

Campaign Finance Report

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

| | | | | | | | | | | | | |
|--|--------------------------|-----------|-------------------------|------------------------------------|-----------------|-------------------------|------------|--|------------------------------|--------------------|-------------------------------------|--------------------|
| Filer Identification Number : | | 20210346 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | |
| Name of Filing Committee, Candidate or Lobbyist: CLARICE FOR PA | | | | | | | | | | | | |
| Street Address: P.O. BOX 481 | | | | | | | | | | | | |
| City: HARRISBURG | | | | | | State: PA | | | Zip Code: 17108 | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY PRIMARY | POST- | 3. | AMENDMENT REPORT? | Yes | No | <input checked="" type="checkbox"/> | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY ELECTION | POST- | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> | |
| | ANNUAL REPORT | 7. X | Year 2021 | FILING METHOD () CHECK ONE | | | | PAPER <input checked="" type="checkbox"/> | DISKETTE | | | |
| Name of Office Sought by Candidate: | | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| LIEUTENANT GOVERNOR | | | | | | MO | DAY | YEAR | LTG | REP | 22 | |
| | | | | | | 11 | 2 | 2021 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 11 | 23 | 2021 | | 12 | 31 | 2021 | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ | | 0.00 | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ | | 254,315.00 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ | | 254,315.00 | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ | | 5,902.94 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ | | 248,412.06 | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | | \$ | | 0.00 | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | | \$ | | 0.00 | | | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| CLARICE FOR PA | From: <u>11/23/2021</u> To: <u>12/31/2021</u> |

| | |
|--|-----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 165.00 |

| | |
|--|-------------|
| 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) | \$ 1,150.00 |
| TOTAL for the Reporting Period (2) | \$ 1,150.00 |

| | |
|---|---------------|
| 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) | \$ 253,000.00 |
| TOTAL for the Reporting Period (3) | \$ 253,000.00 |

| | |
|--|---------|
| 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 254,315.00 |
|---|---------------|

| | | | | | | |
|-------------------------------------|-------|-------------------|----|-----|------|---------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |

| | |
|-------------------|------|
| PAGE TOTAL | |
| \$ | 0.00 |

PART B
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 CLARICE FOR PA | Reporting Period From: <u>11/23/2021</u> To: <u>12/31/2021</u> |
|--|--|

| | |
|-------------|---------------|
| DATE | AMOUNT |
|-------------|---------------|

| | | | | | | |
|---|-------------|----------------------------|----|-----|------|-----------|
| Full Name of Contributor DONNA BLASZCZYK | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 4401 GULF SHORE BLVD, N UNIT 1703 | | | 12 | 31 | 2021 | |
| City NAPLES | State FL | Zip Code (Plus 4) 34103 | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor KIM CLERKIN | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 626 BERWYN BAPTIST RD | | | 12 | 31 | 2021 | |
| City DEVON | State PA | Zip Code (Plus 4) 19333 | | | | |

| | | | | | | | |
|-----------------------------|----------|-------------------------|--|----|-----|------|-----------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 250.00 |
| KIMBERLY GALIE | | | | | | | |
| Mailing Address 4 SUMMIT PL | | | | 12 | 14 | 2021 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19128 | | | | | |

| | | | | | | | |
|--|--------------------|-----------------------------------|--|-----------|------------|-------------|-----------|
| Full Name of Contributor RACHEL LANGAN | | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 635 N CHURCH ST | | | | 12 | 15 | 2021 | |
| City WEST CHESTER | State PA | Zip Code (Plus 4) 19380 | | | | | |

| | | | | | | | |
|--|----------|-------------------------|--|----|-----|------|-----------|
| Full Name of Contributor DOUGLAS T RICKARDS | | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 210 KELKER ST | | | | 12 | 2 | 2021 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | | | | | |

| | | | | | | |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor HELEN TRACY | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 816 INVERNESS LN | | | 12 | 15 | 2021 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19128 | | | | |

| Full Name of Contributor | | | MO | DAY | YEAR | \$ 100.00 |
|--------------------------|---------|-------------------|----|-----|------|-----------|
| FRED ZOLLERS | | | | | | |
| Mailing Address | | | 12 | 15 | 2021 | |
| 225 E MONUMENT AVE | | | | | | |
| City | HATBORO | State | | | | |
| | | PA | | | | |
| | | Zip Code (Plus 4) | | | | |
| | | 19040 | | | | |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

| |
|-------------------|
| PAGE TOTAL |
| \$ 1,150.00 |

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: | To: |

| | | | DATE | | | AMOUNT | |
|-------------------------------------|-------|-------------------|------|-----|------|---------|--|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 0.00 | |
| Mailing Address | | | | | | | |
| City | State | Zip Code (Plus 4) | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

PART D
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 CLARICE FOR PA | Reporting Period From: <u>11/23/2021</u> To: <u>12/31/2021</u> |
|--|--|

| | | | | DATE | | | AMOUNT |
|---|-----------------|--------------------------------|-------------|-------------------|--------------------------|------|-------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| DEON SQUARE | | | | | | | |
| Mailing Address P.O. BOX 5 LEVITTOWN PKY & OLDS BLVD | | | | 12 | 27 | 2021 | \$ 1,000.00 |
| City FAIRLESS HILLS | State PA | Zip Code (Plus 4) 19030 | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code (Plus 4) | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | |
|---|-----------------|--------------------------------|-------------------------|----------------------------|--------------------------|------|-----------|
| CHRIS COVAL | | | | | | | |
| Mailing Address 587 COACH RD | | | | 12 | 15 | 2021 | \$ 500.00 |
| City HORSHAM | State PA | Zip Code (Plus 4) 19044 | | | | | |
| Employer Name FENNINGHAM DEMPSTER COVAL, LLP | | | | Occupation ATTORNEY | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code (Plus 4) | | |
| 5 NESHAMINY INTERPLEX | | | FEASTERVILLE TREVOSE | PA | 19053 | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | |
|---|-----------------|--------------------------------|---------------|---------------------------|--------------------------|------|--------------|
| PAUL J MARTINO | | | | | | | |
| Mailing Address 5 THEODORE WAY | | | | 12 | 7 | 2021 | \$ 20,000.00 |
| City DOYLESTOWN | State PA | Zip Code (Plus 4) 18901 | | | | | |
| Employer Name BULLPEN CAPITAL | | | | Occupation PARTNER | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code (Plus 4) | | |
| 215 2ND ST | | | SAN FRANCISCO | CA | 94105 | | |

| | | | | | | | |
|---|-----------------|--------------------------------|---------------------------|---------------------------|-----------------|--------------------------------|---------------|
| Full Name of Contributor PAUL J MARTINO | | | | MO | DAY | YEAR | \$ 230,000.00 |
| Mailing Address 5 THEODORE WAY | | | | 12 | 10 | 2021 | |
| City DOYLESTOWN | State PA | Zip Code (Plus 4) 18901 | | | | | |
| Employer Name BULLPEN CAPITAL | | | | Occupation PARTNER | | | |
| Employer Mailing Address/Principal Place of Business 215 2ND ST | | | City SAN FRANCISCO | | State CA | Zip Code (Plus 4) 94105 | |

| | | | | | | | |
|---|-----------------|--------------------------------|--------------------------|------------------------------|-----------------|--------------------------------|-----------|
| Full Name of Contributor BETH ANN ROSICA | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 338 W MINER ST | | | | 12 | 15 | 2021 | |
| City WEST CHESTER | State PA | Zip Code (Plus 4) 19382 | | | | | |
| Employer Name SELF EMPLOYED | | | | Occupation CONSULTANT | | | |
| Employer Mailing Address/Principal Place of Business 338 W MINER ST | | | City WEST CHESTER | | State PA | Zip Code (Plus 4) 19382 | |

| | | | | | | | |
|--|-----------------|--------------------------------|--------------------------|-------------------------|-----------------|--------------------------------|-------------|
| Full Name of Contributor MICHAEL SCHILLINGER | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 9 BAYBERRY CIR | | | | 12 | 31 | 2021 | |
| City AMBLER | State PA | Zip Code (Plus 4) 19002 | | | | | |
| Employer Name HEARTWOOD | | | | Occupation OWNER | | | |
| Employer Mailing Address/Principal Place of Business 4 SUMMIT PL | | | City PHILADELPHIA | | State PA | Zip Code (Plus 4) 19128 | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 253,000.00 |

PART E
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 | Reporting Period |
| | From: To: |

| DATE | | | | AMOUNT |
|---------------------|--|--|--|--------|
| Full Name | | | | |
| Mailing Address | | | | |
| | | | | |
| City | | | | |
| State | | | | |
| Zip Code (Plus 4) | | | | |
| Receipt Description | | | | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

| |
|------------|
| PAGE TOTAL |
| \$ 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 Period | |
| CLARICE FOR PA | | From: <u>11/23/2021</u> To: <u>12/31/2021</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period | | (1) | \$ 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period | | (2) | \$ 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period | | (3) | \$ 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) | | | \$ 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 | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | | | 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: | | To: | |
| <div> <div>DATE</div> <div>AMOUNT</div> </div> | | | | | | | |
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | | |
| City | State | Zip Code(Plus 4) | | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code(Plus 4) | | Description of Contribution | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | PAGE TOTAL 0.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| CLARICE FOR PA | From <u>11/23/2021</u> To: <u>12/31/2021</u> |

| DATE | | | | AMOUNT | | |
|---|----------|-------------------------|--|--------|------|-------------|
| To Whom Paid BERKS COUNTY REPUBLICAN COMMITTEE | | | MO | DAY | YEAR | \$ 1,500.00 |
| Mailing Address 8468 ALLENTOWN PK SUITE 6 | | | 12 | 13 | 2021 | |
| City BLANDON | State PA | Zip Code (Plus 4) 19510 | Description of Expenditure CONTRIBUTION | | | |
| To Whom Paid LEHIGH VALLEY TEA PARTY | | | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address P.O. BOX 91011 | | | 12 | 14 | 2021 | |
| City ALLENTOWN | State PA | Zip Code (Plus 4) 18109 | Description of Expenditure CONTRIBUTION | | | |
| To Whom Paid WINRED | | | MO | DAY | YEAR | \$ 10.48 |
| Mailing Address P.O. BOX 9891 | | | 12 | 14 | 2021 | |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22219 | Description of Expenditure SERVICE FEE | | | |
| To Whom Paid WINRED | | | MO | DAY | YEAR | \$ 54.84 |
| Mailing Address P.O. BOX 9891 | | | 12 | 15 | 2021 | |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22219 | Description of Expenditure SERVICE FEE | | | |
| To Whom Paid FAMILIES BEHIND THE BADGE CHILDREN'S FOUNDATION | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 555 NORTH LN SUITE 6060 | | | 12 | 16 | 2021 | |
| City CONSHOHOCKEN | State PA | Zip Code (Plus 4) 19428 | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|------------------------------|-------------|----------------------------|---|-----|------|-----------|
| To Whom Paid CPITECH | | | MO | DAY | YEAR | \$ 585.65 |
| Mailing Address 3212 PIKE ST | | | 12 | 21 | 2021 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17111 | Description of Expenditure OFFICE SUPPLIES | | | |

| | | | | | | |
|-------------------------------|-------------|----------------------------|---|-----|------|-----------|
| To Whom Paid DOUG RICKARDS | | | MO | DAY | YEAR | \$ 213.25 |
| Mailing Address 210 KELKER ST | | | 12 | 21 | 2021 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | Description of Expenditure REIMBURSEMENT | | | |

| | | | | | | |
|---|-------------|----------------------------|---------------------------------------|-----|------|----------|
| To Whom Paid POSTMASTER | | | MO | DAY | YEAR | \$ 11.60 |
| Mailing Address FEDERAL SQUARE STATION WALNUT AND 2ND ST. 1ST FLOOR | | | 12 | 21 | 2021 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure POSTAGE | | | |

| | | | | | | |
|-------------------------------|-------------|----------------------------|--|-----|------|-----------|
| To Whom Paid PNC BANK | | | MO | DAY | YEAR | \$ 369.58 |
| Mailing Address 110 S 32ND ST | | | 12 | 22 | 2021 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 17011 | Description of Expenditure PRINTING | | | |

| | | | | | | |
|--|-------------|----------------------------|--|-----|------|-------------|
| To Whom Paid REPUBLICAN COMMITTEE OF LANCASTER COUNTY | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 902 COLUMBIA AVE | | | 12 | 22 | 2021 | |
| City LANCASTER | State PA | Zip Code (Plus 4) 17603 | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|-------------------------------|-------------|----------------------------|---|-----|------|---------|
| To Whom Paid WINRED | | | MO | DAY | YEAR | \$ 1.25 |
| Mailing Address P.O. BOX 9891 | | | 12 | 23 | 2021 | |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22219 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|---|------------|-------------|-----------|
| To Whom Paid AMERICAN LEGION POST #10 | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address ATTN: CARRIE BONNET 493 BETHLEHEM PK | | | 12 | 28 | 2021 | |
| City FORT WASHINGTON | State PA | Zip Code (Plus 4) 19034 | Description of Expenditure RENTAL FEE | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|---|------------|-------------|-------------|
| To Whom Paid DAUPHIN COUNTY REPUBLICAN COMMITTEE | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 2255 PAXTON CHURCH RD | | | 12 | 29 | 2021 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17110 | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|--------------------------------------|--------------------|-----------------------------------|--|------------|-------------|-----------|
| To Whom Paid DOUG RICKARDS | | | MO | DAY | YEAR | \$ 256.29 |
| Mailing Address 210 KELKER ST | | | 12 | 29 | 2021 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | Description of Expenditure REIMBURSEMENT | | | |

| | | | | | | |
|--|--|--|--|--|--|-------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 5,902.94 |

