

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 checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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)	05/18	Year	2021		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/22/2021	05/03/2021	
A. Amount Brought Forward From Last Report	\$	0	2021 MAY -4 PM 5:01 ERIE COUNTY VOTER REGISTRATION
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	330.72	
C. Total Funds Available (Sum of Lines A and B)	\$		
D. Total Expenditures (From Schedule III)	\$	330.72	
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 4 day of May 2021

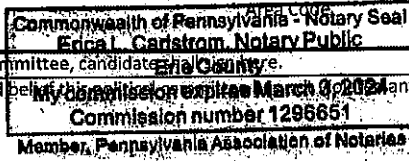
Russ LaFuria
Signature

RUSSELL LAFURIA
Printed Name

My Commission expires 03 03 2024
MO. DAY YR.

814
Area Code

449-8084
Daytime Telephone Number



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

I swear (or affirm) that to the best of my knowledge and belief, this report complies with the 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

Printed Name

My Commission expires _____ MO. DAY YR.

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	
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1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$	
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)	\$		
All Other Contributions (Part B)	\$	330.72	
Total for the reporting period	(2)	\$	

3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)	\$		
All Other Contributions (Part D)	\$		
Total for the reporting period	(3)	\$	

4. Other Receipts - Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	

SCHEDULE III
Statement of Expenditures

Enter Identification Number: _____

To Whom Paid	C & C Printing	Date [MM/DD/YYYY]	04/13/2021	\$	330.72
House #	Street Address	23 South Lake Street			
City	North East	State	PA	Zip Code	16428
Description of Expenditure					Campaign Signs
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address				
City		State		Zip Code	
Description of Expenditure					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address				
City		State		Zip Code	
Description of Expenditure					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address				
City		State		Zip Code	
Description of Expenditure					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address				
City		State		Zip Code	
Description of Expenditure					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address				
City		State		Zip Code	
Description of Expenditure					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address				
City		State		Zip Code	
Description of Expenditure					
To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address				
City		State		Zip Code	
Description of Expenditure					

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:	
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Full Name of Contributor:	Ed Sveda	Date [MM/DD/YYYY]	03/30/2021	\$	100
House #		Street Address	10233 W. Law Road	Date [MM/DD/YYYY]	\$
City	North East	State	PA	Zip Code	16428
Full Name of Contributor:	Russ LaFuria	Date [MM/DD/YYYY]	04/13/21	\$	230.72
House #		Street Address	9747 W. Main Road	Date [MM/DD/YYYY]	\$
City	North East	State	PA	Zip Code	16428
Full Name of Contributor:		Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]	\$
City		State		Zip Code	
Full Name of Contributor:		Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]	\$
City		State		Zip Code	
Full Name of Contributor:		Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]	\$
City		State		Zip Code	
Full Name of Contributor:		Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]	\$
City		State		Zip Code	