

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> <input type="checkbox"/>	LOBBYIST <sup>3</sup> <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Katherine M Healey					
STREET ADDRESS 414 Parsonage St					
CITY Pittston			STATE Pa	ZIP CODE 18640	
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY
6TH TUESDAY PRE-PRIMARY 1.		School Director		3RD	DEM
2ND FRIDAY PRE-PRIMARY 2.		DATES OF REPORTING PERIOD		DATE OF ELECTION	
30 DAY POST-PRIMARY 3. <input checked="" type="checkbox"/>		MO. DAY YEAR TO MO. DAY YEAR 5 3 2021 TO 6 7 2021		MO.	DAY YEAR
6TH TUESDAY PRE-ELECTION 4.		CASH BALANCE AT END OF REPORTING PERIOD: \$ 43.00  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0.00		FOR OFFICE USE ONLY	
2ND FRIDAY PRE-ELECTION 5.				2021 JUN 15 PM 12:08	
30 DAY POST-ELECTION 6.					
ANNUAL REPORT 7.					
		AMENDMENT 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 \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
SIGNATURE

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

\_\_\_\_\_  
SIGNATURE OF PERSON SUBMITTING REPORT

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
AREA CODE

\_\_\_\_\_  
DAYTIME TELEPHONE NUMBER

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

Commonwealth of Pennsylvania - Notary Seal  
 David F. Smith, Notary Public  
 Luzerne County  
 My Commission Expires November 18, 2022  
 Commission Number 19185

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

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	1.	COMMITTEE	2. X	LOBBYIST	3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>FRIENDS of KATHY Healey</i>								
STREET ADDRESS <i>414 Parsonage St</i>								
CITY <i>Pittston</i>			STATE <i>Pa</i>		ZIP CODE <i>18640</i>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION		
	<i>School Director</i>			<i>3RD</i>	<i>DEM</i>	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY						<i>5</i>	<i>18</i>	<i>2021</i>
2ND FRIDAY PRE-PRIMARY								
30 DAY POST-PRIMARY								
6TH TUESDAY PRE-ELECTION								
2ND FRIDAY PRE-ELECTION								
30 DAY POST-ELECTION								
ANNUAL REPORT								

  

DATES OF REPORTING PERIOD	MO.	DAY	YEAR	TO	MO.	DAY	YEAR
	<i>5</i>	<i>3</i>	<i>2021</i>		<i>6</i>	<i>7</i>	<i>2021</i>

  

CASH BALANCE AT END OF REPORTING PERIOD:	\$	<i>43.00</i>
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$	<i>0.00</i>

  

AMENDMENT REPORT?	YES		NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES		NO	<input checked="" type="checkbox"/>

  

FOR OFFICE USE ONLY  
 JUN 15 PM 12:00

**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	<i>15</i> DAY OF <i>JUNE</i> 2021		<i>Joseph J. Earjes</i>	
<i>Monica M. Coyne</i>	Commonwealth of Pennsylvania - Notary Seal Monica M. Coyne, Notary Public Luzerne County		SIGNATURE OF PERSON SUBMITTING REPORT	
MY COMMISSION EXPIRES	My commission expires April 27, 2022 Commission number 1032123		JOSEPH J. EARJES PRINTED NAME	
			570 961-0553 AREA CODE DAYTIME TELEPHONE NUMBER	

Member, Pennsylvania Association of Notaries

**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	<i>15</i> DAY OF <i>JUNE</i> 2021		<i>Katherine M Healey</i>	
<i>Monica M. Coyne</i>	Commonwealth of Pennsylvania - Notary Seal Monica M. Coyne, Notary Public Luzerne County		SIGNATURE OF CANDIDATE	
MY COMMISSION EXPIRES	My commission expires April 27, 2022 MO. Commission number 1032123		KATHERINE M HEALEY PRINTED NAME	
			570 654-5424 AREA CODE DAYTIME TELEPHONE NUMBER	

Member, Pennsylvania Association of Notaries