

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Russ LaFuria					
Street Address		9747 W. Main Road					
City	North East	State	PA	Zip Code	16428		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)			Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/05/2021	05/18/2021	2021 JUN 10 PM 2:59 ERIE COUNTY VOTER REGISTRATION
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	274	
C. Total Funds Available (Sum of Lines A and B)	\$	274	
D. Total Expenditures (From Schedule III)	\$	274	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 10 day of June 2021

Erica L. Carlstrom
Signature
Erica L. Carlstrom, Notary Public
Erie County
My Commission expires March 3, 2024
MO. DAY YR.
Commission number 1296851
Area Code
Member, Pennsylvania Association of Notaries

Russ LaFuria
Signature of Person Submitting report
Printed Name
449-8084
Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall 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

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)

Filer Identification Number:	
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Full Name of Contributor				Russ LaFuria		Date [MM/DD/YYYY]	\$	174
						05/05/2021		
House #		Street Address	9747 W. Main Road			Date [MM/DD/YYYY]	\$	100
						05/16/2021		
City	North East	State	PA	Zip Code	16428	Date [MM/DD/YYYY]	\$	
Employer Name				North East Township		Occupation	Zoning Administrator	
Employer Mailing Address / Principal Place of Business				10300 W. Main Road, North East, PA 16428				
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid	The News Journal	Date [MM/DD/YYYY]	\$	174
		05/05/2021		
House #	Street Address	Description of Expenditure		
City	North East	State	PA	Zip Code 16428
Campaign Article				

To Whom Paid	Ellen LaFuria	Date [MM/DD/YYYY]	\$	100
		05/16/2021		
House #	Street Address	Description of Expenditure		
	Firman Road			
City	Erie	State	PA	Zip Code
Campaign T Shirts				

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City		State		Zip Code

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City		State		Zip Code

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City		State		Zip Code

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City		State		Zip Code

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City		State		Zip Code

To Whom Paid		Date [MM/DD/YYYY]	\$	
House #	Street Address	Description of Expenditure		
City		State		Zip Code