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	1.	COMMITTEE	2.	LOBBYIST	3.
			X				

NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST
MICHELLE BEDNAR

STREET ADDRESS
21 SANDY BEACH ROAD

CITY	STATE	ZIP CODE
WAPWALLOPEN	PA	18660 — 1326

TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.	LUZERNE COUNTY CONTROLLER		DEMOC	05	18	2021
2ND FRIDAY PRE-PRIMARY	2.						
30 DAY POST-PRIMARY	3.						
6TH TUESDAY PRE-ELECTION	4.						
2ND FRIDAY PRE-ELECTION	5. X						
30 DAY POST-ELECTION	6.						
ANNUAL REPORT	7.						

DATES OF REPORTING PERIOD

MO.	DAY	YEAR	TO	MO.	DAY	YEAR
1	1	21		05	03	21

CASH BALANCE AT END OF REPORTING PERIOD: $ 0.00

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0.00

	YES		NO	
AMENDMENT REPORT?			NO	X
TERMINATION REPORT?	YES		NO	X

FOR OFFICE USE ONLY

RECEIVED
2021 MAY 14 PM 1:08
BUREAU OF ELECTIONS
DEPARTMENT OF STATE

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 DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS ($250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
14th DAY OF May 2021

Jessica Seferyn
SIGNATURE

Commonwealth of Pennsylvania - Notary Seal
Jessica Seferyn, Notary Public
Luzerne County
My commission expires April 24, 2023
Commission number 1351290
Member, Pennsylvania Association of Notaries

MY COMMISSION EXPIRES
April 24, 2023
MO. DAY YR.

Michelle Bednar
SIGNATURE OF PERSON SUBMITTING REPORT

MICHELLE BEDNAR
PRINTED NAME

570 592-4030
AREA CODE DAYTIME TELEPHONE NUMBER

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
_____ DAY OF _____ 20____

_____
SIGNATURE

MY COMMISSION EXPIRES _____
MO. DAY YR.

_____
SIGNATURE OF CANDIDATE

X
PRINTED NAME

X X
AREA CODE DAYTIME TELEPHONE NUMBER