

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.)

Filer Identification Number:	Report Filed By:	Candidate ¹ <input checked="" type="checkbox"/>	Committee ² <input type="checkbox"/>	Lobbyist ³ <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: Val Arkoosh - Candidate				
Street Address: 530 Spring Lane				
City: Wyndmoor		State: PA	Zip Code: 19038	

Type of Report (Place x under report type)										
1- 6th 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	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Date of Election (MM/DD/YYYY)		05/21/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>		

Summary of Receipts and Expenditures	From Date	To Date	FOR OFFICE USE ONLY
	01/01/2019	05/06/2019	
A. Amount Brought Forward From Last Report		\$0.00	S/10/19 Digital JMM
B. Total Monetary Contributions and Receipts (From Schedule I)		\$0.00	
C. Total Funds Available (Sum of Lines A and B)		\$0.00	
D. Total Expenditures (From Schedule III)		\$507.67	
E. Ending Cash Balance (Subtract Line D from Line C)		-\$507.67	
F. Value of In-Kind Contributions Received (From Schedule II)		\$0.00	
G. Unpaid Debts and Obligations (From Schedule IV)		\$0.00	

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, are to the best of my knowledge and correct, and complete.

Sworn to and subscribed before me this 8 day of May 2019
 Signature: [Signature]
 My commission expires Mar 15 2020
 MO. DAY YR.

Signature of Person Submitting Report: [Signature]
 Printed Name: Valene Arkoosh
 Area Code: 215
 Daytime Telephone Number: 251 0585

NOTARIAL SEAL
 NEIL DEERAN
 Notary Public
 City of Philadelphia, Philadelphia, PA
 My Commission Expires Mar 15, 2020

COMMONWEALTH OF PENNSYLVANIA

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 Person Submitting Report: _____
 Printed Name: _____
 Area Code: _____
 Daytime Telephone Number: _____

SCHEDULE I
Contributions and Receipts

Detailed Summary Page

Filer Identification Number:

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	TOTAL for the Reporting Period	(1) \$0.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND B)		
Contributions Received from Political Committees (Part A)		\$0.00
All Other Contributions (Part B)		\$0.00
	TOTAL for the Reporting Period	(2) \$0.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND D)		
Contributions Received from Political Committees (Part C)		\$0.00
All Other Contributions (Part D)		\$0.00
	TOTAL for the Reporting Period	(3) \$0.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
	TOTAL for the Reporting Period	(4) \$0.00

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>	\$0.00
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In-Kind Contributions And Valuable Things ReceivedUSE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD

Detailed Summary Page

Filer Identification Number:

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) \$0.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the Reporting Period (3) \$0.00

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.)

\$0.00

Statement of Expenditures

Filer Identification Number:						
To Whom Paid			MO	DAY	YEAR	
Hilton Worldwide			4	11	2019	\$154.44
Mailing Address						
7930 Jones Branch Dr Ste 100						
City		State	Zip Code (Plus 4)			
McLean		VA	22102-3389			
Description of Expenditure						
Lodging						
To Whom Paid			MO	DAY	YEAR	
Laurel House			4	22	2019	\$200.00
Mailing Address						
180 W Germantown Pike Ste 2						
City		State	Zip Code (Plus 4)			
Norristown		PA	19401-1378			
Description of Expenditure						
Ad Book Donation						
To Whom Paid			MO	DAY	YEAR	
Marathon Petroleum			4	11	2019	\$38.00
Mailing Address						
539 S Main St						
City		State	Zip Code (Plus 4)			
Findlay		OH	45840-3229			
Description of Expenditure						
Fuel						
To Whom Paid			MO	DAY	YEAR	
Pennsylvania Turnpike Commission			4	10	2019	\$30.20
Mailing Address						
300 E Park Dr						
City		State	Zip Code (Plus 4)			
Harrisburg		PA	17111-2729			
Description of Expenditure						
Tolls						
To Whom Paid			MO	DAY	YEAR	
Pennsylvania Turnpike Commission			4	11	2019	\$30.20
Mailing Address						
300 E Park Dr						
City		State	Zip Code (Plus 4)			
Harrisburg		PA	17111-2729			
Description of Expenditure						
Tolls						
To Whom Paid			MO	DAY	YEAR	
Sunoco LP			4	10	2019	\$29.92
Mailing Address						
8111 Westchester Dr Ste 400						
City		State	Zip Code (Plus 4)			
Dallas		TX	75225-6140			
Description of Expenditure						
Fuel						

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$482.76

Statement of Expenditures

Filer Identification Number:				
To Whom Paid Sunoco LP	MO 4	DAY 11	YEAR 2019	\$24.91
Mailing Address Bill Westchester Dr Ste 400				
City Dallas	State TX	Zip Code (Plus 4) 75225-6140		
Description of Expenditure Fuel				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$24.91
