



# 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: 8000646		Report Filed By: CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST						
Name of Filing Committee, Candidate or Lobbyist: LUZERNE CO DEM COM										
Street Address: 1598 BALD MOUNTAIN ROAD										
City: BEAR CREEK TOWNSHIP		State: PA	Zip Code: 18702							
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2021	FILING METHOD ( ) CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	2	2021	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		3	30	2021	TO	5	3	2021	RECEIVED 2021 MAY 10 PM 12:48 BOARD OF ELECTIONS LUZERNE COUNTY, PA	
A. Amount Brought Forward From Last Report				\$	28,514.18					
B. Total Monetary Contributions And Receipts (From Schedule I)				\$	0.00					
C. Total Funds Available (Sum Of Lines A and B)				\$	28,514.18					
D. Total Expenditures (From Schedule III)				\$	915.50					
E. Ending Cash Balance (Subtract Line D From Line C)				\$	27,598.68					
F. Value Of In-Kind Contributions Received (From Schedule II)				\$	0.00					
G. Unpaid Debts And Obligations (From Schedule IV)				\$	0.00					

## 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 filed on paper or by electronic medium, are 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: *Anthony Thomas*

Printed Name: Anthony Thomas

Email: *Anthony.Thomas9780@gmail.com*

Area Code: *570* Daytime Telephone Number: *328 3404*

**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 \_\_\_\_\_

Email \_\_\_\_\_

Area Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

Name of Filing Committee or Candidate  LUZERNE CO DEM COM	Reporting Period From: <u>3/30/2021</u> To: <u>5/3/2021</u>
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<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
TOTAL for the Reporting Period (1)	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)</b>	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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**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: <span style="margin-left: 100px;">To:</span>
<b>DATE</b> <span style="float: right;"><b>AMOUNT</b></span>	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

<b>PAGE TOTAL</b>
\$ 0.00

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
	From: <span style="float:right">To:</span>

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code (Plus 4)			

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

<b>PAGE TOTAL</b>
\$ 0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

Full Name of Contributing Committee	DATE			AMOUNT
	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

**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: <span style="float: right;">To:</span>

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

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

<b>PAGE TOTAL</b>
\$ 0.00

**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: <span style="float:right">To:</span>

	DATE			AMOUNT
Full Name	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Receipt Description				

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

<b>PAGE TOTAL</b>
\$ 0.00

**SCHEDULE II**  
**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  LUZERNE CO DEM COM	Reporting Period From: <u>3/30/2021</u> To: <u>5/3/2021</u>
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period (2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 0.00



**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: <span style="float: right;">To:</span>

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
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.	<b>PAGE TOTAL</b>  \$ 0.00
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**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					<b>PAGE TOTAL</b> 0.00

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

<b>Name of Filing Committee or Candidate</b> LUZERNE CO DEM COM	<b>Reporting Period</b> From <u>3/30/2021</u> To: <u>5/3/2021</u>
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				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
Ram Buildings					
<b>Mailing Address</b> PO Box 147	4	29	2021	\$	900.00
<b>City</b> Bloomsburg	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 17815	<b>Description of Expenditure</b> Rent	
ActBlue					
<b>Mailing Address</b> PO Box 441146	4	9	2021	\$	0.50
<b>City</b> Somerville	<b>State</b> MA		<b>Zip Code (Plus 4)</b> 02144	<b>Description of Expenditure</b> Credit Card Fee	
namecheap.com					
<b>Mailing Address</b> 11400 W Olympic Blvd	4	19	2021	\$	15.00
<b>City</b> Los Angeles	<b>State</b> CA		<b>Zip Code (Plus 4)</b> 90064	<b>Description of Expenditure</b> Website	
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>					<b>PAGE TOTAL</b> \$ 915.50





**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement  
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)  
[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.**

Name of Filing Committee, Candidate, or Lobbyist				
Luzerne Co Dem Co				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input checked="" type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election		<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-Special Election

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

  
\_\_\_\_\_  
Signature of Treasurer, Candidate, or Lobbyist

Anthony Thomas  
\_\_\_\_\_  
Printed Name

05/07/2021  
\_\_\_\_\_  
Date (DD/MM/YYYY)

Wilkes-Barre PA USA  
\_\_\_\_\_  
Location (City/State/Country)

COMMONWEALTH OF PENNSYLVANIA  
**POLITICAL COMMITTEE REGISTRATION STATEMENT**

THIS REGISTRATION STATEMENT IS BEING FILED ON BEHALF OF  COMMITTEE  CONTRIBUTING LOBBYIST DATE 5/10/21

NAME OF COMMITTEE OR LOBBYIST <u>LUZ CO DEM CO</u>	CHECK BELOW: <input type="checkbox"/> INITIAL REGISTRATION <input checked="" type="checkbox"/> AMENDED REGISTRATION
ADDRESS	IF THIS IS AN AMENDMENT: FILER ID NUMBER _____
CITY STATE ZIP-PLUS FOUR	
COUNTY	CHECK ALL THAT APPLY: <input type="checkbox"/> NEW COMMITTEE ADDRESS <input type="checkbox"/> NEW CHAIRPERSON <input checked="" type="checkbox"/> NEW TREASURER <input type="checkbox"/> OTHER _____ (SPECIFY)
DAYTIME TELEPHONE NUMBER: AREA / _____ E-MAIL ADDRESS: _____	
IS THIS A CANDIDATE'S AUTHORIZED POLITICAL COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**SUPPORTED CANDIDATES**

List below the names of candidates the committee/lobbyist intends to support, or candidates who have authorized the committee to receive funds on their behalf. A committee that is not a candidate's authorized political committee may list the *offices* of candidates it intends to support (e.g., Statewide, Legislative, Judicial, Local, All) and need not list names of specific candidates.

Name of Candidate(s)	Address	Office Sought	Political Party/Body

IF THE COMMITTEE INTENDS TO SUPPORT OR OPPOSE A BALLOT QUESTION, PLEASE COMPLETE THIS SECTION.

THIS COMMITTEE  SUPPORTS  OPPOSES THE FOLLOWING BALLOT QUESTION:

HOW LONG DOES THE COMMITTEE (OR LOBBYIST) INTEND TO OPERATE:

ELECTION YEAR \_\_\_\_\_ ONLY  INDEFINITELY

FOR OFFICE USE ONLY

RECEIVED

2021 MAY 10 PM 12:48

BOARD OF ELECTIONS  
 HARRISBURG COUNTY, PA

**AFFILIATED AND CONNECTED ORGANIZATIONS**

**Affiliated** means (1) authorized committees of the same candidate, and (2) committees, including separate segregated funds, established, administered, maintained or controlled by the same corporation, unincorporated association, person or group of persons, including a parent, subsidiary, branch, division, dept. or local unit.

**Connected** means an organization which is not a political committee but which directly or indirectly establishes, maintains, controls or administers the registrant, such as a corporation, an unincorporated association, a membership organization, a cooperative or a trade association.

NAME OF AFFILIATED/CONNECTED ORGANIZATIONS	MAILING ADDRESS AND ZIP CODE	RELATIONSHIP TO REGISTRANT

**APPOINTMENT AND ACCEPTANCE OF CHAIRPERSON**

FULL NAME OF CHAIRPERSON	MAILING ADDRESS AND ZIP CODE
DAYTIME TELEPHONE NUMBER	
AREA _____ NUMBER _____	

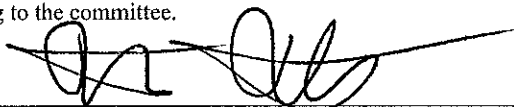
I accept the appointment of chairperson of this committee until the final campaign finance report is filed, or until my successor is duly chosen and the appropriate supervisor is notified. I understand the campaign finance reporting law requirements. I also understand that if I wish to resign, I must do so in writing to the committee.

\_\_\_\_\_  
SIGNATURE OF CHAIRPERSON \_\_\_\_\_  
DATE

**APPOINTMENT AND ACCEPTANCE OF TREASURER**

FULL NAME OF TREASURER <i>Anthony Thomas</i>	MAILING ADDRESS AND ZIP CODE <i>18 Paklay Lane</i>
DAYTIME TELEPHONE NUMBER AREA <i>570</i> NUMBER <i>328-3404</i>	<i>Wilkes-Barre PA 18705</i>

I accept the appointment of treasurer of this committee until the final campaign finance report is filed, or until my successor is duly chosen and the appropriate supervisor is notified. I understand the campaign finance reporting law requirements. I also understand that if I wish to resign, I must do so in writing to the committee.

  
SIGNATURE OF TREASURER *5/10/21*  
DATE

LIST BELOW NAMES OF BANKS, SAFETY DEPOSIT BOXES OR OTHER FINANCIAL REPOSITORIES		
NAME OF BANKS, REPOSITORIES, ETC.	MAILING ADDRESS	
PRINTED NAME OF PERSON SUBMITTING THIS STATEMENT	SIGNATURE OF PERSON SUBMITTING THIS STATEMENT	DATE