

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)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		COMMITTEE TO ELECT DE COSMO, SYRMANSKY, RYON AND FRISSENKA				
Street Address		1201 N. CHADWICK SUITE 215				
City	HARZLE TWP	State	PA	Zip Code	18202	

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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) 05/18			Year 2021		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/1/21	03/29/21	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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

15th day of April 20 21

Signature Signature	Commonwealth of Pennsylvania - Notary Seal Jordan H. Percile, Notary Public Luzerne County My commission expires January 31, 2022 Commission number 1186320 Member, Pennsylvania Association of Notaries	Signature of Person Submitting report Printed Name Daytime Telephone Number
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My Commission expires 01 31 2022 MO. DAY YR. Area Code 570 Daytime Telephone Number 459-2859

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

____ day of _____ 20____

Signature Signature	Signature of Candidate Printed Name Daytime Telephone Number
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My Commission expires _____ MO. DAY YR. Area Code _____ Daytime Telephone Number _____

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 type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		COMMITTEE TO ELECT DE COSMO, SYKOWSKY, RYON AND KRISPERA						
Street Address		1201 N. CHURCH SUITE 215						
City	HAZLE TWP	State	PA	Zip Code	18202			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<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"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		05/18	Year	2021		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only					
	3/29/21	5/7/21	RECEIVED 2021 MAY 10 AM 11:52 BOARD OF ELECTIONS LUZERNE COUNTY, PA					
A. Amount Brought Forward From Last Report	\$	0						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3000.00						
C. Total Funds Available (Sum of Lines A and B)	\$	3000.00						
D. Total Expenditures (From Schedule III)	\$	2198.96						
E. Ending Cash Balance (Subtract Line D from Line C)	\$	851.04						
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0						
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1500.00						

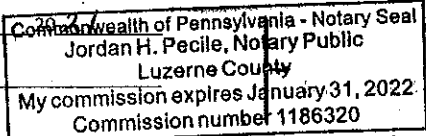
Affidavit Section

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

5th day of May

 <p>Signature: <i>Jordan H. Pecile</i></p> <p>My Commission expires <u>01-31-22</u> MO. DAY YR.</p>	<p style="text-align: center;"><i>Michael DeCosmo</i></p> <p style="text-align: center;">Signature of Person Submitting report</p> <p style="text-align: center;">Printed Name: MICHAEL DE COSMO</p> <p style="text-align: center;">Area Code: <u>570</u> Daytime Telephone Number: <u>458-2859</u></p>
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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

_____ day of _____ 20____

<p>Signature: _____</p> <p>My Commission expires _____ MO. DAY YR.</p>	<p style="text-align: center;">Signature of Candidate</p> <p style="text-align: center;">Printed Name</p> <p style="text-align: center;">Area Code _____ Daytime Telephone Number _____</p>
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SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	COMMITTEE TO ELECT DE GOSMA, SERIADZKY, KYBA AND FRISVOLD		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	3000.00
Total for the reporting period	(3)	\$	3000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	3000.00

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	COMMITTEE TO ELECT DECONA, SHERADSKY, RYBA AND FRISVOLD
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To Whom Paid		HALLERTON ELLIS			Date [MM/DD/YYYY]	\$	350.00
House #	Street Address	E. BRADDO ST.			Description of Expenditure		
City	State	Zip Code	18701		HALL RENTAL		
To Whom Paid		VICTORY STARS, COM			Date [MM/DD/YYYY]	\$	1782.20
House #	Street Address	5200 SW 30TH ST.			Description of Expenditure		
City	State	Zip Code	52802		SIGNAGE		
To Whom Paid		DOWNA GREENBERG			Date [MM/DD/YYYY]	\$	11.66
House #	Street Address	582 W. BRADDO ST.			Description of Expenditure		
City	State	Zip Code	18201		PAPER SUPPLIES		
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City	State	Zip Code					

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:	COMMITTEE TO ELECT DECONA, SHARANSKY, RUBA AND KRISLOVA
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
COMRADO FALVELLO					04/08/2021		500.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
	MAIN ST.						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
CONWAY	AR	16727					
Employer Name					Occupation		
					ATTORNEY		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
SCOTT & MARY LADWIS					04/26/2021		1000.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
	109 LADWIS RD.						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
SUGARLOAF	AR	18249					
Employer Name					Occupation		
SELF							
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
BROCK C SUSSKA JR.							750.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
	70 MOUNTAIN RIDGE RD.						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
SUGARLOAF	AR	18249					
Employer Name					Occupation		
SELF							
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
KAREN M. SUSSKA							750.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
	70 MOUNTAIN RIDGE RD.						
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
SUGARLOAF	AR	18249					
Employer Name					Occupation		
ATTY. CAROL SUSSKA							
Employer Mailing Address / Principal Place of Business							

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.

Filler Identification Number:	COMMITTEE TO ELECT DR COSMO, SHERMAN, NY BA AND FRISVOLD
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Name of Creditor		MICHAEL DR COSMO				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		1500.00	
	141 N. PROVIDENCE AVE.	03/21/2021					
City	HALLA TWP	State	PA	Zip Code	18702		
Description of Debt		LOAN FOR START-UP EXPENSES					

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							