

# Campaign Finance Report

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

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

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

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

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 1,150.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 1,150.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 253,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 253,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 254,315.00
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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 Candidate	Reporting Period
	From: To:

DATE			AMOUNT
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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 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)**

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

				DATE			AMOUNT
Full Name of Contributor FRED ZOLLERS				MO 12	DAY 15	YEAR 2021	\$ 100.00
Mailing Address    225 E MONUMENT AVE							
City    HATBORO		State PA	Zip Code (Plus 4) 19040				
Full Name of Contributor HELEN TRACY				MO 12	DAY 15	YEAR 2021	\$ 100.00
Mailing Address    816 INVERNESS LN							
City    PHILADELPHIA		State PA	Zip Code (Plus 4) 19128				
Full Name of Contributor DOUGLAS T RICKARDS				MO 12	DAY 2	YEAR 2021	\$ 100.00
Mailing Address    210 KELKER ST							
City    HARRISBURG		State PA	Zip Code (Plus 4) 17102				
Full Name of Contributor RACHEL LANGAN				MO 12	DAY 15	YEAR 2021	\$ 100.00
Mailing Address    635 N CHURCH ST							
City    WEST CHESTER		State PA	Zip Code (Plus 4) 19380				
Full Name of Contributor KIMBERLY GALIE				MO 12	DAY 14	YEAR 2021	\$ 250.00
Mailing Address    4 SUMMIT PL							
City    PHILADELPHIA		State PA	Zip Code (Plus 4) 19128				
Full Name of Contributor KIM CLERKIN				MO 12	DAY 31	YEAR 2021	\$ 250.00
Mailing Address    626 BERWYN BAPTIST RD							
City    DEVON		State PA	Zip Code (Plus 4) 19333				

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

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

<b>PAGE TOTAL</b>	
\$	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.)**

<b>Name of Filing Committee or Candidate</b>  CLARICE FOR PA	<b>Reporting Period</b>  From: <u>11/23/2021</u> To: <u>12/31/2021</u>
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				DATE	AMOUNT		
<b>Full Name of Contributor</b> DEON SQUARE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> P.O. BOX 5 LEVITTOWN PKY & OLDS BLVD				12	27	2021	
<b>City</b> FAIRLESS HILLS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19030					
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	
<b>Full Name of Contributor</b> CHRIS COVAL				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 587 COACH RD				12	15	2021	
<b>City</b> HORSHAM	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19044					
<b>Employer Name</b> FENNINGHAM DEMPSTER COVAL, LLP				<b>Occupation</b> ATTORNEY			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	
5 NESHAMINY INTERPLEX			FEASTERVILLE TREVOSE		PA	19053	
<b>Full Name of Contributor</b> PAUL J MARTINO				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 20,000.00
<b>Mailing Address</b> 5 THEODORE WAY				12	7	2021	
<b>City</b> DOYLESTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18901					
<b>Employer Name</b> BULLPEN CAPITAL				<b>Occupation</b> PARTNER			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	
215 2ND ST			SAN FRANCISCO		CA	94105	
<b>Full Name of Contributor</b> PAUL J MARTINO				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 230,000.00
<b>Mailing Address</b> 5 THEODORE WAY				12	10	2021	
<b>City</b> DOYLESTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18901					
<b>Employer Name</b> BULLPEN CAPITAL				<b>Occupation</b> PARTNER			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	
215 2ND ST			SAN FRANCISCO		CA	94105	

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

  

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

  

<b>Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.</b>							<b>PAGE TOTAL</b>
							<b>\$</b> 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				MO	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus 4)						
Receipt Description								

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
CLARICE FOR PA		From: <u>11/23/2021</u> To: <u>12/31/2021</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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			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.						<b>PAGE TOTAL</b>  \$ 0.00

**SCHEDULE II**  
**PART G**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OVER \$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)					
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

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

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
BERKS COUNTY REPUBLICAN COMMITTEE				
<b>Mailing Address</b> 8468 ALLENTOWN PK SUITE 6	12	13	2021	\$ 1,500.00
<b>City</b> BLANDON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19510	<b>Description of Expenditure</b> CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
LEHIGH VALLEY TEA PARTY				
<b>Mailing Address</b> P.O. BOX 91011	12	14	2021	\$ 150.00
<b>City</b> ALLENTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18109	<b>Description of Expenditure</b> CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
WINRED				
<b>Mailing Address</b> P.O. BOX 9891	12	14	2021	\$ 10.48
<b>City</b> ARLINGTON	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 22219	<b>Description of Expenditure</b> SERVICE FEE	
To Whom Paid	MO	DAY	YEAR	
WINRED				
<b>Mailing Address</b> P.O. BOX 9891	12	15	2021	\$ 54.84
<b>City</b> ARLINGTON	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 22219	<b>Description of Expenditure</b> SERVICE FEE	
To Whom Paid	MO	DAY	YEAR	
FAMILIES BEHIND THE BADGE CHILDREN'S FOUNDATION				
<b>Mailing Address</b> 555 NORTH LN SUITE 6060	12	16	2021	\$ 500.00
<b>City</b> CONSHOHOCKEN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19428	<b>Description of Expenditure</b> CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
CPITECH				
<b>Mailing Address</b> 3212 PIKE ST	12	21	2021	\$ 585.65
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111	<b>Description of Expenditure</b> OFFICE SUPPLIES	

To Whom Paid			MO	DAY	YEAR	\$ 213.25
DOUG RICKARDS						
Mailing Address 210 KELKER ST			12	21	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure REIMBURSEMENT			
To Whom Paid			MO	DAY	YEAR	\$ 11.60
POSTMASTER						
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			MO	DAY	YEAR	\$ 369.58
PNC BANK						
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			MO	DAY	YEAR	\$ 1,000.00
REPUBLICAN COMMITTEE OF LANCASTER COUNTY						
Mailing Address 902 COLUMBIA AVE			12	22	2021	
City LANCASTER	State PA	Zip Code (Plus 4) 17603	Description of Expenditure CONTRIBUTION			
To Whom Paid			MO	DAY	YEAR	\$ 1.25
WINRED						
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			MO	DAY	YEAR	\$ 250.00
AMERICAN LEGION POST #10						
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			MO	DAY	YEAR	\$ 1,000.00
DAUPHIN COUNTY REPUBLICAN COMMITTEE						
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			MO	DAY	YEAR	\$ 256.29
DOUG RICKARDS						
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

