

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	<input type="checkbox"/> LOBBYIST																		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>Holly Homschek</b>																							
STREET ADDRESS <b>130 Factory St</b>																							
CITY <b>Avoca</b>		STATE <b>PA</b>	ZIP CODE <b>18641</b>																				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY																		
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 30 DAY POST-PRIMARY <input type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/>		<b>Council member</b>		<b>118</b>	<b>DEM</b>																		
		DATES OF REPORTING PERIOD		DATE OF ELECTION																			
		<table border="1" style="display: inline-table; margin-right: 10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>3</td><td>12</td><td>2021</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>5</td><td>3</td><td>2021</td></tr> </table>		MO.	DAY	YEAR	3	12	2021	MO.	DAY	YEAR	5	3	2021	<table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>5</td><td>18</td><td>2021</td></tr> </table>		MO.	DAY	YEAR	5	18	2021
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3	12	2021																					
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5	18	2021																					
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>		<b>RECEIVED</b> <b>2021 MAY -6 PM 3:56</b> BOARD OF ELECTIONS COZZIENNE COUNTY, PA																			
		<table border="1" style="display: inline-table; margin-right: 10px;"> <tr><td>AMENDMENT REPORT?</td><td>YES</td><td>NO</td></tr> <tr><td></td><td></td><td><input checked="" type="checkbox"/></td></tr> </table> <table border="1" style="display: inline-table;"> <tr><td>TERMINATION REPORT?</td><td>YES</td><td>NO</td></tr> <tr><td></td><td></td><td><input checked="" type="checkbox"/></td></tr> </table>				AMENDMENT REPORT?	YES	NO			<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO			<input checked="" type="checkbox"/>						
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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

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

\_\_\_\_\_  
SIGNATURE OF PERSON SUBMITTING REPORT  
**Holly Homschek**  
 \_\_\_\_\_  
PRINTED NAME  
**570**      **237-7190**  
 AREA CODE      DAYTIME TELEPHONE NUMBER

**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

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

\_\_\_\_\_  
SIGNATURE OF CANDIDATE  
 \_\_\_\_\_  
PRINTED NAME  
 \_\_\_\_\_  
AREA CODE      DAYTIME TELEPHONE NUMBER