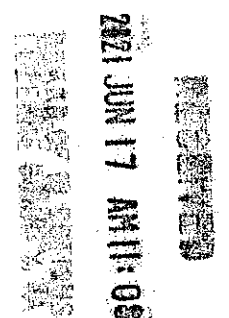


CAMPAIGN FINANCE STATEMENT


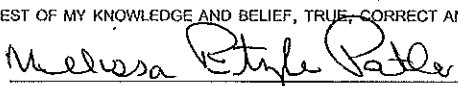
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE ¹ <input checked="" type="checkbox"/>	COMMITTEE ²	LOBBYIST ³																		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST MELISSA ETZIE PATLA																							
STREET ADDRESS 175 OLD RIVER ROAD																							
CITY WILKES BARRE		STATE PA	ZIP CODE 18702																				
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY <input checked="" type="checkbox"/> 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT	NAME OF OFFICE SOUGHT BY CANDIDATE WILKES BARRE AREA SCHOOL DIRECTOR		DISTRICT NO.	PARTY																			
	DATES OF REPORTING PERIOD <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>5</td><td>7</td><td>21</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>6</td><td>17</td><td>21</td></tr> </table>		MO.	DAY	YEAR	5	7	21	MO.	DAY	YEAR	6	17	21	DATE OF ELECTION <table border="1" style="width:100%;"> <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
	MO.	DAY	YEAR																				
	5	7	21																				
	MO.	DAY	YEAR																				
	6	17	21																				
	MO.	DAY	YEAR																				
5	18	2021																					
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>		FOR OFFICE USE ONLY 																					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>																							
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		TERMINATION REPORT? YES <input checked="" type="checkbox"/> NO <input 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 <u>17</u> DAY OF <u>June</u> 20 <u>21</u>  SIGNATURE			 SIGNATURE OF PERSON SUBMITTING REPORT MELISSA ETZLE PATLA PRINTED NAME		
MY COMMISSION EXPIRES <u>9</u> MO. <u>19</u> DAY <u>22</u> YR.			570 AREA CODE 328 5903 DAYTIME TELEPHONE NUMBER		

Notary Seal
 Commonwealth of Pennsylvania
 Paul G Appel, Notary Public
 Luzerne County
 My Commission Expires Sept. 19, 2022
 Commission # 1192926

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			_____ SIGNATURE OF CANDIDATE _____ PRINTED NAME		
MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.			_____ AREA CODE _____ DAYTIME TELEPHONE NUMBER		