | | | | Ema | II. | | | |
| | МО | D | AY | YR | | | • | | Area | Code | | Da | ytime T | elephone | Numbe | r |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|-----------|---------------|------------|
| Secure Energy For America Association PAC (SEAPAC) | From: | 11/24/202 | <u>:0</u> To: | 12/31/2020 |
| 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 | g 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 | 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 |
| | | | | |
| 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

| | this Part to itemize onl with an aggregate value | | \$2 | |) in the | | | |
|---------------------------------------|--|-------------------|-----|-------|----------|------|----|------------|
| Name of Filing Committee or Candidate | | | | From: | | | : | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contribut | ing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) |) | | | | | |
| | ! | I | ! | | <u> </u> | | | DAGE 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 | | | | | Reporting Period From: To: | | | | |
|--|-------|-------------------|---|----|----------------------------|------|----|--------|--|
| | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | 1 | | | | | | |

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 | ame of Filing Committee or Candidate | | | 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 | Reporting Period | | | | | | | | |
|---|--------------------|---------------|---------|--------|-------|------|---------|--------------------|--|
| | | | Fror | n: | | To | То: | | |
| | | | | D | ATE | | А | MOUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plu | s 4) | | | | | | |
| Employer Name | | • | | Occupa | tion | | • | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | | State | | Zip Coo | de (Plus 4) | |
| Enter Grand Total of Part C on Sche | dule I, Detailed S | ummary 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 | Candidate | | Repor | ting Perio | od | | | |
|-----------------------------|-------------------------|-----------------|---------|------------|-----|------|-----------|---------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | АМС | DUNT |
| 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. Detailer | d Summary Page | Section | 4 | | | PAG | E TOTAL |
| | on concadio 1, betanet | a cammur, ruge, | 200.011 | •• | | | \$ | 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 | |
|--|-----------------|------------------------|------------|
| Secure Energy For America Association PAC (SEAPAC) | From: | 11/24/2020 To : | 12/31/2020 |
| 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, 1 | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candid | Reporting | g Period | | | | | |
|------------------------------------|---------------------|-----------------------|----------|---------------|--------|-----------|------------|
| | From: | | | | | | |
| | | | | 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 S | chedule II In-Kir | nd Contributions Deta | iled Sum | mary Pag | ле Г | | PAGE TOTAL |
| Section 2. | incudic 11, 111 Kii | ia contributions beta | nea Sam | illial y I as | , , | | PAGE TOTAL |
| | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | Re | porting l | 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 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or C | Name of Filing Committee or Candidate | | | | | Reporting Period | | | | | |
|-------------------------------|--|-------------------|--------|-------------|-----------|------------------|------------|--|--|--|--|
| | From | | | То: | | | | | | | |
| | | | | DATE | | | AMOUNT | | | | |
| To Whom Paid | мо | DAY | YEAR | | | | | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | | | |
| City | State | Zip Code (Plus 4) | Descri | ption of Ex | penditure | | | | | | |
| | | | | | | | PAGE TOTAL | | | | |
| Enter Grand Total of Expen | Inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D | | | | | \$ | 0.00 | | | | |