

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	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST MELISSA ETZLE PATLA									
STREET ADDRESS 175 OLD RIVER ROAD									
CITY WILKES BARRE			STATE PA		ZIP CODE 18702				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		WILKES BARRE AREA SCHOOL DIRECTOR					MO.	DAY	
2ND FRIDAY PRE-PRIMARY							5	18	
30 DAY POST-PRIMARY							YEAR 2021		
6TH TUESDAY PRE-ELECTION							FOR OFFICE USE ONLY		
2ND FRIDAY PRE-ELECTION							2021 MAY - 7 AM 10:19 BOARD OF ELECTIONS LUZERNE COUNTY, PA		
30 DAY POST-ELECTION									
ANNUAL REPORT									
		DATES OF REPORTING PERIOD							
		MO. DAY YEAR		MO. DAY YEAR					
		4 5 2021		5 7 2021					
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		Ø			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		Ø			
		AMENDMENT REPORT?		YES	NO	X			
		TERMINATION REPORT?		YES	NO	Y			

**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  
 7 DAY OF May 2021

*Shannon E Farrone*  
 SIGNATURE  
 MY COMMISSION EXPIRES 10-18-24

*Melissa Etzle Patla*  
 SIGNATURE OF PERSON SUBMITTING REPORT  
 MELISSA ETZLE PATLA  
 PRINTED NAME  
 570 328-5903  
 AREA CODE DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal  
 Shannon E Farrone, Notary Public  
 Luzerne County  
 My Commission Expires Oct. 18, 2024  
 Commission # 1042143

**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