

# 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 <sup>2</sup> <input type="checkbox"/>	LOBBYIST <sup>3</sup> <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>DENISE THOMAS</b>						
STREET ADDRESS <b>286 MOYALLEN STREET</b>						
CITY <b>WILKES BARRE</b>		STATE <b>PA</b>	ZIP CODE <b>18702</b>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <b>WBAREA SCHOOL DIRECTOR</b>	DISTRICT NO.	PARTY <b>DEM.</b>	DATE OF ELECTION		
				MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.			<b>5</b>	<b>18</b>	<b>2021</b>
2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>					
30 DAY POST-PRIMARY	3.					
6TH TUESDAY PRE-ELECTION	4.					
2ND FRIDAY PRE-ELECTION	5.					
30 DAY POST-ELECTION	6.					
ANNUAL REPORT	7.					

  

DATES OF REPORTING PERIOD <table border="1" style="width:100%; text-align:center;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> <th>TO</th> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>1</td> <td>1</td> <td>2021</td> <td></td> <td>5</td> <td>3</td> <td>2021</td> </tr> </table>	MO.	DAY	YEAR	TO	MO.	DAY	YEAR	1	1	2021		5	3	2021	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u>  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>	FOR OFFICE USE ONLY  RECEIVED 2021 MAY -3 AM 10:55 BOARD OF ELECTIONS HARRISBURG COUNTY, PA.
MO.	DAY	YEAR	TO	MO.	DAY	YEAR										
1	1	2021		5	3	2021										

  

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 SHARON RUTH WENGREN - Notary Public DAY OF <u>May</u> 20 <u>21</u> My Commission Expires Apr 15, 2023 Commission Number <u>1789729</u> SIGNATURE	SIGNATURE OF PERSON SUBMITTING REPORT  DENISE THOMAS PRINTED NAME  570      760-6158 AREA CODE      DAYTIME TELEPHONE NUMBER
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MY COMMISSION EXPIRES 04 15 23  
 MO.      DAY      YR.

### 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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