



CAMPAIGN CONTRIBUTION AND EXPENSE REPORT  
FOR  
AGGREGATE RECEIPTS AND EXPENDITURES OF  
**MORE THAN \$250.00**

Office Sought: \_\_\_\_\_

This report is being filed by: \_\_\_\_\_ Candidate (Sign and notarize on lower left only)

\_\_\_\_\_ (Treasurer sign and notarize on lower left and Candidate sign  
and notarize on lower right)

Full Name of Candidate or Committee \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone Number \_\_\_\_\_  
Area Code Telephone

Date \_\_\_\_\_ Election: \_\_\_\_\_ Primary \_\_\_\_\_ General of (date) \_\_\_\_\_

I \_\_\_\_\_ (Swear/Affirm)  
(Print)

that this report, including accompanying schedules and statements are to the best of my knowledge and belief true, correct and complete.

\_\_\_\_\_  
Signature of Candidate or Treasurer

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF ALLEGHENY

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Before me personally appeared –

\_\_\_\_\_  
Known to me (or satisfactorily proven) to be a person whose signature appears on this instrument and acknowledges the same for purposes therein contained. In witness whereof I have hereunto set my hand and affix seal.

(Seal)

\_\_\_\_\_  
Notary Signature

I \_\_\_\_\_ (Swear/Affirm)  
(Print)

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

\_\_\_\_\_  
Signature of Candidate or Treasurer

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF ALLEGHENY

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Before me personally appeared –

\_\_\_\_\_  
Known to me (or satisfactorily proven) to be a person whose signature appears on this instrument and acknowledges the same for purposes therein contained. In witness whereof I have hereunto set my hand and affix seal.

(Seal)

\_\_\_\_\_  
Notary Signature



**SUMMARY OF CONTRIBUTIONS AND RECEIPTS**  
**AGGREGATE RECEIPTS AND EXPENDITURES OF**  
**MORE THAN \$250.00**

Use this schedule to summarize all contributions, receipts and refunds received during the reporting period.

NAME OF CANDIDATE OR COMMITTEE \_\_\_\_\_

REPORTING PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

- |   |          |
|---|----------|
| 1. Balance as of                              | \$ _____ |
| 2. Total 20__ Receipts (From Schedule I)      | \$ _____ |
| 3. Subtotal (Add lines 1 & 2)                 | \$ _____ |
| 4. Total 20__ Expenditures (From Schedule II) | \$ _____ |
| 5. Ending Balance (Subtract line 4 from 3)    | \$ _____ |

- 
- |   |          |
|---|----------|
| 6. Unpaid depts. And obligations (From Schedule III)              | \$ _____ |
| 7. In-Kind contributions (From Schedule IV)<br>(This report only) | \$ _____ |