

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		George Bowers							
Street Address		310 Bunker Drive							
City	Hanover Township	State	PA	Zip Code	18706				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
		05/01/2021
A. Amount Brought Forward From Last Report	\$	10,088.08
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,000
C. Total Funds Available (Sum of Lines A and B)	\$	11,088.08
D. Total Expenditures (From Schedule III)	\$	1,987.7
E. Ending Cash Balance (Subtract Line D from Line C)	\$	9,100.38
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

**For Office Use Only**

RECEIVED  
 2021 JUN 15 PM 3:29  
 COMMONWEALTH OF PENNSYLVANIA  
 CAMPAIGN FINANCE DIVISION

**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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Person Submitting report

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

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Part II- If this is a report of a **Candidate's 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

12<sup>th</sup> day of June 2021

\_\_\_\_\_  
Signature  
**DEC 06 2023**

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

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

George Bowers  
Printed Name

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

570  
Area Code

899-6745  
Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal  
 MaryAnn Piskorik, Notary Public  
 Luzerne County  
 My commission expires December 6, 2023  
 Commission number 1130040  
 Member, Pennsylvania Association of Notaries

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>			
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	
<b>2. Contributions of \$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)	\$	
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>		\$	

**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.

Filer Identification Number										Amount	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$				
House #	Street Address					Date [MM/DD/YYYY]	\$				
City				State		Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$				
House #	Street Address					Date [MM/DD/YYYY]	\$				
City				State		Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$				
House #	Street Address					Date [MM/DD/YYYY]	\$				
City				State		Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$				
House #	Street Address					Date [MM/DD/YYYY]	\$				
City				State		Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$				
House #	Street Address					Date [MM/DD/YYYY]	\$				
City				State		Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$				
House #	Street Address					Date [MM/DD/YYYY]	\$				
City				State		Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$				
House #	Street Address					Date [MM/DD/YYYY]	\$				
City				State		Zip Code	Date [MM/DD/YYYY]	\$			

**PART B**  
**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address						
					Date [MM/DD/YYYY]	\$	
City	State			Zip Code			
					Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address						
					Date [MM/DD/YYYY]	\$	
City	State			Zip Code			
					Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address						
					Date [MM/DD/YYYY]	\$	
City	State			Zip Code			
					Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address						
					Date [MM/DD/YYYY]	\$	
City	State			Zip Code			
					Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address						
					Date [MM/DD/YYYY]	\$	
City	State			Zip Code			
					Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address						
					Date [MM/DD/YYYY]	\$	
City	State			Zip Code			
					Date [MM/DD/YYYY]	\$	

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.

Filer Identification Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$
House #					Street Address	
City					State	Zip Code
					Date [MM/DD/YYYY]	\$

**PART D**  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
------------------------------	--

<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>		\$	1,000
Ronald Jarzenbovicz						05/06/2021			
<b>House #</b>	242	<b>Street Address</b>						\$	
		South Main Street							
<b>City</b>	Hanover Township			<b>State</b>	PA	<b>Zip Code</b>	18706	\$	
<b>Employer Name</b>						<b>Occupation</b>			
Retired									
<b>Employer Mailing Address / Principal Place of Business</b>									
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>						\$	
<b>City</b>				<b>State</b>		<b>Zip Code</b>		\$	
<b>Employer Name</b>						<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>									
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>						\$	
<b>City</b>				<b>State</b>		<b>Zip Code</b>		\$	
<b>Employer Name</b>						<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>									
<b>Full Name of Contributor</b>						<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>						\$	
<b>City</b>				<b>State</b>		<b>Zip Code</b>		\$	
<b>Employer Name</b>						<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>									

PART E

# Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:										
Full Name										
House #		Street Address								
City				State		Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City				State		Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City				State		Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City				State		Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City				State		Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City				State		Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										

SCHEDULE II

## 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

Filer Identification Number:	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
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TOTAL for the reporting period	(1)	\$	
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<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
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TOTAL for the reporting period	(2)	\$	
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<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
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TOTAL for the reporting period	(3)	\$	
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code			
Description of Contribution					

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

SCHEDULE III  
Statement of Expenditures

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		Six Strings Saloon			<b>Date [MM/DD/YYYY]</b>	\$	1,105.62
					05/06/2021		
<b>House #</b>	1474	<b>Street Address</b>	Sans Souci Parkway		<b>Description of Expenditure</b>		
<b>City</b>	Hanover Township	<b>State</b>	PA	<b>Zip Code</b>	18706	Rally	
<b>To Whom Paid</b>		George Andrejko			<b>Date [MM/DD/YYYY]</b>	\$	197.32
					05/10/2021		
<b>House #</b>	153	<b>Street Address</b>	Regal Street		<b>Description of Expenditure</b>		
<b>City</b>	Hanover Township	<b>State</b>	PA	<b>Zip Code</b>	18706	Supplies for Rally	
<b>To Whom Paid</b>		Six Strings Saloon			<b>Date [MM/DD/YYYY]</b>	\$	684.76
					05/18/2021		
<b>House #</b>	1474	<b>Street Address</b>	Sans Souci Parkway		<b>Description of Expenditure</b>		
<b>City</b>	Hanover Township	<b>State</b>	PA	<b>Zip Code</b>	18706	Rally	
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>To Whom Paid</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</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.

Filer Identification Number:	
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		
City	State	Zip Code				
Description of Debt						