County of Northaly for

#### 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	X	COMMITTEE	2.	LOBBYIST	3.
NAME OF FILING COMMITTEE, CA	OHN KACHMAR					L		<del></del>
STREET ADDRESS	12 BEST PLACE							
BETH	Kottom	STATE PA		ZIP CO	8017		•	•
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY		MO.	DAY	26	EAR
6TH TUESDAY PRE-PRIMARY	MO. DAY YEAR	MO. DAY YEAR			FOR C		JSE ONLY	
2ND FRIDAY PRE-PRIMARY	DATES OF REPORTING PERIOD OF 04 POR	06 07 2021					,	
30 day post-primary	CASH BALANCE AT END	7070						
6TH TUESDAY PRE-ELECTION	OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S	\$ 3,878.						
2ND FRIDAY PRE-ELECTION	OUTSTANDING DEBTS OR LIABILIT AT THE END OF REPORTING PERIO				•			
30 DAY POST-ELECTION	AMENDMENT YES REPORT?	NO						
ANNUAL 7.	TERMINATION YES REPORT?	NO		Column to the second se				
		NAVIT SECTION	10 O 10 C 10 C 10 C					

PART I -

If statement is filed on behalf of a <u>Political Committee or Candidates's Committee</u>, the Treasurer must sign here.

If statement is filed on behalf of a <u>Candidate</u>, the Candidate must sign here.

# County of North Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By Candidate ( Mark X)	Committee	Lobbyist
Name of Filing Committee, Candidate or	6 01 5 5		
Lobbyist		OHN KACHMAR	
Street Address	1612 BOST PLAC	F	
City BETHLEHOM	State	Zip Code	19017
Type of Report (Place x under report type)			
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Pos Pre-Primary Primary Primary	4-6th Tuesday   5-2th Friday   6- Pre-Election   Pre-Election   El	30 Day Post   7- Annual ection	Special 2 <sup>th</sup> Friday   Special 30 Day Pre-Election   Post-Election
Date Of Election (MM/DD/YYYY)		mendment eport	Termination Report
Summary of Receipts and From Date Expenditures らいっとして しょうしょ しょうしょ しょうしょ しょうしょく A. Amount Brought Forward From Last Repo	To Date 21 06/67/2021	For	Office Use Only
	1157.01		
B. Total Monetary Contributions and Receipt (From Schedule I)	1,200,00		
C: Total Funds Available (Sum of Lines A and B)	\$ 5 357.01		
D. Total Expenditures (From Schedule III)	\$ 1,479.00		
E. Ending Cash Balance (Subtract Line D from Line C)	3,878,01		
F. Value of In-Kind Contributions Received (From Schedule II)	8 0		
G. Unpaid Debts and Obligations (From Schedule IV)	8 0		
	Attidavit Section	M. Lagaisto	
Part 1- If this is a <b>Committee</b> report, treasurer sign I swear (or affirm) that this report, including the at	nere. Ignis is a Candidate report, cand tached schedules on pager, is to the be	ndate(sign beise) st of my knowledge/and belief	true, correct and complete.

## SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor		
Total for the reporting period (1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	1	
Contributions Received from Political Committees (Part A)	8	
All Other Contributions (Part B)	8	280,00
Total for the reporting period (2)	8	200,00
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	
All Other Contributions (Part D)	8	1,000.00
Total for the reporting period (3)	\$	1,000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	27 . 27 	
Total Monetany Contributions and Descripts desired to the reporting period (4)	8	1,200,00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	1,200,00

### PART A **Contributions Received From Political Committees**

\$ 50.01 TO \$ 250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

The Identification will				:	
B-MIS (1-4	PROPERTY (NAME OF CO.)				Amount
Full Name of Contrib Committee	uting			Date [MM/DD/YYYY] 8	
					0
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] 8	\$ .
Full Name of Contrib	uting		1000	Date [MM/DD/yyyyy] 8	
Committee				The Control of Control	
House #	Street Address			Date [MM/DD/YYYY] \$	
			,	A CONTRACTOR OF THE PROPERTY O	
City	48.17 JE VIE 75 1.74	State	Zip Code	Date [MM/DD/YYYY] §	
				Paro Intition Ventili	
Full Name of Contrib	uting			Date [MM/DD/YYYY] \$	
Committee					
House #	Street Address			Date [MM/DD/YYYY] 8	<u> </u>
		·			
City		State	Zip Code	Date [MM/DD/YYYY] 8	
		100 A C		sage framewat in it.	
Full Name of Contribu Committee	uting			Date [MM/DD/YYYY] 8	
House #	Street Address			Date [MM/DD/YYYY] \$	
				25.3 111111122223333	
City	Jan Maria Land	State	Zip Cade	Date [MM/DD/YYYY] 8	
			17, \$200,000,000 1, 17, 17, 17, 17, 17, 17, 17, 17, 17, 1	Pero finant post i est	
Full Name of Contribu	ating			Date [MM/DD/YYYY] 8	
Committee					
House #	Street Address			Date [MM/DD/YYYY] \$	
				The state of the s	
City	<u> 1907 - 200 200 1</u>	State	Zip Code	Date [MM/DD/YYYY] 8	· · · · · · · · · · · · · · · · · · ·
				Smith Seat 1 1 1.1	
Full Name of Contributing Committee				Date [MM/DD/YYYY] 8	
House #			-		
	Street Address			Date [MM/DD/YYYY] 8	<u> </u>
0.4					
City		State	Zip Code	Date [MM/DD/YYYY] 8	
	7/4	A Sale			

#### PART B **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

		,			
Full Name of Co	ntributor 7/	A BRAG		Date [MM/DD/YYYY]	
	247	A DILA	1/2	05//8/2621 Date [MM/DD/YYYY]	200.00
House #	Street Address	D. EEF (	D70	Date [MM/DD/YYYY]	
164	9	BAFFE	RV		
City R_+11	LOHEM TWP	State PA	Zip Code	Date [MM/DD/YYYY]	88. 200
Full Name of Co				Date [MM/DD/YYYY]	TO BE
i uli iaune oi oo		<i>)</i>	•	Date (MINIXOD) 1 1 1 1 1 2	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	3
	- 1900 (1900)  - 1904 (1901)		·		
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co	ntributor			Date [MM/DD/YYYY]	185
House #	Street Address	·····		Date [MM/DD/YYYY]	8
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co	ontributor		•	Date [MM/DD/YYYY]	8
House #	Street Address	1		Date [MM/DD/YYYY]	8
		•			
City		State	Zip Code	Date [MM/DD/YYYY]	8
Full Name of Co	ontributor	A 500000		Date [MM/DD/YYYY]	18
House #	Street Address			Date [MM/DD/YYYY]	8
					: ::
City		State	Zip Code	Date [MM/DD/YYYY]	8

# PART C Contributions Received From Political Committees

Over \$ 250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$ 250.00 in the reporting period.

Filer Identification	Number:				
Full Name of Contributing Cor	nmittee			Date [MM/DD/YYYY] \$	0
House #	Street Address	· · · · · · · · · · · · · · · · · · ·		Date [MM/DD/YYYY] 8	
City	•	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Co				Date [MM/DD/YYYY] 3	
House #	Street Address			Date [MM/DD/YYYY] 8	
City		State	Zip Gode	Date [MM/DD/YYYY] 8	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] 8	
House #	Street Address	3	,	Date [MM/DD/YYYY] 8	
City	, and the second se	State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] 8	
House #	Street Addres	\$	-	Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] 8	144
Full Name of Contributing Co	nmittee			Date [MM/DD/YYYY]: 8	
House #	Street Addres	S		Date [MM/DD/YYYY] 8	
City		State	Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Co		•		Date [MM/DD/YYYY]	
House #	Street Addres	33		Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	

# PART D All Other Contributions

Over \$ 250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

ull Name of Contrib	utor			Date [MM/DD/YYYY]
	Donal	D LAWREN	CE RITTER	
louse#	Street Address			05/10/2021 1,000.0E
		7700 W	12KOD RD	
City	· C1	State VA	Zip Code	Date [MM/DD/YYYY] 8
WAR B	ENION		2013	6
		RETIRED		Occupation FORMAN US CONGRESSIVA
Imployer Mailing Ac Principal Place of Bu				,
Full Name of Contrib	CONTRACTOR OF THE PARTY OF THE			Date [MM/DD/YYYY]
	1993) 18. 18. 18.			- 1 (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] 8
67 (1990) 37 (1990)				
Employer Name				Occupation
Employer Mailing Ac Principal Place of Bu	idress / siness			
Full Name of Contrib				Date [MM/DD/YYYY] 8
House #	Street Address			Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing A Principal Place of Bu	idress / siness			
Full Name of Contrib				Date [MM/DD/YYYY] \$
보면한 바로 맞았으면. 1941년				
House #	Street Address			Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] 8
		1		Occupation

#### PART E

### **Other Receipts**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number	ber;			, , , , , , , , , , , , , , , , , , ,	
Full Name	esp A				
写着 等的 "我是不是一个		Caraca Constitution of the		***************************************	
House #	Street A	The state of the s			
City		S	State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description		PACE NO.			
Full Name					,
House #	Street A	Address			
City			State	Zip	Date [MM/DD/YYYY] \$
Receipt Description				Code	i sign
		·			
Full Name		Topic and the second of the se		- Managama Signahati (1) (Signahati	
House #	Street A	\ddress	<del></del>		
City			State	Zip	Date [MM/DD/YYYY] 8
				Code	
Receipt Description		<u> </u>			
Full Name		· · · · · · · · · · · · · · · · · · ·			
House #	Street A	\ddress			
City			State	Zip	Date [MM/DD/YYYY]   \$
				Code	
Receipt Description			ـــــلــــــــــــــــــــــــــــــــ	<u>_basisaisisL</u>	
Full Name					
House #	Street A	Address			
City			State	Zip	Date [MM/DD/YYYY] 8
City				Code	Date [MM/DD/YYYY] 8
Receipt Description		<u> </u>			
Full Name					
House #	los	Address			
		Address	TALK .		P. TW. A. PRING COMP.
City			State	Zip Code	Date [MM/DD/YYYY] 8
Receipt Description		<u> </u>			

#### **SCHEDULE II**

### IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:		
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVE	ED=VALUE OF \$50.00 OF	R LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	8	
2: IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF	\$50.01 TO \$250.00 (FR	ROM PART-F)
TOTAL for the reporting period (2)	8	
3, IN-KIND CONTRIBUTION RECEIVED-VALUE OVE	R \$ 250.00 (FROM PAR)	T <b>(6)</b>
TOTAL for the reporting period (3)	8	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS PERIOD (Add and enter amount totals from boxes 1, 2, a on Page 1, Report Cover Page, Item F)	1 1	0

#### SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$ 250

Filer Identification Number:	
[古歌] 20 新 20	
<b>有条件系列等</b> 。1915年,看是对外的产业发展的。	

Full Name of Contrib	ütor		Date [MM/DD/YYYY] 8	
	(2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			
House #	Street Address			Date [MM/DD/YYYY]
City	- 15	State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name		** . \$# \rangle	FORER STRUSTER	Occupation
Employer Mailing Ad Place of Business	ldress / Principal			Description of Contribution
Full Name of Contrib	putor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 8
City	R was 181 191	State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name			<u> </u>	Occupation
Employer Mailing A Place of Business	ddress / Principal			Description of Contribution
Full Name of Contri	butor		'. '.	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name				Occupation
Employer Mailing A Place of Business				Description of Contribution
Full Name of Contri	butor			Date [MM/DD/YYYY]
House #	Street Address			Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] 8
Employer Name				Occupation
Employer Mailing A Place of Business	Address / Principal	# 1		Description of Contribution

# schedule III Statement of Expenditures

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Filer Identification Number:			
TO THE RESERVE AND A STATE OF THE RESERVE AND A			
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To Whom Paid 💮			Date [MM/DD/YYYY] 8
+NNOVAT,	18 Dosigns +	PuBlishing	05/15/2021 579.00
House # Street Address	- Olymon	Description of Expenditure	
PALMOR_	State PA	Zip Code /8045	Printed MATORIALS-VARIOUS
			Date [MM/DD/YYYY] 8
DigiTAL	06/01/2021 900.00		
DIGITAL NETWORK SuperRSTAR  House # Street Address 5309 CBLONY DA  City BNHUHom State PA Code 18017			Description of Expenditure
Bet HUHOM	State PA	Zip Code 18017	WOB PAGE DOS'GN
To Whom Paid	Date [MM/DD/YYYY]   8		
House # Street Address			Description of Expenditure
City	State	Zip Code	<u>. 18 - A. Creato - M. 1995 (N. 1800) (M. 2000) (T. Pillo (M. 22) - AR ACCURATE (M. 22).</u>
To Whom Paid	- Janes Christian		Date [MM/DD/YYYY]   8
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] 8
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid		Date [MM/DD/YYYY] 8	
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] 8
House # Street Address			Description of Expenditure
City	State	Zip Code	
To Whom Paid			Date [MM/DD/YYYY] 8
House # Street Address			Description of Expenditure
City	State	Zip Code	<u> </u>

# SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification	Number			
Name of Credito				Outstanding Balance of Debt
House #	Street Address	. 27	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	0
Description of D	ebt	·		
Name of Credito	DI-			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of C	<b>lebt</b>			·
Name of Credit	or .			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip* Code	
Description of L	Debt			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	
Description of I	Debt			······································
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City	THE NORTH WITH THE STATE OF THE	State	Zip Code	
Description of I	Debt			
Name of Credit	ior			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	8
City		State	Zip Code	######################################
Description of	Debt			