

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only* if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>														
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST James Dixon																		
STREET ADDRESS PO Box 357																		
CITY Harleigh		STATE Pa	ZIP CODE 15225 - 0357															
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY															
	DATE OF ELECTION	FOR OFFICE USE ONLY																
	6TH TUESDAY PRE-PRIMARY																	
	2ND FRIDAY PRE-PRIMARY																	
	30 DAY POST-PRIMARY																	
	6TH TUESDAY PRE-ELECTION																	
	2ND FRIDAY PRE-ELECTION																	
30 DAY POST-ELECTION																		
ANNUAL REPORT																		
DATES OF REPORTING PERIOD																		
<table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>01</td> <td>01</td> <td>2020</td> </tr> </table> TO <table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>12</td> <td>31</td> <td>2020</td> </tr> </table>		MO.	DAY	YEAR	01	01	2020	MO.	DAY	YEAR	12	31	2020	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>-13,331.96</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____				
MO.	DAY	YEAR																
01	01	2020																
MO.	DAY	YEAR																
12	31	2020																
<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> </tr> </table>		AMENDMENT REPORT?	YES	NO	TERMINATION REPORT?	YES	NO	<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			YES	NO	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
AMENDMENT REPORT?	YES	NO																
TERMINATION REPORT?	YES	NO																
YES	NO	YES	NO															
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>															

RECEIVED  
 2021 FEB 10 PM 3:11  
 BOARD OF ELECTIONS  
 LUZERNE COUNTY, PA

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DO NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
10 DAY OF February 2021  
Lori J. Scatton  
 SIGNATURE  
 MY COMMISSION EXPIRES 12 03 2022  
 MO. DAY YR.

James Dixon  
 SIGNATURE OF PERSON SUBMITTING REPORT  
James Dixon  
 PRINTED NAME  
570 233-0073  
 AREA CODE DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal  
 Lori J. Scatton, Notary Public  
 My commission expires December 3, 2022  
 Commission number 1195248

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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  
10 DAY OF February 2021  
Lori J. Scatton  
 SIGNATURE  
 MY COMMISSION EXPIRES 12 03 2022  
 MO. DAY YR.

James Dixon  
 SIGNATURE OF CANDIDATE  
James Dixon  
 PRINTED NAME  
570 233-0073  
 AREA CODE DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal  
 Lori J. Scatton, Notary Public  
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