

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		None Issued		REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE	LOBBYIST																			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Working Families Party National PAC Non-Contribution Committee																										
STREET ADDRESS 77 Sands Street, 6th Floor																										
CITY Brooklyn				STATE NY	ZIP CODE 11201																					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION																			
							MO. DAY YEAR																			
	6TH TUESDAY PRE-PRIMARY	1.	<table border="1"> <tr> <th colspan="3">DATES OF REPORTING PERIOD</th> <th colspan="3"></th> </tr> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>TO</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>11</td><td>3</td><td>2021</td> <td></td> <td>12</td><td>31</td><td>2021</td> </tr> </table>			DATES OF REPORTING PERIOD						MO.	DAY	YEAR	TO	MO.	DAY	YEAR	11	3	2021		12	31	2021	
	DATES OF REPORTING PERIOD																									
	MO.	DAY				YEAR	TO	MO.	DAY	YEAR																
	11	3				2021		12	31	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.	X	<table border="1"> <tr> <td>CASH BALANCE AT END OF REPORTING PERIOD:</td> <td>\$ 20,000</td> </tr> <tr> <td>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</td> <td>\$ 0</td> </tr> </table>			CASH BALANCE AT END OF REPORTING PERIOD:	\$ 20,000	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ 0	FOR OFFICE USE ONLY																
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TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ 0																									
			AMENDMENT REPORT?	YES	NO		2022 JAN 31 PM 3:31																			
			TERMINATION REPORT?	YES	NO																					

**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

DAY OF 20

SIGNATURE OF PERSON SUBMITTING REPORT

SIGNATURE

PRINTED NAME

MY COMMISSION EXPIRES MO. DAY YR.

AREA CODE DAYTIME TELEPHONE NUMBER

**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 OF CANDIDATE

SIGNATURE

PRINTED NAME

MY COMMISSION EXPIRES MO. DAY YR.

AREA CODE DAYTIME TELEPHONE NUMBER



**Pennsylvania Department of State**  
Bureau of Campaign Finance & Civic Engagement  
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)  
[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

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## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

*Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.*

Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input checked="" type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-Special Election	

*Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.*

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

  
\_\_\_\_\_  
Signature of Treasurer, Candidate, or Lobbyist

Mike Boland  
\_\_\_\_\_  
Printed Name

1/31/2022  
\_\_\_\_\_  
Date (DD/MM/YYYY)

High Falls, NY, USA  
\_\_\_\_\_  
Location (City/State/Country)



**Pennsylvania Department of State**

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*Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.*

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.**

MB JR

Signature of Treasurer, Candidate, or Lobbyist

1/31/2022

Date (DD/MM/YYYY)

Mike Boland

Printed Name

High Falls, NY, USA

Location (City/State/Country)