

# 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"/> |
|------------------------------|------------------|---|------------------------------------|-----------------------------------|

Name of Filing Committee, Candidate or Lobbyist:  
**WALTER BANICKY**

Street Address:  
**221 Bennett ST. 2nd Floor**

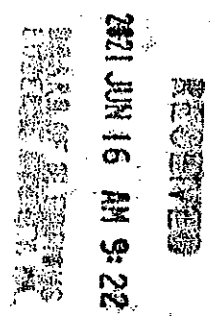
City: **LUZERNE** State: **PA** Zip Code: **18709**

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

Name of Office Sought by Candidate: **MAYOR**

| DATE OF ELECTION |          |             | District Number | Office Code | Party Code | County Code |
|------------------|----------|-------------|-----------------|-------------|------------|-------------|
| MO:              | DAY:     | YEAR:       |                 |             |            |             |
| <b>11</b>        | <b>2</b> | <b>2021</b> | <b>WARD 1</b>   | <b>OTH</b>  | <b>DEM</b> | <b>40</b>   |

(SEE INSTRUCTIONS FOR CODES)

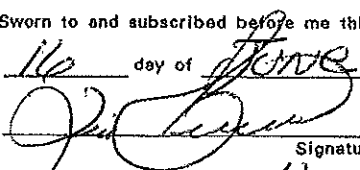
|  |          |          |             |    |          |           |             |                     |  |
|--|----------|----------|-------------|----|----------|-----------|-------------|---------------------|--|
| Summary of Receipts and Expenditures from:                     | MO:      | DAY:     | YEAR:       | To | MO:      | DAY:      | YEAR:       | FOR OFFICE USE ONLY |  |
|  | <b>1</b> | <b>1</b> | <b>2021</b> |    | <b>6</b> | <b>17</b> | <b>2021</b> |                     |  |
| A. Amount Brought Forward From Last Report                     |          |          |             |    |          |           |             | \$                  |  |
| 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)                      |          |          |             |    |          |           |             | \$ <b>262.21</b>    |  |
| 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 16 day of June 2021

Signature: 

My commission expires 12 MO. 31 DAY 23 YR.

Signature of Person Submitting Report: Walter E Banicky

Printed Name: WALTER E BANICKY

Area Code: 570 Daytime Telephone Number: 730-2289

PART II - If this is a report of a Candidate, 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 \_\_\_\_\_

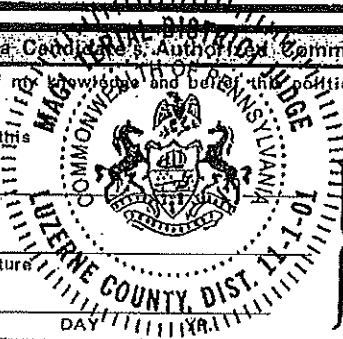
Signature: \_\_\_\_\_

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

Signature of Candidate: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Area Code: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_



# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

|                                       |   |
|---------------------------------------|---|
| Name of Filing Committee or Candidate | Reporting Period<br>From _____ To _____ |
|---------------------------------------|---|

|   |     |    |
|---|-----|----|
| <b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b> |     |    |
| TOTAL for the Reporting Period  | (1) | \$ |

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

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

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

|   |    |
|---|----|
| <b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <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> | \$ |
|---|----|

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<br>From _____ To _____ |
|---------------------------------------|---|

|                                     |       |                   | DATE |     |      | AMOUNT |
|-------------------------------------|-------|-------------------|------|-----|------|--------|
|                                     |       |                   | 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 | \$     |
| 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

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

|    |
|----|
| \$ |
|----|

## 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 | Reporting Period<br>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 | \$ |
|------------|----|

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<br>From _____ To _____ |
|---------------------------------------|---|

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

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

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

# 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<br>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<br>From _____ To _____ |
|---------------------------------------|---|

|                     |       |                   |     |     |      |              |
|---------------------|-------|-------------------|-----|-----|------|--------------|
| Full Name           |       |                   |     |     |      |              |
| Mailing Address     |       |                   |     |     |      |              |
| City                | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount<br>\$ |
| Receipt Description |       |                   |     |     |      |              |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

|                     |       |                   |     |     |      |              |
|---------------------|-------|-------------------|-----|-----|------|--------------|
| Full Name           |       |                   |     |     |      |              |
| Mailing Address     |       |                   |     |     |      |              |
| City                | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount<br>\$ |
| Receipt Description |       |                   |     |     |      |              |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

|                     |       |                   |     |     |      |              |
|---------------------|-------|-------------------|-----|-----|------|--------------|
| Full Name           |       |                   |     |     |      |              |
| Mailing Address     |       |                   |     |     |      |              |
| City                | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount<br>\$ |
| Receipt Description |       |                   |     |     |      |              |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

|                     |       |                   |     |     |      |              |
|---------------------|-------|-------------------|-----|-----|------|--------------|
| Full Name           |       |                   |     |     |      |              |
| Mailing Address     |       |                   |     |     |      |              |
| City                | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount<br>\$ |
| Receipt Description |       |                   |     |     |      |              |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

|                     |       |                   |     |     |      |              |
|---------------------|-------|-------------------|-----|-----|------|--------------|
| Full Name           |       |                   |     |     |      |              |
| Mailing Address     |       |                   |     |     |      |              |
| City                | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount<br>\$ |
| Receipt Description |       |                   |     |     |      |              |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

|                     |       |                   |     |     |      |              |
|---------------------|-------|-------------------|-----|-----|------|--------------|
| Full Name           |       |                   |     |     |      |              |
| Mailing Address     |       |                   |     |     |      |              |
| City                | State | Zip Code (Plus 4) | MO. | DAY | YEAR | Amount<br>\$ |
| Receipt Description |       |                   |     |     |      |              |

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

|  |                  |
|--|------------------|
| Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4. | PAGE TOTAL<br>\$ |
|--|------------------|

# 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<br>From _____ To _____ |
|---------------------------------------|---|

|  |        |
|--|--------|
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b> |        |
| TOTAL for the Reporting Period   | (1) \$ |

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

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

|  |    |
|--|----|
| <b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i> | \$ |
|--|----|



**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

|                                       |   |
|---------------------------------------|---|
| Name of Filing Committee or Candidate | Reporting Period<br>From _____ To _____ |
|---------------------------------------|---|

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

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

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

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

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

| Full Name of Contributor     | DATE |     |      | AMOUNT |
|------------------------------|------|-----|------|--------|
|                              | MO.  | DAY | YEAR |        |
| Mailing Address              | MO.  | DAY | YEAR | \$     |
| City                         | MO.  | DAY | YEAR | \$     |
| 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<br>From _____ To _____ |
|---------------------------------------|---|

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

# STATEMENT OF EXPENDITURES

|  |  |
|--|--|
| Name of Filing Committee or Candidate<br><b>WALTER E BANICKY</b> | Reporting Period<br>From <b>JAN 1 2021</b> To <b>6/17/2021</b> |
|--|--|

| To Whom Paid                                       | MO.                | DAY                                 | YEAR        | Amount           | Description of Expenditure        |
|--|--------------------|-------------------------------------|-------------|------------------|-----------------------------------|
| <b>STAPLES</b>                                     | <b>5</b>           | <b>5</b>                            | <b>2021</b> | <b>\$ 125.89</b> | <b>Political Flyers Documents</b> |
| Mailing Address<br><b>453 ARENA HUB, MUNCY ST.</b> |                    |                                     |             |                  |                                   |
| City<br><b>WIKES BARRE</b>                         | State<br><b>PA</b> | Zip Code (Plus 4)<br><b>18702 -</b> |             |                  |                                   |
| <b>U.S. Post Office</b>                            | <b>5</b>           | <b>9</b>                            | <b>2021</b> | <b>\$ 55.00</b>  | <b>POSTAGE STAMPS</b>             |
| Mailing Address<br><b>122 MAIN ST.</b>             |                    |                                     |             |                  |                                   |
| City<br><b>LUZERNE</b>                             | State<br><b>PA</b> | Zip Code (Plus 4)<br><b>18709 -</b> |             |                  |                                   |
| <b>MINUTEMAN Press</b>                             |                    |                                     |             | <b>\$ 81.32</b>  | <b>ELECTION CARDS</b>             |
| Mailing Address<br><b>488 MARKET STREET</b>        |                    |                                     |             |                  |                                   |
| City<br><b>KINGSTON</b>                            | State<br><b>PA</b> | Zip Code (Plus 4)<br><b>18704 -</b> |             |                  |                                   |
| To Whom Paid                                       | MO.                | DAY                                 | YEAR        | Amount           | Description of Expenditure        |
| Mailing Address                                    |                    |                                     |             | \$               |                                   |
| City   |                    |                                     |             |                  |                                   |
| To Whom Paid                                       | MO.                | DAY                                 | YEAR        | Amount           | Description of Expenditure        |
| Mailing Address                                    |                    |                                     |             | \$               |                                   |
| City   |                    |                                     |             |                  |                                   |
| To Whom Paid                                       | MO.                | DAY                                 | YEAR        | Amount           | Description of Expenditure        |
| Mailing Address                                    |                    |                                     |             | \$               |                                   |
| City   |                    |                                     |             |                  |                                   |
| To Whom Paid                                       | MO.                | DAY                                 | YEAR        | Amount           | Description of Expenditure        |
| Mailing Address                                    |                    |                                     |             | \$               |                                   |
| City   |                    |                                     |             |                  |                                   |
| To Whom Paid                                       | MO.                | DAY                                 | YEAR        | Amount           | Description of Expenditure        |
| Mailing Address                                    |                    |                                     |             | \$               |                                   |
| City   |                    |                                     |             |                  |                                   |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

|                                |
|--------------------------------|
| PAGE TOTAL<br><b>\$ 262.21</b> |
|--------------------------------|

SCHEDULE IV

# STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

|                                       |   |
|---------------------------------------|---|
| Name of Filing Committee or Candidate | Reporting Period<br>From _____ To _____ |
|---------------------------------------|---|

|                     |  |  |  |  |                             |                   |      |
|---------------------|--|--|--|--|-----------------------------|-------------------|------|
| Name of Creditor    |  |  |  |  | Outstanding Balance of Debt |                   |      |
| Mailing Address     |  |  |  |  | \$                          |                   |      |
| DATE DEBT INCURRED  |  |  |  |  | MO.                         | DAY               | YEAR |
| City                |  |  |  |  | State                       | Zip Code (Plus 4) |      |
| Description of Debt |  |  |  |  | -                           |                   |      |

|                     |  |  |  |  |                             |                   |      |
|---------------------|--|--|--|--|-----------------------------|-------------------|------|
| Name of Creditor    |  |  |  |  | Outstanding Balance of Debt |                   |      |
| Mailing Address     |  |  |  |  | \$                          |                   |      |
| DATE DEBT INCURRED  |  |  |  |  | MO.                         | DAY               | YEAR |
| City                |  |  |  |  | State                       | Zip Code (Plus 4) |      |
| Description of Debt |  |  |  |  | -                           |                   |      |

|                     |  |  |  |  |                             |                   |      |
|---------------------|--|--|--|--|-----------------------------|-------------------|------|
| Name of Creditor    |  |  |  |  | Outstanding Balance of Debt |                   |      |
| Mailing Address     |  |  |  |  | \$                          |                   |      |
| DATE DEBT INCURRED  |  |  |  |  | MO.                         | DAY               | YEAR |
| City                |  |  |  |  | State                       | Zip Code (Plus 4) |      |
| Description of Debt |  |  |  |  | -                           |                   |      |

|                     |  |  |  |  |                             |                   |      |
|---------------------|--|--|--|--|-----------------------------|-------------------|------|
| Name of Creditor    |  |  |  |  | Outstanding Balance of Debt |                   |      |
| Mailing Address     |  |  |  |  | \$                          |                   |      |
| DATE DEBT INCURRED  |  |  |  |  | MO.                         | DAY               | YEAR |
| City                |  |  |  |  | State                       | Zip Code (Plus 4) |      |
| Description of Debt |  |  |  |  | -                           |                   |      |

|                     |  |  |  |  |                             |                   |      |
|---------------------|--|--|--|--|-----------------------------|-------------------|------|
| Name of Creditor    |  |  |  |  | Outstanding Balance of Debt |                   |      |
| Mailing Address     |  |  |  |  | \$                          |                   |      |
| DATE DEBT INCURRED  |  |  |  |  | MO.                         | DAY               | YEAR |
| City                |  |  |  |  | State                       | Zip Code (Plus 4) |      |
| Description of Debt |  |  |  |  | -                           |                   |      |

|                     |  |  |  |  |                             |                   |      |
|---------------------|--|--|--|--|-----------------------------|-------------------|------|
| Name of Creditor    |  |  |  |  | Outstanding Balance of Debt |                   |      |
| Mailing Address     |  |  |  |  | \$                          |                   |      |
| DATE DEBT INCURRED  |  |  |  |  | MO.                         | DAY               | YEAR |
| City                |  |  |  |  | State                       | Zip Code (Plus 4) |      |
| Description of Debt |  |  |  |  | -                           |                   |      |

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

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