

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF COMMISSIONS, ELECTIONS AND LEGISLATION
210 NORTH OFFICE BUILDING
HARRISBURG, PENNSYLVANIA 17120-0029
TELEPHONE (717) 787-5280 FAX (717) 705-0721

POLITICAL CONTRIBUTIONS REQUIRED TO BE REPORTED UNDER §1641

This report must be filed with the Secretary of the Commonwealth on or before February fifteenth of every year.

This form is to be used by any corporation, company, association, partnership, sole proprietorship or other business entity, which has been awarded any non-bid contract from the Commonwealth or, any of its political subdivisions during the calendar year immediately preceding the filing date of this report.

A business entity shall itemize in this report all political contributions made during the preceding calendar year by:

(1) any officer, director, associate, partner, limited partner, individual owner or members of their immediate family when the contributions exceed an aggregate of one thousand dollars (\$1,000) by any individual during the preceding year; or

(2) any employee or member of his/her immediate family whose political contribution exceeded one thousand dollars (\$1,000) during the preceding year;

where the making of such contributions are actually known at the time of this report to any officer, director, associate, partner, limited partner or individual owner of the business entity. For the purpose of this report, "immediate family" means a person's spouse and any unemancipated child.

Attach additional 8 1/2" x 11" pages if more space is needed.

I SWEAR (OR AFFIRM) THAT THIS REPORT, INCLUDING ATTACHMENTS, IS A FULL TRUE AND DETAILED ACCOUNT OF EACH AND ALL POLITICAL CONTRIBUTIONS KNOWN TO THE NAMED BUSINESS ENTITY BY VIRTUE OF THE ACTUAL KNOWLEDGE POSSESSED BY ANY OFFICER, DIRECTOR, ASSOCIATE PARTNER, LIMITED PARTNER OR INDIVIDUAL OWNER, IN ACCORDANCE WITH THE REQUIREMENTS OF SECTION 1641 OF THE PENNSYLVANIA ELECTION CODE. (25 P.S. § 3260(a)).

SWORN TO AND SUBSCRIBED BEFORE ME THIS

_____ DAY OF _____ 20 _____

SIGNATURE

MY COMMISSION EXPIRES _____
MO. DAY YR.

NAME OF BUSINESS ENTITY

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

TITLE

AREA CODE

DAYTIME TELEPHONE NUMBER

