

JND FRIDAY PAE PRIMARY
 AMENDED REPORT 6-15-2021

Reset Form

Print Form

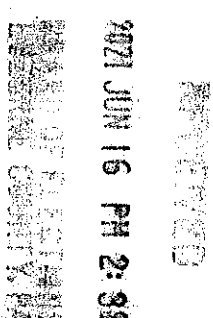
Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Walter L. Griffith Jr					
Street Address		348 Highland Ave					
City	Trucksville	State	PA	Zip Code	18708		

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)		05/18/2021	Year	2021	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2021	05/03/2021	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1762.65	
C. Total Funds Available (Sum of Lines A and B)	\$	1762.65	
D. Total Expenditures (From Schedule III)	\$	1762.65	
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 _____ day of _____ 20____

Signature _____

My Commission expires _____ MO. DAY YR.

Signature of Person Submitting report
 Walter L. Griffith Jr
 Printed Name

570 Area Code 570-239-0025 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 _____ 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

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0
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)		\$	100.00
Total for the reporting period	(2)	\$	100.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	1662.65
Total for the reporting period	(3)	\$	1665.65
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
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>		\$	1762.65

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		Jan and Carolee Olenginski				Date [MM/DD/YYYY]	\$
						04/21/2021	100.00
House #	42	Street Address		Wedgewood Way		Date [MM/DD/YYYY]	\$
City	Dallas	State	PA	Zip Code	18612	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 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:	
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Full Name of Contributor		Waller L. Griffith Jr			Date [MM/DD/YYYY]	\$	1662.65	
					04/01/2021			
House #	348	Street Address		Highland Ave	Date [MM/DD/YYYY]	\$		
City		Trucksville	State	PA	Zip Code	18708	Date [MM/DD/YYYY]	\$
Employer Name		Motorworld Mile One			Occupation	Driver		
Employer Mailing Address / Principal Place of Business		Motorworld Dr Wilkes Barre PA						
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #		Street Address			Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	Luzerne County				Date [MM/DD/YYYY]	\$	100.00
					03/09/2021		
House #	200	Street Address	N River St		Description of Expenditure		
City	Wilkes Barre	State	PA	Zip Code	18711	Campaign Filing Fee	
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			
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			

SCHEDULE III Statement of Expenditures

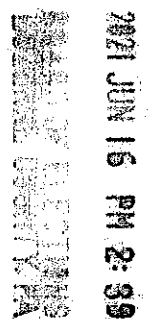
Filer	Walter L Griffith Jr
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To Whom Paid	Mozip Graphics	Date [MM/DD/YYYY]	\$	1298.50
Mailing Address	Gates Ave	04/01/2021		
City	Kingston	State	PA	Zip Code 18704
Description of Expenditure Political Signs				
To Whom Paid	Mozip Graphics	Date [MM/DD/YYYY]	\$	294.15
Mailing Address	Gates Ave	04/09/2021		
City	Kingston	State	PA	Zip Code 18704
Description of Expenditure Political Signs				
To Whom Paid	118 th District Republican Committee	Date [MM/DD/YYYY]	\$	20.00
Mailing Address		04/17/2021		
City	Pittston	State	PA	Zip Code
Description of Expenditure Political Breakfast				
To Whom Paid	117th District Republican Committee	Date [MM/DD/YYYY]	\$	50.00
Mailing Address	50 Oak Dr	04/30/2021		
City	Dallas	State	PA	Zip Code 18612
Description of Expenditure Republican Fund Raiser				
To Whom Paid		Date [MM/DD/YYYY]	\$	
Mailing Address				
City		State		Zip Code
Description of Expenditure				
To Whom Paid		Date [MM/DD/YYYY]	\$	
Mailing Address				
City		State		Zip Code
Description of Expenditure				
To Whom Paid		Date [MM/DD/YYYY]	\$	
Mailing Address				
City		State		Zip Code
Description of Expenditure				

Total this Page \$ ~~1662.65~~ 1762.65

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	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST WALTER L GRIFFITH JR					
STREET ADDRESS 348 HIGHLAND AVE					
CITY TRUCKSVILLE		STATE PA	ZIP CODE 18708		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
	COUNTY CONTROLLER			REP	MO. DAY YEAR 05 18 2021
6TH TUESDAY PRE-PRIMARY	1	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY	
2ND FRIDAY PRE-PRIMARY	2	MO. DAY YEAR	TO	MO. DAY YEAR	
30 DAY POST-PRIMARY	3	05 04 2021		06 03 2021	
6TH TUESDAY PRE-ELECTION	4	CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0	
2ND FRIDAY PRE-ELECTION	5	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0	
30 DAY POST-ELECTION	6	AMENDMENT REPORT?	YES	NO	
ANNUAL REPORT	7	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 _____ DAY OF _____ 20____

SIGNATURE

PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____

Walter L Griffith Jr
SIGNATURE OF PERSON SUBMITTING REPORT

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 _____ DAY OF _____ 20____

SIGNATURE

PRINTED NAME

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE _____ DAYTIME TELEPHONE NUMBER _____