#### Commonwealth of Pennsylvania

### **CAMPAIGN FINANCE REPORT**

PAGE 1 OF (COVER PAGE)

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

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Filer Identification Number:			Report Filed B	y:	> C	ANDIDATE	1.	COMM	me,	3	LOBE	YIST	3.
Name of Filing Committee, Candidate or Lobbyist:													
Street Address:	For Com	5 Commis	54. of	<u> </u>	·					<b></b>			
	- MENST												
City: Noristo					Sta	PA		Zip Cod	4401	<del>-</del>	•		
TYPE OF	LEGILE YORKOAY	2NO ERIDA	Y 2 2	~	30 DA	<b>y</b>	3.	AMEND	AENT	YES		מא	1
REPORT	PERMANANA 4	PRE-ERIMA	17:88 (11:50 P) _	POST PRIMARY			REPORT		# 153 # 154		Gibés II. Transition		
(place X to		Pasato	7	6. POST ELECTION			AEPORT	ATION	YES	X	פא		
the right of report type)	ANGUAL TO THE STATE OF THE STAT	20is				METHOD HECK ONE		PAPI	<b>.</b>	X	DISKI	ETTE	
Name of Office Sough	t by Candidate:					E OF ELE	CTION	District Number	Office Code		Party Code		unty ode
, ,	$\alpha$				MO.	DAY	EAR .	740.,,,,,		´   ¹	ĬŽ.	4	
Mo trong	Co Comass	i'ar			K	2	015	OTH	(SEE IN	ISTRUC	TIONS		
		Mo. DAY			78 <b>77</b> 78			English F	OR OF	FICE I	JSE O	NLY	g gyrt yar
Summary of Re			6	_	MO:		EAR /				~ 1		
and Expenditur	es from:		<u>-                                     </u>	То		K /	φ						ug m
A. Amount Brought	Forward From Last	Report		\$ O				r,		APIN			
B. Total Monetary	Contributions and Re-	ceipts (From Sche	edule I)	\$	C	<u> </u>					=5		ma . Q and
C. Total Funds Ava	ilable (Sum of Lines	A and B)		\$	0				72	4 4 1	27		ena i 4 j
D. Total Expenditures (From Schedule III)				\$	0				- S		7		الاستان. فينالس.
E. Ending Cash Bal	ance (Subtract Line D	) from Line C)		\$	0				700 G 100 G 111 G	2 11	دب	* ***	
F. Value of In-Kin	d Contributions Rece	ived (From Sched	lule II)	\$	765	. 98				10	27		
G. Unpaid Debts an	d Obligations (From	Schedule IV)		\$	0								
			AFFIDAVI	T SE	CTION								
	a feeinmitteeriese.					odidate rë	port, ca	ndidate a	ilgn her				istical and the
I swear (or affirm) th correct and complete.	at this report, including	the attached schedu	ules, on pa	per or	comput	er diskette,	are to t	he best of	my kno	wledge	and be	lief tr	ue,
Sworn to and subscri	ibed before me this	5	. /		_								
day or	COMMONWALLY OF PEN	SYLVANIA 201	ILP	<b>1</b>	_	رار الار	7						
47/MA	NOTARIAL BEAL			"		Sign	nature of	Person S	ubmittin	g Repo	rt		
NOTARIAL BRAVES  Signature of Person Submitting Report  Signature of Person Submitting Report  Signature of Person Submitting Report  Frinted Name							1						
My commission NORRISTOWN BORO MON GOMERY ONT				610 275-2110									
	My Commission Explication	MAY		<u>J</u>	Ar	ea Code			aytime 1		ne Num	ber	
	e e recor of a can			144	e de la companya de			u-guideniga in a	Radio di Mala		CUR CHARGE	and a state	i (nabuliha)
I swear (or affirm) th	et to the best of my kn								ns of th	e Act	of June	3. 197	(3257235) 1 <b>7</b>
(P.L. 1333, No. 320) a:	s amended.						/ 7		(1)			-, 100	•
Sworn to and subscr	CONNENWEALTH OF PEN	INSTLVANIA	11 0	,		- 1							
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NE	RRISTOWN STORUGUES	Feb. 28, 2018		-		7	i	rinted Na	me	<u> </u>	<u> </u>		
My commission axp	Md.	DAY YR.		<b>j</b> .		10 sa Code		6	sytime 1	S A	イ <u>ノ</u>	ber	

Department of State ● Bureau of Commissions, Elections and Legislation 210 North Office Building ● Harrisburg, PA 17120-0029 ● (717) 787-5280

#### SCHEDULE I

PAGE 2 OF

## **CONTRIBUTIONS AND RECEIPTS**

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Per		4
Tolhel For Count Countission	Froml(	116	To 411/16
	da pen ware	-	
HEUNINEMIZEDECONTRIBUTIONS AND RECEIPTS - \$50.00 OR LE	SS PER CON	I BU	
TOTAL for the Reporting Per	riod (1)	\$	
CONTRIBUTIONS: \$50.01 TO \$250.00 (FROM PART A AND PA	RT Blooms	production of the second	a di Tanangangan di Karapangan di Karapangan di Karapangan di Karapangan di Karapangan di Karapangan di Karapa Karapangan di Karapangan d
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	
TOTAL for the Reporting Per	riod (2)	\$	Ö
		<u> </u>	
CARGON RIBUTIONS OVER \$250.00 FROM PART C AND PART D	The state of the s	en domente. Sala de talo	gger and a group of the following of the con-
Contributions Received from Political Committees (Part C)	to a common transmit supplies to the second	s	<u>ann a meacht a de it airm maine an daoirt a' air de ag leithe i mh</u> e an
All Other Contributions (Part D)		<u> </u>	
All Other Contributions (Part D)		\$	
TOTAL for the Reporting Per	riod (3)	\$	0
A. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED	CHECKS, ET	; (FR	OM: FART: EX
TOTAL for the Reporting Per	riod (4)	\$	-
		<u> </u>	
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING		Ī	
THIS REPORTING PERIOD (Add and enter amount totals from		\$	Ö
Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)			

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#### SCHEDULE II

PAGE 3 OF 6

## 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 Per	iod	
Talbet in Cat. Courissien		,	To 4/4/16
I UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	F \$50,00 OR L	ESS PE	R CONTRIBUTOR
TOTAL for the Reporting Per	riod (1)	\$	$\partial$
		360 - 1 200 - 121 - 122 -	
2. N-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO	\$250.00 (FRON	PART	
TOTAL for the Reporting Per	riod (2)	\$	0
3 IN KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (F	occupant to the second	(1,0)(astanger/200)	
TOTAL for the Reporting Per	riod (3)	\$ 7	165%
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.)		\$	745-98

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Tolkel For Couls Courses		From i/1/16	то 4/4/16
)	· · · · · · · · · · · · · · · · · · ·	DATE	AMOUNT
Full Name of Contributor		MO. DAY YEAR	\$ 7659%
Mailing Address Planken Pik Ble Belle City The Bell		MO. DAY YEAR	\$
	State Zip Code (Plus 4) 4 19422 -	MO. PODAY YEAR	\$
Employer of Contributor	Occupation		
Employer Mailing Address/Principal Place of Business	Paid Hollowe	y Debt.	
Full Name of Contributor		MO, DAY YEAR	\$
Melling Address		MO. DAY YEAR	\$
City	State Zip Code (Plus 4)	MO. DAYE YEAR	\$
Employer of Contributor		Occupation	
Employer Mailing Address/Principal Place of Business		Description of Contribution	
Full Name of Contributor		MOSE WIDAYS SYEARS	\$
Mailing Address		MO. Zabaya Year	\$
City	State Zip Code (Plus 4) —	MO:// // DAY:	\$
Employer of Contributor		Occupation	
Employer Mailing Address/Principal Place of Business		Description of Contribution	
Full Name of Contributor		MO. DAY YEAR	\$
Mailing Address		MO. DAY YEAR	\$
	State Zip Code (Plus 4) —	MO: DAY YEAR	\$
Employer of Contributor		Occupation	
Employer Mailing Address/Principal Place of Business		Description of Contribution	
Full Name of Contributor		MOTE COAYER POPALE	\$
Mailing Address		MO. PAY YEAR	\$
	State Zip Code (Plus 4) —	MO DAY YEAR	\$
Employer of Contributor		Occupation	
Employer Mailing Address/Principal Place of Business		Description of Contribution	
Enter Grand Total of Part G on Schedu	ile II. In-Kind Contribution	one Detailed	PAGE TOTAL
Summary Page, Section 3.	, in kind continue	One Detailed	\$

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			1	Reporting	Period	1
Tolber G. Couly Commission				From _	11(114	то <u>Ч(4/11//</u>
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Exp	enditure	3
City	State	Zip Code (Plus 4)				
To Whom Paid			MO:	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Exp	enditure	
Сіту	State	Zip Code (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Meiling Address			Descript	ion of Exp	enditure	\$
City	State	Zip Code (Plus 4)				
		<del>-</del>				
To Whom Paid			MO.	DAY	YEAH	Amount \$
Mailing Address			Descript	ion of Exp	enditur <b>e</b>	
City	State	Zip Code (Plus 4)		-		
		_				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descript	ion of Exp	enditure	,
Спу	State	Zip Code (Plus 4)	1			
		<del>-</del>				
To Whom Paid			MO.	DAY	YEXH	Amount \$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4)				
		<del>-</del>				
To Whom Paid			MO.	DAY	YEAR	Amount c
Mailing Address			Descript	ion of Exp	enditure	<u> </u>
City	State	Zip Code (Plus 4)	<u> </u>			
		-				
To Whom Paid			MO.	I DAY	YE AR	Amount \$
Mailing Address			Descript	ion of Exp	enditure	
City	State	Zip Code (Plus 4)				
						PAGE TOTAL
Enter Grand Total of Expenditures on Page	ge 1, F	Report Cover P	age, It	em D.		\$

PAGE 6 OF 6

## 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			Reportin	g Period	1.
Telleting County Counting			From	11/16	To 4/1/14
Name of Creditor					
					Outstanding Balance of Deb
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zin Cod	e (Plus 4)	
Description of Debt				_	
Passification of Debt					
Name of Creditor					
Mailing Address					Outstanding Balance of Deb
	DATE DEBT	MO.	DAY	YEAR	Andreas There is the second of
Člty	INCURRED	State	Zip Cod	e (Plus 4)	
Description of Debt	·				
Name of Creditor	<del></del>			· · · · · · · · · · · · · · · · · · ·	Outstanding Balance of Debt
Mailing Address	To To	- CA			\$
	DATE DEBT INCURRED	MO.	DAY	YEAR	
City	THOUNKED	State	Zip Code	Plus 4)	
Description of Debt			<del>-</del>		
					-
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	NAME OF STREET		Z WS Townson	\$
	DEBT INCURRED	MO	DAY	YEAR	
City		State	Zip Code	(Plus 4)	
Description of Debt				- 	
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$
City	DEBT INCURRED				
•		State	Zip Code		19 (c. 15.1) 486 (2. 15.15)
Description of Debt		<u> </u>			
Name of Creditor					
					Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	Mo.	DAY	YEAR	
City	INCURRED	State 1	Zin Cod:	(5)	
		State	Zip Code —	(Plus 4)	
Description of Debt				1	
Enter Grand Total of Unpaid Dabts on Page	1. Report Cover	Page is	em C		PAGE TOTAL
• · · · · · · · · · · · · · · · · · · ·	-,	. age, 11	om G.		\$
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