

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					
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Michelle Bednar</i>										
STREET ADDRESS <i>21 Sandy Beach Road</i>										
CITY <i>Wapwallopen</i>		STATE <i>PA</i>	ZIP CODE <i>18660 - 1326</i>							
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION						
6TH TUESDAY PRE-PRIMARY	<i>Lucerne County Controller</i>		<i>DEMOC</i>	MO.	DAY	YEAR				
2ND FRIDAY PRE-PRIMARY				05	18	2021				
30 DAY POST-PRIMARY				FOR OFFICE USE ONLY						
6TH TUESDAY PRE-ELECTION				DATES OF REPORTING PERIOD						
2ND FRIDAY PRE-ELECTION				MO.	DAY	YEAR	MO.	DAY	YEAR	
30 DAY POST-ELECTION				05	04	2021	TO	06	07	2021
ANNUAL REPORT				CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>				
	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>						
	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>						

AFFIDAVIT SECTION

PART I -
 If statement is filed on behalf of a Political Committee or Candidates' 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 (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
 17 DAY OF June 2021

Megan Zingaretti
 SIGNATURE

MY COMMISSION EXPIRES October 20 2021
 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

 PRINTED NAME

 AREA CODE DAYTIME TELEPHONE NUMBER