

Commonwealth of Pennsylvania
Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

File Identification Number:	20190137	Report Filed by:	CANDIDATE	COMMITTEE	<input checked="" type="checkbox"/>	LOBBYIST	<input type="checkbox"/>
Street Address:	Citizens Tax Policy Group Box 254			State:	PA	Zip Code:	16648
City:	Hollidaysburg						
TYPE OF REPORT	1. 5TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30-DAY POST-PRIMARY	4. 6TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30-DAY POST-ELECTION	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
(place X to the right of report type)							TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ANNUAL REPORT:	7.	YEAR		FILING METHOD	<input checked="" type="checkbox"/> PAPER	<input checked="" type="checkbox"/> DISKETTE	
Name of Office Sought by Candidate:	Commissioner						
Summary of Receipts and Expenditures from:	MO. DAY YEAR	MO. DAY YEAR	DATE OF ELECTION				
A. Amount Brought Forward From Last Report	4 8 2019	5 21 2019	MO. DAY YEAR	FOR OFFICE USE ONLY			
B. Total Monetary Contributions and Receipts (From Schedule I)				RECEIVED			
C. Total Funds Available (Sum of Lines A and B)				MAY 10 2019			
D. Total Expenditures (From Schedule III)		30,181		BOARD OF ELECTIONS			
E. Ending Cash Balance (Subtract Line D from Line C)		54,919		BLAIR COUNTY			
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 or computer diskette, is true to the best of my knowledge and belief, and I am not a member, Pennsylvania Association of Candidates for Public Office.

Sworn to and subscribed before me this 10th day of May 2019

[Signature]
 Signature
 My commission expires 08 05 2022
 MO. DAY YR.

[Signature]
 Signature of Person Submitting Report
 Printed Name Richard Latzer
 Area Code 814 Daytime Telephone Number 207-1360

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 political committee (P.L. 1333, No. 320) as amended, is not in violation of 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. _____

Area Code _____ Daytime Telephone Number _____

Signature of Candidate _____

Printed Name _____

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
	From <u>April 5, 2019</u> to <u>May 6, 2019</u>

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$ 100
TOTAL for the Reporting Period (2)	\$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$ 85,000
TOTAL for the Reporting Period (3)	\$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
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>	
\$	\$

PART D All Other Contributions

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate		Reporting Period					
Citizens Tax Policy Group		From 4/8/2019 To 5/6/2019					
Full Name of Contributing Committee		Blair County Taxpayers' Alliance					
Mailing Address		Box 254					
City	State	Zip Code (Plus 4)	MO.	DATE	AMOUNT		
Hellidaysharps	PA	166-48	4	8 2019	\$ 25,000		
			4	15 2019	\$ 20,000		
Employer Name			5	6 2019	\$ 40,000		
Employer Mailing Address/Principal Place of Business		Occupation					
Full Name of Contributing Committee		MO.			DATE	YEAR	AMOUNT
Mailing Address		MO.			DATE	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DATE	YEAR	\$	
Employer Name		Occupation					
Employer Mailing Address/Principal Place of Business		MO.			DATE	YEAR	AMOUNT
Full Name of Contributing Committee		MO.			DATE	YEAR	\$
Mailing Address		MO.			DATE	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DATE	YEAR	\$	
Employer Name		Occupation					
Employer Mailing Address/Principal Place of Business		MO.			DATE	YEAR	AMOUNT
Full Name of Contributing Committee		MO.			DATE	YEAR	\$
Mailing Address		MO.			DATE	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DATE	YEAR	\$	
Employer Name		Occupation					
Employer Mailing Address/Principal Place of Business		MO.			DATE	YEAR	AMOUNT

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 85,000

**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.

Name of filing committee or candidate <i>Citizens Inv Policy Group</i>	Reporting Period From <i>4/6/2019</i> To <i>5/6/2019</i>
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Full Name										
Mailing Address										
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount				
							\$			
Receipt Description										
Full Name										
Mailing Address										
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount				
							\$			
Receipt Description										
Full Name										
Mailing Address										
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount				
							\$			
Receipt Description										
Full Name										
Mailing Address										
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount				
							\$			
Receipt Description										
Full Name										
Mailing Address										
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount				
							\$			
Receipt Description										
							PAGE TOTAL			
							\$			

Enter Grand Total of Part E on Schedule I, Detailed Summary Page Section 4.

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

Name of filing committee or Candidate	Reporting Period From _____ To _____
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$

3. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, And 3; also enter on Page 1, Report Cover Page, Item F.)	
	\$

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations
Which are outstanding at the end of the reporting period.

Name of filing committee or Candidate: Citizens Tax Policy Group Reporting Period From 4/6/2019 To 5/6/2019

Name of Creditor		MO.	DAY	YEAR	Outstanding Balance of Debt \$
Mailing Address					
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor		MO.	DAY	YEAR	Outstanding Balance of Debt \$
Mailing Address					
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor		MO.	DAY	YEAR	Outstanding Balance of Debt \$
Mailing Address					
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor		MO.	DAY	YEAR	Outstanding Balance of Debt \$
Mailing Address					
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor		MO.	DAY	YEAR	Outstanding Balance of Debt \$
Mailing Address					
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor		MO.	DAY	YEAR	Outstanding Balance of Debt \$
Mailing Address					
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor		MO.	DAY	YEAR	Outstanding Balance of Debt \$
Mailing Address					
City	State	Zip Code (Plus 4)			
Description of Debt					
Name of Creditor		MO.	DAY	YEAR	Outstanding Balance of Debt \$
Mailing Address					
City	State	Zip Code (Plus 4)			
Description of Debt					
<p>PAGE TOTAL</p>					<p>\$ <u>0</u></p>

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.