

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.

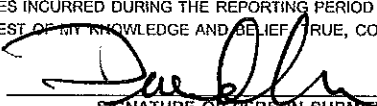
FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE ²	LOBBYIST ³		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST DENISE THOMAS							
STREET ADDRESS 286 MOYALLEN STREET							
CITY WILKES BARRE			STATE PA	ZIP CODE 18702			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	WB AREA SCHOOL DIRECTOR			Dem	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	1.				5	18	2021
2ND FRIDAY PRE-PRIMARY	2.						
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				FOR OFFICE USE ONLY	
		MO.	DAY	YEAR	MO.	DAY	YEAR
		5	4	2021	6	7	2021
		CASH BALANCE AT END OF REPORTING PERIOD:		\$ <u>0</u>		2021 JUN 16 PM 12:59	
		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 Commonwealth of Pennsylvania - Notary Seal SHARON RUTH WINKLE, Notary Public Luzerne County My Commission Expires APRIL 15 2023 Commission Number 724	SIGNATURE OF PERSON SUBMITTING REPORT  DENISE THOMAS PRINTED NAME 570 AREA CODE 760-6198 DAYTIME TELEPHONE NUMBER
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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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