

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	84-2869441	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Charlie Spano							
Street Address	718 STAFFORD AVE							
City	Scranton	State	PA	Zip Code	18505			

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Of Election (MM/DD/YYYY) 11/5/2019 Year 2019

Amendment Report Termination Report

Summary of Receipts and Expenditures	From Date	To Date
		08/29/2019
A. Amount Brought Forward From Last Report	\$	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0
C. Total Funds Available (Sum of Lines A and B)	\$	0
D. Total Expenditures (From Schedule III)	\$	21,526 ⁷²
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

For Office Use Only

RECEIVED

OCT 25 2019

OFFICE OF THE
COUNCIL/CF

LACKAWANNA COUNTY
ELECTIONS

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 pages 1-5 to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 24th day of October 2019

[Signature]
Signature

My Commission expires Sept. 11, 2021
MO. DAY YR.

[Signature]
Signature of Person Submitting Report
CHARLIE SPANO
Printed Name

570 Area Code 6040809 Daytime Telephone Number

Commonwealth of Pennsylvania
 Notarial Seal
 ROSEMARY A DAVIS - Notary Public
 LACKAWANNA COUNTY
 My Commission Expires Sep 11, 2021

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

SCHEDULE III
Statement of Expenditures IN-KIND

		SPAN 4 MAYOR			09/18/2019	164 ⁸⁷
718		Stafford Ave				
	Scranton		PA	18505	in-kind Envelopes + STAMPS	
		SPAN 4 MAYOR			09/30/2019	25 ⁴²
718		STAFFORD AVE				
	SCRANTON		PA	18505	STAMPS	
		SPAN 4 MAYOR			10/07/2019	17 ⁵³
718		STAFFORD AVE				
	Scranton		PA	18505	paper for printing	
		SPAN 4 MAYOR			10/07/2019	218 ⁹⁰
718		STAFFORD AVE				
	Scranton		PA	18505	Returned ^P Envelopes Postage Due	
		SPAN 4 MAYOR			10/09/2019	110 ⁰⁰
718		STAFFORD AVE				
	Scranton		PA	18505	STAMPS	
		SPAN 4 MAYOR			10/17/2019	165 ⁰⁰
718		STAFFORD AVE				
	Scranton		PA	18505	STAMPS	
		SPAN 4 MAYOR			09/25/2019	275 ⁰⁰
718		STAFFORD AVE				
	Scranton		PA	18505	STAMPS	
		SPAN 4 MAYOR			09/30/2019	550 ⁰⁰
718		STAFFORD AVE				
	Scranton		PA	18505	STAMPS	

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number 81-2509441	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist Spino 4 Mayor		Street Address 718 Stafford Ave		
City Scranton	State Pa	Zip Code 18505		

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/03/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
		08/21/2019
A. Amount Brought Forward From Last Report	\$	0
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	24,030
C. Total Funds Available (Sum of Lines A and B)	\$	24,030
D. Total Expenditures (From Schedule III)	\$	20,507.22
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3,522.78
F. Value of In-Kind Contributions Received (From Schedule II)	\$	1,076.70
G. Unpaid Debts and Obligations (From Schedule IV)	\$	20,670.22

For Office Use Only

RECEIVED

OCT 25 2019

OFFICE OF CITY COUNCIL/CITY CLERK

LACKAWANNA COUNTY

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 pages 2 through 4, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

24th day of October 20 19
 Signature: *[Signature]*

[Signature]
 Signature of Person Submitting report
 Printed Name: PATRICK SPANO

My Commission expires: Sept. 11, 2021
 MO. DAY YR.

570 Area Code
 335-7101 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

24th day of October 20 19
 Signature: *[Signature]*

[Signature]
 Signature of Candidate
 Printed Name: CHARLIE SPANO

My Commission expires: Sept. 11, 2021
 MO. DAY YR.

570 Area Code
 6040809 Daytime Telephone Number

Commonwealth of Pennsylvania
 Notarial Seal
 ROSEMARY A DAVIS - Notary Public
 OLYPHANT BORO, LACKAWANNA COUNTY
 My Commission Expires Sep 11, 2021

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	<i>SPANNOY MAYOR</i>	
1. Unitemized Contributions and Receipts - \$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	<i>465⁰⁰</i>
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	<i>0</i>
All Other Contributions (Part B)	\$	<i>1065</i>
Total for the reporting period (2)	\$	<i>1065</i>
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	<i>0</i>
All Other Contributions (Part D)	\$	<i>22,500</i>
Total for the reporting period (3)	\$	<i>22,500</i>
4. Other Receipts - Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	<i>24,030</i>
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$

NA

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	
-----------------------------	--

							Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

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.)

Eiler Identification Number: Sp 4004 Mayor

Full Name of Contributor		Michael Walsh			Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	100 ⁰⁰
	1190	Edinburgh Dr			08/27/14		
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
	North shores	MI	49441				
Full Name of Contributor		Robert Irene wendoloski			Date [MM/DD/YYYY]	\$	100 ⁰⁰
House #	Street Address				Date [MM/DD/YYYY]	\$	
	31	Wendoloski OLD MILL RD					
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
	Latlin	PA					
Full Name of Contributor		Neil C. TRAMM			Date [MM/DD/YYYY]	\$	100 ⁰⁰
House #	Street Address				Date [MM/DD/YYYY]	\$	
	745	N LINCOLN AVE					
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
	Kranston	VA	18504				
Full Name of Contributor		Kete DelRino			Date [MM/DD/YYYY]	\$	200 ⁰⁰
House #	Street Address				Date [MM/DD/YYYY]	\$	
	1710	S Wabers Ave					
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
	Scranton	PA	18505				
Full Name of Contributor		Thomas Bienen			Date [MM/DD/YYYY]	\$	100 ⁰⁰
House #	Street Address				Date [MM/DD/YYYY]	\$	
	514	E SHILOH ST					
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
	Scranton	PA	18447				
Full Name of Contributor		Joseph Krab			Date [MM/DD/YYYY]	\$	75 ⁰⁰
House #	Street Address				Date [MM/DD/YYYY]	\$	
	1016	Prospect Ave					
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
	Scranton	PA	18515				

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	
-----------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$		

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:	SPANO 4 MAYOR
------------------------------	---------------

Full Name of Contributor:		KEITH W ECKEL			Date [MM/DD/YYYY]	\$	1,000-
House #	Street Address				Date [MM/DD/YYYY]	\$	
11647	FALLS RD						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
CLARKS SUMMIT	PA	18411					
Employer Name		ECKEL FARMS			Occupation	FARMING	
Employer Mailing Address / Principal Place of Business		ABOVE					

Full Name of Contributor		HOWARD ROTHEBERG			Date [MM/DD/YYYY]	\$	1,000-
House #	Street Address				Date [MM/DD/YYYY]	\$	
345	WYOMING AVE STE 210						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
SCRANTON	PA	18503					
Employer Name		SELF EMPLOYED			Occupation	LAWYER	
Employer Mailing Address / Principal Place of Business		345 WYOMING AVE STE 210 2 ND FLOOR SCRANTON PA 18503					

Full Name of Contributor		JOSEPH PETERS			Date [MM/DD/YYYY]	\$	500-
House #	Street Address				Date [MM/DD/YYYY]	\$	
	PO BOX 429						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
LAKE WINOLA	PA	18625					
Employer Name		RETIRED			Occupation	RETIRED	
Employer Mailing Address / Principal Place of Business		N/A					

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							

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:	SPAINY MAYOR
------------------------------	--------------

Full Name of Contributor				Date [MM/DD/YYYY]		\$	2000
Democratic Support				03/27/2011		\$	5000
House #	Street Address		Date [MM/DD/YYYY]		\$		
	1111111111		03/27/2011		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
	MA	02111	03/27/2011		\$	2500	
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	5000
Democratic Support				10/02/2011		\$	5000
House #	Street Address		Date [MM/DD/YYYY]		\$		
	1111111111		10/02/2011		\$	6500	
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
	MA	02111			\$		
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 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

Filer Identification Number:	SPAWOY MAY 2012
------------------------------	-----------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 1576.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 1576.00

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)		\$ 1576.00
---	--	------------

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	SPANDY MAYOR
------------------------------	--------------

Full Name of Contributor					Date (MM/DD/YYYY)		\$	
Charlie Spando					09/15/19		\$	164 ⁰¹
House #	Street Address		Date (MM/DD/YYYY)		\$			
718	Stafford Ave		09/30/2019		\$		25 ⁴²	
City	State	Zip Code	Date (MM/DD/YYYY)		\$			
Scranton	PA	18505	10/01/2019		\$		17 ⁵³	
Description of Contribution					Envelopes / STAMPS			

Full Name of Contributor					Date (MM/DD/YYYY)		\$	
Charlie Spando					10/02/2019		\$	218 ⁹⁰
House #	Street Address		Date (MM/DD/YYYY)		\$			
718	Stafford Ave				\$			
City	State	Zip Code	Date (MM/DD/YYYY)		\$			
Scranton	PA	18505			\$			
Description of Contribution					Returned Envelope Fee			

Full Name of Contributor					Date (MM/DD/YYYY)		\$	
Charlie Spando					10/09/2019		\$	110 ⁰⁰
House #	Street Address		Date (MM/DD/YYYY)		\$			
718	Stafford Ave				\$			
City	State	Zip Code	Date (MM/DD/YYYY)		\$			
Scranton	PA	18505			\$			
Description of Contribution					STAMPS			

Full Name of Contributor					Date (MM/DD/YYYY)		\$	
Charlie Spando					10/17/2019		\$	165 ⁰⁰
House #	Street Address		Date (MM/DD/YYYY)		\$			
718	Stafford Ave				\$			
City	State	Zip Code	Date (MM/DD/YYYY)		\$			
Scranton	PA	18505			\$			
Description of Contribution					STAMPS			

Full Name of Contributor					Date (MM/DD/YYYY)		\$	
							\$	
House #	Street Address		Date (MM/DD/YYYY)		\$			
					\$			
City	State	Zip Code	Date (MM/DD/YYYY)		\$			
					\$			
Description of Contribution								

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	4/11/13/15
-----------------------------	------------

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Theresa Spang					11/1/13		275.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
11	1000 1st St			11/1/13			
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
11	Pa.	17101	11/1/13				
Employer Name					Occupation		
State					State		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
State					State		
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					Description of Contribution		
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					Description of Contribution		
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					Description of Contribution		

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number: 2014-9 MAYOR

To Whom Paid		<u>Jaworski Signs</u>			Date [MM/DD/YYYY]	\$	<u>475⁰⁰</u>
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
<u>710</u>	<u>5th Main St</u>	<u>PA</u>	<u>15004</u>	<u>Signs</u>			
To Whom Paid		<u>World One Communications</u>			Date [MM/DD/YYYY]	\$	<u>1300⁰⁰</u>
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
<u>1700</u>	<u>5711 Bieneney Ave</u>	<u>PA</u>	<u>15117</u>	<u>Mail & Postage</u>			
To Whom Paid		<u>World One Communications</u>			Date [MM/DD/YYYY]	\$	<u>415⁴⁰</u>
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
<u>1700</u>	<u>5711 Bieneney Ave</u>	<u>PA</u>	<u>15117</u>	<u>Printing Cost</u>			
To Whom Paid		<u>World One Communications</u>			Date [MM/DD/YYYY]	\$	<u>50⁰⁰</u>
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
<u>1700</u>	<u>5711 Bieneney Ave</u>	<u>PA</u>	<u>15117</u>	<u>Printing Cost</u>			
To Whom Paid		<u>Jaworski Signs</u>			Date [MM/DD/YYYY]	\$	<u>2027²⁵</u>
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
<u>710</u>	<u>5th Main St</u>	<u>PA</u>	<u>15004</u>	<u>Signs</u>			
To Whom Paid		<u>Jaworski Signs</u>			Date [MM/DD/YYYY]	\$	<u>426⁰⁰</u>
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
<u>710</u>	<u>5th Main St</u>	<u>PA</u>	<u>15004</u>	<u>Signs</u>			
To Whom Paid		<u>World One Communications</u>			Date [MM/DD/YYYY]	\$	<u>1300⁰⁰</u>
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
<u>1700</u>	<u>5711 Bieneney Ave</u>	<u>PA</u>	<u>15117</u>	<u>Mail & Postage</u>			
To Whom Paid		<u>World One Communications</u>			Date [MM/DD/YYYY]	\$	<u>1300⁰⁰</u>
House #	Street Address				Description of Expenditure		
City	State	Zip Code					
<u>1700</u>	<u>5711 Bieneney Ave</u>	<u>PA</u>	<u>15117</u>	<u>Mail & Postage</u>			

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	SP-100 # 1214512
------------------------------	------------------

To Whom Paid	L. & M. Kimble	Date [MM/DD/YYYY]	12/22/2011	\$	156 ⁰⁰
House #	4	Street Address	Anthony HTS Rd	Description of Expenditure	
City	Deer Park	State	CA	Zip Code	90030

To Whom Paid	William T. Spilright	Date [MM/DD/YYYY]	12/21/2011	\$	920 ⁰⁰
House #	54	Street Address	Wenmore Dr	Description of Expenditure	
City	Menlo Park	State	CA	Zip Code	94025

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	

SCHEDULE IV

Statement of Unpaid Debts

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

File Identification Number:	SP 9-0014 M3, JK
-----------------------------	------------------

Name of Creditor		The Union News				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
		01/11/11					
City	State	Zip Code					
	PA	17000					
Description of Debt							
CHARGE FOR AD							

Name of Creditor		NY MEDIA GROUP LLC				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
		1-11-11					
City	State	Zip Code					
	PA	17000					
Description of Debt							
BILLANCE DUE FOR PAPER AD							

Name of Creditor		CHARLIE SPANO				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
		05/21/11					
City	State	Zip Code					
	PA	17000					
Description of Debt							
LOAN TO CHARLIE SPANO							

Name of Creditor		CHARLIE SPANO				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
		05/31/11					
City	State	Zip Code					
	PA	17000					
Description of Debt							
LOAN							

Name of Creditor		CHARLIE SPANO				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
		07/11/11					
City	State	Zip Code					
	PA	17000					
Description of Debt							
LOAN							

Name of Creditor		CHARLIE SPANO				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
		07/11/11					
City	State	Zip Code					
	PA	17000					
Description of Debt							
LOAN							

SCHEDULE IV

Statement of Unpaid Debts

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

Filter Identification Number:	1990-4912-10
-------------------------------	--------------

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		State	Zip Code	\$
City						
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		State	Zip Code	\$
City						
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		State	Zip Code	\$
City						
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		State	Zip Code	\$
City						
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		State	Zip Code	\$
City						
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		State	Zip Code	\$
City						
Description of Debt						

LATE CONTRIBUTIONS - 24 HOUR REPORT

Name of Filing Committee or Candidate SPANO 4MAYOR	Filer Identification Number 84-286-9441
--	---

		DATE RECEIVED		
Full Name of Contributor	MO	DAY	YEAR	
J. Conrad Bosley	10	23	2019	
Mailing Address 13 Leslie Drive	Amount \$ 500⁰⁰			
City Scranton	State PA		Zip Code (Plus 4) 18505	
James V. Williams	10	23	2019	
Mailing Address 2202 Kelly Ave	Amount \$ 1,000⁰⁰			
City Scranton	State PA		Zip Code (Plus 4) 18508-1634	
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address	Amount \$			
City	State		Zip Code (Plus 4)	
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address	Amount \$			
City	State		Zip Code (Plus 4)	
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address	Amount \$			
City	State		Zip Code (Plus 4)	
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address	Amount \$			
City	State		Zip Code (Plus 4)	
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address	Amount \$			
City	State		Zip Code (Plus 4)	
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address	Amount \$			
City	State		Zip Code (Plus 4)	

RECEIVED JTM

OCT 25 2019

BACKAWANNE COUNTY
TREASURY
2019 OCT 23 10 21 31 AM

OFFICE OF CITY
COUNCIL/CITY CLERK

Name of Person Submitting Report: Charlie Spano Date of Report: 10/23/2019

Contact Phone Number: 570 604 0809

Email Address: charliespano8@gmail.com

LATE CONTRIBUTIONS – 24 HOUR REPORT

Name of Filing Committee or Candidate SPANO 4 MAYOR	Filer Identification Number 84-2869411
---	--

		DATE RECEIVED		
Full Name of Contributor	MO	DAY	YEAR	
Charlie Spano	10	25	2019	
Mailing Address	Amount \$ 4500			
City	Loan			
State	Zip Code (Plus 4)			
Scranton PA 18505				
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address	Amount \$			
City	Zip Code (Plus 4)			
State				

Name of Person Submitting Report: Charlie Spano Date of Report: 10/25/19
 Contact Phone Number: 570 604 0809
 Email Address: Charliespano8@gmail.com

2019 OCT 25 P 3: 38
 BUREAU OF ELECTIONS
 LACKAWANNA COUNTY

RECEIVED

OCT 25 2019 Jm