

**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**

BUSINESS ENTITIES NOT REQUIRED TO REPORT UNDER §1641

Any business entity which does NOT reach the thresholds for reporting political contributions under section 1641 of the Pennsylvania Election Code (copied below), please file this form 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 form.

Section 1641 of the Pennsylvania Election Code, 25 P.S. § 3260(a), provides:

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.

Please sign below to verify that the named business entity, by virtue of the actual knowledge possessed by any officer, director, associate partner, limited partner or individual owner, did **NOT** reach the reporting thresholds of section 1641 of the Pennsylvania Election Code (25 P.S. § 3260(a)).

NAME OF BUSINESS ENTITY

SIGNATURE OF PERSON SUBMITTING FORM

PRINTED NAME

TITLE

DATE

AREA CODE

DAYTIME TELEPHONE NUMBER