

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 checked="" type="checkbox"/>	LOBBYIST	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST CHRIS PERRY								
STREET ADDRESS 228 CIRCLE DRIVE								
CITY MOUNTAINTOP				STATE PA		ZIP CODE 18707		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION		
	LUZERNE COUNTY COUNCIL				Rep	MO.	DAY	YEAR
1. 6TH TUESDAY PRE-PRIMARY						05	18	2021
2. 2ND FRIDAY PRE-PRIMARY								
3. 30 DAY POST-PRIMARY								
4. 6TH TUESDAY PRE-ELECTION								
5. 2ND FRIDAY PRE-ELECTION								
6. 30 DAY POST-ELECTION								
7. ANNUAL REPORT								

DATES OF REPORTING PERIOD	MO.	DAY	YEAR	TO	MO.	DAY	YEAR
	05	04	21		06	07	21

CASH BALANCE AT END OF REPORTING PERIOD:	\$ <20.00>
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ 0

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

FOR OFFICE USE ONLY

RECEIVED
JUN 17 PM 1:06

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

16TH DAY OF **JUNE** 20**21**

Christina M. McGarry
 SIGNATURE

MY COMMISSION EXPIRES **3-24-2024**
 MO. DAY YR.

Chris Perry
 SIGNATURE OF PERSON SUBMITTING REPORT

CHRIS PERRY
 PRINTED NAME

510 **956-1881**
 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

Commonwealth of Pennsylvania - Notary Seal
 Christina M. McGarry, Notary Public
 Luzerne County
 My commission expires March 24, 2024
 Commission number 1203768
 Member, Pennsylvania Notary Association