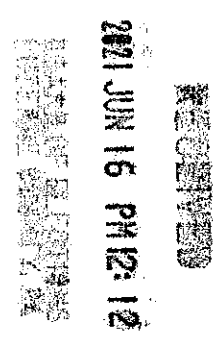


COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

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 <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Committee to Elect Joe Caffrey</i>						
STREET ADDRESS <i>89 Grove St.</i>						
CITY <i>Wilkes-Barre</i>	STATE <i>Pa</i>	ZIP CODE <i>18702 -</i>				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>				<i>11</i>	<i>2</i>	<i>21</i>
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>						
30 DAY POST-PRIMARY <input checked="" type="checkbox"/>						
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>						
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>						
30 DAY POST-ELECTION <input type="checkbox"/>						
ANNUAL REPORT <input type="checkbox"/>						
DATES OF REPORTING PERIOD		TO		FOR OFFICE USE ONLY		
MO. DAY YEAR		MO. DAY YEAR				
<i>05 04 21</i>		<i>06 07 21</i>				
CASH BALANCE AT END OF REPORTING PERIOD:		\$		<i>0</i>		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		<i>0</i>		
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'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

16th DAY OF *June* 20 *21*

Maura Colella COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL
 SIGNATURE Maura Colella, Notary Public
 My commission expires *10-29-21* MO. DAY YEAR
 My commission expires October 29, 2021

Judy Saracino SIGNATURE OF PERSON SUBMITTING REPORT
Judy SARACINO PRINTED NAME
 510 AREA CODE
 239-5812 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

16th DAY OF *June* 20 *21*

Maura Colella COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL
 SIGNATURE Maura Colella, Notary Public
 My commission expires *10-29-21* MO. DAY YEAR
 My commission expires October 29, 2021

Joe Caffrey SIGNATURE OF CANDIDATE
Joe CAFFREY PRINTED NAME
 510 AREA CODE
 417-6841 DAYTIME TELEPHONE NUMBER

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	COMMITTEE	<input checked="" type="checkbox"/>	LOBBYIST	<input type="checkbox"/>												
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Committee to Elect Joe Caffrey																			
STREET ADDRESS 89 Grove St.																			
CITY Wilkes-Barre			STATE PA	ZIP CODE 18702															
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION													
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY <input checked="" type="checkbox"/> 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		School Board				MO. 11	DAY 2	YEAR 21											
		DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY													
		<table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> <td>TO</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>05</td> <td>04</td> <td>21</td> <td></td> <td>06</td> <td>07</td> <td>21</td> </tr> </table>		MO.	DAY	YEAR	TO	MO.	DAY	YEAR	05	04	21		06	07	21		
MO.	DAY	YEAR	TO	MO.	DAY	YEAR													
05	04	21		06	07	21													
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>506.41</u>				2021 JUN 16 PM 12:12													
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>																	
		<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>								
AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>																
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>																

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SWORN TO AND SUBSCRIBED BEFORE ME THIS
16th DAY OF **June** 20**21**
Maura Colella
 COMMONWEALTH OF PENNSYLVANIA
 SIGNATURE NOTARIAL SEAL
 MY COMMISSION EXPIRES **10-29-2021**
Maura Colella, Notary Public
McLains Twp, Luzerne County
 My commission expires October 29, 2021

Judy Saracino
 SIGNATURE OF PERSON SUBMITTING REPORT
Judy SARACINO
 PRINTED NAME
570 **239-5871**
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

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McLains Twp, Luzerne County
 My commission expires October 29, 2021

Joe Caffrey
 SIGNATURE OF CANDIDATE
JOE CAFFREY
 PRINTED NAME
570 **417-6841**
 AREA CODE DAYTIME TELEPHONE NUMBER