

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 <b>MICHAEL J. REICH</b>							
STREET ADDRESS <b>146 WOODRING ROAD</b>							
CITY <b>DRUMS</b>		STATE <b>PA</b>	ZIP CODE <b>18222-1857</b>				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION			
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	<b>BUTLER TWP. SUPERVISOR</b>		<b>REP</b>	MO:	DAY:	YEAR:	
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>				<b>05</b>	<b>18</b>	<b>2021</b>	
30 DAY POST-PRIMARY <input checked="" type="checkbox"/>				DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY	
6TH TUESDAY PRE-ELECTION <input type="checkbox"/>				MO. DAY YEAR	MO. DAY YEAR	JUN 16 AM 11:50 MICHAEL J. REICH BUTLER COUNTY, PA	
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>				<b>05 03 21</b>	<b>06 07 21</b>		
30 DAY POST-ELECTION <input type="checkbox"/>				CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>			
ANNUAL REPORT <input type="checkbox"/>				TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>			
	AMENDMENT REPORT? YES NO <input checked="" type="checkbox"/>	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 <u>15th</u> DAY OF <u>June</u> 20 <u>21</u> <u>[Signature]</u> SIGNATURE MY COMMISSION EXPIRES <u>01-31-2022</u> MO. DAY YR.	<u>[Signature]</u> SIGNATURE OF PERSON SUBMITTING REPORT <b>MICHAEL J. REICH</b> PRINTED NAME <u>570</u> <u>578-1499</u> AREA CODE DAYTIME TELEPHONE NUMBER	Commonwealth of Pennsylvania - Notary Seal Susan M. Ross, Notary Public Luzerne County My commission expires January 31, 2022 Commission number 1141293
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**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
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