

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:	Report Filed By:	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>
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Name of Filing Committee, Candidate or Lobbyist: WALTER E BANICKY

Street Address: 721 Bennett Street 2nd Floor

City: Luzerne State: PA. Zip Code: 18709 -

TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY 1.	2ND FRIDAY PRE-PRIMARY 2. <input checked="" type="checkbox"/>	30 DAY POST-PRIMARY 3.	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION 4.	2ND FRIDAY PRE-ELECTION 5.	30 DAY POST-ELECTION 6.	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT 7.	YEAR <u>2021</u>	FILING METHOD () CHECK ONE	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: MAYOR

DATE OF ELECTION: MO. 5 DAY 18 YEAR 2021

District Number: WARD 1 Office Code: OTH Party Code: DEM County Code: 40

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	MO. <u>1</u> DAY <u>1</u> YEAR <u>2021</u>	To	MO. <u>5</u> DAY <u>3</u> YEAR <u>2021</u>	FOR OFFICE USE ONLY RECEIVED 2021 MAY -6 PM 12:42 BOARD OF ELECTIONS LUZERNE COUNTY, PA.
	A. Amount Brought Forward From Last Report	\$	<u>0</u>	
	B. Total Monetary Contributions and Receipts (From Schedule I)	\$		
	C. Total Funds Available (Sum of Lines A and B)	\$		
	D. Total Expenditures (From Schedule III)	\$	<u>240.00</u>	
	E. Ending Cash Balance (Subtract Line D from Line C)	\$		
	F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$			

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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 6th day of MAY 20 21

Signature: [Signature] Signature of Person Submitting Report: Walter Banicky

My commission expires 12 31 2023 MO. DAY YR. Printed Name: WALTER E BANICKY

Area Code: 570 Daytime Telephone Number: 730-2289

PART II - If this is a report of a Candidate's Unaffiliated 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 _____

Signature: _____ Signature of Candidate: _____

My commission expires _____ MO. DAY YR. Printed Name: _____

Area Code: _____ Daytime Telephone Number: _____

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
TOTAL for the Reporting Period	(2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
TOTAL for the Reporting Period	(3)	\$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$
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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
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributing Committee				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

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

PAGE TOTAL
\$

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	Reporting Period
	From _____ To _____

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				

PAGE TOTAL	\$
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Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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

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

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	Reporting Period From _____ To _____
---------------------------------------	---

	DATE	AMOUNT
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		

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

PAGE TOTAL
\$

**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 _____
---------------------------------------	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) —	MO	DAY	YEAR	Amount \$
Receipt Description						

PAGE TOTAL \$

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

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 From _____ To _____
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$
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**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 _____
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

Description of Contribution:

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

Description of Contribution:

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

Description of Contribution:

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

Description of Contribution:

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

Description of Contribution:

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
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
\$

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL \$

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>WALTER E BANICKY</i>	Reporting Period From <i>JAN 1ST</i> To <i>MAY 31ST</i>
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To Whom Paid <i>MOZIP GRAPHICS MANUFACTURERS</i>	MO <i>3</i>	DAY <i>25</i>	YEAR <i>2001</i>	Amount \$ <i>240.00</i>
Mailing Address <i>41-43 N. GATES AVE.</i>		Description of Expenditure <i>YARD SIGNS</i>		
City <i>Kingston</i>	State <i>PA.</i>	Zip Code (Plus 4) <i>18704 -</i>		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ <i>240.00</i>
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