

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 <sup>2</sup>	LOBBYIST <sup>3</sup>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Fermin Diaz</b>					
STREET ADDRESS <b>203 3rd St</b>					
CITY <b>West Hazleton</b>			STATE <b>PA</b>	ZIP CODE <b>18202</b>	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	
	DATE OF ELECTION				
6TH TUESDAY PRE-PRIMARY	<b>Council Member</b>			<b>Dem</b>	
2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
30 DAY POST-PRIMARY	MO. DAY YEAR TO MO. DAY YEAR <b>04 07 2021 TO 05 03 2021</b>		RECEIVED 2021 MAY -6 PM 1:49 BOARD OF ELECTIONS LUZERNE COUNTY, PA		
6TH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD: \$ _____				
2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ _____				
30 DAY POST-ELECTION	AMENDMENT REPORT?				
ANNUAL REPORT	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	TERMINATION REPORT?				
	YES <input type="checkbox"/> 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

**06** DAY OF **May** 20**21**  
**Yessenia Paulino**  
 SIGNATURE

  
 SIGNATURE OF PERSON SUBMITTING REPORT

**Fermin Diaz**  
 PRINTED NAME

**570** AREA CODE      **599-9670** DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal  
 YESSENIA PAULINO-VASQUEZ - Notary Public  
 Luzerne County

My Commission Expires Dec 18, 2022  
 Part II Number 1287429

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

**06** DAY OF **May** 20**21**  
**Yessenia Paulino**  
 SIGNATURE

  
 SIGNATURE OF CANDIDATE

**Fermin Diaz**  
 PRINTED NAME

**570** AREA CODE      **599-9670** DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal  
 YESSENIA PAULINO-VASQUEZ - Notary Public  
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