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 7900	366				Repo Filed			CAI	IIDI	IDIDATE COMMITTEE LOBBYIST					Г			
Name of Filing C	ommittee, Candid	late or L	obbyis	st:	F	PSEA-	-PA	CE F	OR S	ΓΑΤΕ	ELEC	TIO	NS						
Street Address:	400 N THIRD	ST																	
City:	HARRISBURG	ì							State	:	PA			Zip Cod	le: 17	'105-1	.724		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND I PRIM		Y PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes] [No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND I		Y PRE-	- 5.		30 DA		Р	OST-	6.		TERMINA REPORT		Yes	1 [No	\
report type)	ANNUAL REPORT	7.	Year	2021					NG ME CHECI					PAPER		\	DIS	(ETTE	
Name of Office S	ought by Candida	ite:							DAT	E O	F ELE	CTIC	ON	District Number	Office Code	Par	ty Co	le Cou	
									МО		DAY	Y	EAR	164	STH	DE	М	23	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBL	Y						11		2	2021		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of		МО	DA	Υ	YEAR				МО		DAY	Y	EAR	FO	R OFFI	CE USE	ONL	Y	
Expenditures	from:		10	19	20)21	T)		11		12	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport					\$				982,	540.25						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																			
C. Total Funds Available (Sum Of Lines A and B) \$ 982,54							540.25												
D. Total Expenditures (From Schedule III)							\$				5,0	00.00							
E. Ending Cash Balance (Subtract Line D From Line C)							\$			g	977,5	540.25							
F. Value Of In-	Kind Contribution	s Receiv	ed (Fr	om So	chedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Sched	ule IV)			\$					0.00						
					AFF]	IDA۱	/I7	SE	CTIC	N									
	a Committee rep	-		_									_						
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attacl	hed sch	nedules	filed o	on p	aper	or by e	lectr	onic m	edium	ı, are to t	the best o	f my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me thi day of	s	20										Signature	of Perso	n Submit	ting Re _l	oort		
	Signati	ıre	_							•				Prin	ted Name	<u> </u>			_
My Commission Ex	xpires									•				Ema	il				_
	МО	D	AY		YR			-			Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	autho	rized	Comm	ittee,	Ca	ndid	ate sh	alls	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge aı	nd beli	ef this	politic	al (comm	ittee h	as no	ot viola	ted ar	ny provis	ions of the	e act of J	une 3,1	937 (F	P.L. 133	33,
Sworn to and subsc	ribed before me this day of		20										s	ignature o	of Candid	ate			- $ $
			_ 20 _											Printe	d Name				-
My Commission Exp	Signature							•		-				Ema	il				-
,																			_
	МО	D	AY		YR						Area	Code		Da	aytime T	elephor	ne Nur	nber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PSEA-PACE FOR STATE ELECTIONS	From:	10/19/202	<u>1</u> To:	11/12/2021
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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
			1	
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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
		From:			То	:		
					DATE			AMOUNT
Full Name of Contributing	g Committee			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.

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 Fining Committee of Canadate			Reporting Period From: To:						
			Fro	m:		10):		
					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.

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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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:		To):	
				D	ATE		АМС	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	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	ımmary Page,	Section	on 3.			PA(GE 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 Perio	od			
			From:			To:		
				D	ATE		ı	AMOUNT
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 I. Detailed	l Summary Page.	Section	4.			Р	PAGE TOTAL
		, · u					\$	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	iod	
PSEA-PACE FOR STATE ELECTIONS	From:	<u>10/19/2021</u> To:	<u>11/12/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candid	ate		Reporting	g Period			
			From:			То:	
				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					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	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 Candidate	Reporting Period				
PSEA-PACE FOR STATE ELECTIONS	From	10/19/2021	То:	11/12/2021	

				DATE			AMOUNT
To Whom Paid Friends of Gina H Curry				DAY	YEAR		
Mailing Address PO Box 1241				4	2021	\$	5,000.00
City Lansdowne	State PA	Zip Code (Plus 4) 19050	Descrip Contrib	otion of Exp oution	penditure		
Forter Council Total of Forman diagram							
Enter Grand Total of Expenditure	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						