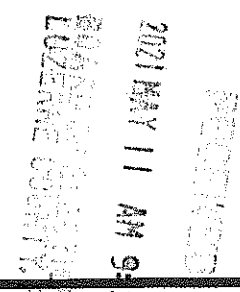


CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: ▶	Report Filed By: ▶	CANDIDATE ^{1.} <input checked="" type="checkbox"/>	COMMITTEE ^{2.} <input type="checkbox"/>	LOBBYIST ^{3.} <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: <i>Michele Ann Good</i>				
Street Address: <i>54 Deep Hole Rd.</i>				
City: <i>Drums</i>		State: <i>Pa</i>	Zip Code: <i>18222 -</i>	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.} <input checked="" type="checkbox"/>	30 DAY POST PRIMARY ^{3.}	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT ^{7.} <input checked="" type="checkbox"/>	YEAR <input type="checkbox"/>	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE ▶	PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate: <i>Tax Collector - Butler Twp.</i>	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR		<i>OTH</i>	<i>REP</i>	<i>40</i>
	<i>05 18 2021</i>		(SEE INSTRUCTIONS FOR CODES)		

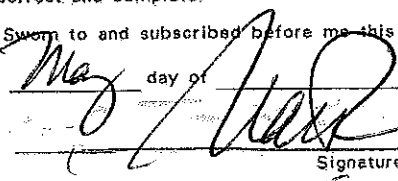
Summary of Receipts and Expenditures from: ▶	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	<i>01</i>	<i>01</i>	<i>2021</i>		<i>05</i>	<i>03</i>	<i>2021</i>	
A. Amount Brought Forward From Last Report	\$		<i>0</i>					
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		<i>0</i>					
C. Total Funds Available (Sum of Lines A and B)	\$		<i>0</i>					
D. Total Expenditures (From Schedule III)	\$		<i>434.60</i>					
E. Ending Cash Balance (Subtract Line D from Line C)	\$		<i>434.60</i>					
F. Value of In-Kind Contributions Received (From Schedule II)	\$		<i>0</i>					
G. Unpaid Debts and Obligations (From Schedule IV)	\$		<i>0</i>					

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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this *6th* day of *May*, 20*21* } *Michele Ann Good*
Signature of Person Submitting Report

Signature  My commission expires <i>5</i> MO. <i>3</i> DAY <i>23</i> YR. My Commission Expires May 3, 2023 Commission Number 126219	Commonwealth of Pennsylvania - Notary Seal NATHAN LEE - Notary Public Luzerne County My Commission Expires May 3, 2023 Commission Number 126219	Printed Name <i>Michele Ann Good</i> Area Code <i>570</i> Daytime Telephone Number <i>578-5868</i>
--	---	--

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

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. CONTRIBUTIONS \$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)		\$
TOTAL for the Reporting Period	(3)	\$

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 <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>	\$ - 0 -
---	----------

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.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				

PAGE TOTAL
\$ - 0 -

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PART B ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate				Reporting Period			AMOUNT
				From _____ To _____			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

PAGE TOTAL
\$ - 0 -

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				

PAGE TOTAL
\$ - 0 -

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

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

Name of Filing Committee or Candidate				Reporting Period From _____ To _____						
DATE						AMOUNT				
Full Name of Contributor						MO.	DAY	YEAR	\$	
Mailing Address						MO.	DAY	YEAR	\$	
City				State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name						Occupation				
Employer Mailing Address/Principal Place of Business										
Full Name of Contributor						MO.	DAY	YEAR	\$	
Mailing Address						MO.	DAY	YEAR	\$	
City				State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name						Occupation				
Employer Mailing Address/Principal Place of Business										
Full Name of Contributor						MO.	DAY	YEAR	\$	
Mailing Address						MO.	DAY	YEAR	\$	
City				State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name						Occupation				
Employer Mailing Address/Principal Place of Business										
Full Name of Contributor						MO.	DAY	YEAR	\$	
Mailing Address						MO.	DAY	YEAR	\$	
City				State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name						Occupation				
Employer Mailing Address/Principal Place of Business										
Full Name of Contributor						MO.	DAY	YEAR	\$	
Mailing Address						MO.	DAY	YEAR	\$	
City				State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name						Occupation				
Employer Mailing Address/Principal Place of Business										
Full Name of Contributor						MO.	DAY	YEAR	\$	
Mailing Address						MO.	DAY	YEAR	\$	
City				State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name						Occupation				
Employer Mailing Address/Principal Place of Business										

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ - 0 -

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ - 0 -

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

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ - 0 -
--	---------------

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <i>Michele A. Good</i>	Reporting Period From <i>01-01-21</i> To <i>5-3-21</i>
---	---

To Whom Paid <i>Mozip Graphics</i>	MO. <i>04</i>	DAY <i>06</i>	YEAR <i>2021</i>	Amount \$ <i>434.60</i>
Mailing Address <i>41 N. Gates Ave</i>	Description of Expenditure <i>Yard Signs</i>			
City <i>Kingston</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>18704 -</i>		
<i>Palm Cards</i>				

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4) -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ <i>434.60</i>
---	--------------------------------

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.

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Name of Creditor					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$ 0
