Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF S (COVER PAGE)

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

Street Address of Proceedings of Party Tuesday 1 2 2 30 DAY PRE-PRIMARY PRE-PR	Number:	` ▶		Report Filed By:		CANDIDATE	1.	COMMITTEE	LOBSVIST 3.	_
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TYPE OF REPORT REPORT STN TURSDAY PRE-PRIMARY PRE-PRI	City:					tate: PA				
iplace X to the right of report type Name of Office Sought by Candidate: No. DAY YEAR	TYPE OF	STH TUESDAY		MARY				REPORT?	YES NO X	引
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PART 1 — 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 belief true, correct and complete. Sworn to and subscribed before me this COMMONWEALTH OF PENNSYLVANIA 20]	G. Unpaid Debts and Obligations (From Schedule IV) \$									
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Michelle L. Shouleade Noters Public &	COMMO									
My Commission Explication 30, 2019		of NODARIAL SEAL	ary Public 1	i i						
MEMBER, PENNSYLVANIA ASSOCIATION OF WITARIES 0 My commission expires 0	20 COMMC day Michal	of NO TABLES & AU In L. Sepulfeda, Nota and Twe Nontraper		}			15.	Printed Name		
MO. DAY YR. Area Code Daytime Telephone Number	O COMMC day Michael My Coff MEMBER, P.	of NOTELL SEA In L. Sput Gda, Nota and Twin. I hand seast imission Expension ENNSYLVANIMASSOCIATION kpires	1. 30, 2019 N OF WOOMES	}		215	 	Printed Name 85	ə·84ə9	
PART II = If this is a report of a Candidate's Authorized Committee, candidate shall sign here.	O COMMC day Michael My Coff MEMBER, P.	of NOTELL SEA In L. Sput Gda, Nota and Twin. I hand seast imission Expension ENNSYLVANIMASSOCIATION kpires	1. 30, 2019 N OF WOOMES	<u> </u>		215 Area Code	- -	Printed Name 85	2.8429 Telephone Number	
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.	COMMC day Michel Acid My Com MEMBER, P My commission ex	of NOTELL SEA	N OF WEYERES		tee, ca			Printed Name 85 Daytim	2.8429 e Telephone Number	
Sworn to and subscribed before me this	COMMC day Michal My Commission ex My commission ex PART II — If this I swear (or affirm)	of NOTE AND A COLOR OF	DAY YR.	rized Commit	i tee, c	ndidate shall s	sign he	Printed Name 85. Daytim		
NOTARIA STATE 20 Signature of Candisan	Michal My Commission experience (or affirm) (P.L. 1333, No. 320)	of NO By Selection of NO By Selection Expression Expression Expression MO. is a report of a C that to the best of my as amended.	DAY YR.	rized Commit	itee, ce	ndidate shall s	sign he	Printed Name 85. Daytim		
William E. Wonelly Printed Name	Michal My Commission experience (or affirm) (P.L. 1333, No. 320)	of NOTAL SEASON OF NOTAL SEASON OF A CONTRACT OF PEN	DAY YR. Candidate's Author y knowledge and beli	rized Commit	itee, ca	ndidate shall s	sign he	Printed Name 85 Daytim re. ny provisions of autre of Candian	the Act of June 3, 1937	
My Commission Expless Sept. 30, 2019 My commission Expless Sept. 30,	COMMC day Michel Adord My Coff MEMBER, P My commission ex PART II: = If this I swear (or affirm) (P.L. 1333, No. 320) Sworn to and subs COMM	of NOTES AND NOTES AND NOTES AND PER NOTES A	DAY YR. Candidate's Author y knowledge and beli NSYLVANIA Carry Public	rized Commit	Itee, ca	indidate shall state has not vio	sign had	Printed Name 85 Daytim re. ny provisions of autre of Candian	the Act of June 3, 1937	2010 J

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

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	0 00 LESS DED	CONTE	ibi i t z)A
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.0 TOTAL for the Repo		(1)	\$	0
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A	AND PART R			
Contributions Received from Political Committees (Part A)		Ī	\$	\mathcal{O}
All Other Contributions (Part B)			\$	0
TOTAL for the Repo	ortina Period	(2)	\$	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND Contributions Received from Political Committees (Part C)	PART D)		\$ (5,750
All Other Contributions (Part D) TOTAL for the Repo	orting Pariod	(3)	\$ \$	0
TOTAL TOT ALL HOPE				<u> </u>
		s, EIC	. (FRO	M PARI E
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RE		(4)	\$	$\langle \cdot \rangle$
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURN TOTAL for the Repo		(4)	\$	O

PART C

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate CH7COS for DMOC	الن		R€	eporting f From ((Reriod	7 9/18/17
				DATE		AMOUNT
Committee of Congributing Committee Better	Cor	nmonuraltr	мо.) Ф	0AY 30	YEAR 17	\$ 1,750.00
PO Box SIOZ	LState [Zip Code (Plus 4)	Mo.	DAY L	YEAR YEAR	* 1,750.00
New Britain	PA	1801 -				\$
Full Name of Contributing Committee HOSMA Community	file	\sim	мо. Э	DAY	YEAR 1	\$ 2250,00
100 Admiral Inne	•		MO.	DAY	YEAR	\$
Wannatan	PÅ.	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		*	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$
Full Name of Contributing Committee		- The state of the	MO	DAY	YEAR	\$
Mailing Address			· MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	<u> </u>		- MO.	DAY ·	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	. DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address	······································		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Cíty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part C on Sche	dule l	l, Detailed Summar	y Page,	Sectio	n 3.	\$5,750,00

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Chizens for Dwelly	Reporting Period From (() () ()	र विशिष्
Arca 2	MO. DAY YEAR	\$ 100
1000 Condeba Dr.	Description of Expenditure	
State Zip Code (P)us 4)		
Matchs	MO. DAY YEAR	Amount 53
307 Hasna Cd	Description of Expenditure	
Hrysman PA Myll		
To Whom Paid	MO. DAY YEAR	Amount S
1150 Camp Hill Byrass	Description of Expenditure	
Siste Zip Code (Plus 4)		
T Whom Paid F	MO. DAY YEAR	Amount \$,300.00
Wat Hazemust Rd.	Description of Expenditure	
Menon Station A Poudo		
ETC Faidation	MO. DAY YEAR	Amount (C)
439 Hursman W	Description of Expenditure	
Horson PH 1904		
TOWNOM Paid COLMINGS	MO. DAY YEAR 7 24 17	Amount 21.50
BOIN SUppack Pile	Description of Expenditure	
PA 1947		
To Whom Paid William Opposition	MO DAY YEAR	Amount \$ 50.00
Maling Address O BOX 307	Description of Expenditure	rest fund
Horse Zip Code (Plus 4)	event	
To Whom Paid	MO. DAY YEAR	* 1250.
Ela Pr. 240	Description of Expenditing	
Biur Bell State Zip Code (Plus 4) Plur Bell A 1947-		
Enter Grand Total of Expenditures on Page 1, Report Cover Page	age. Item D.	PAGE TOTAL \$239809

SCHEDULE III

STATEMENT OF EXPENDITURES

ame of Filing Committee or Candidate		Reporting Period To 91817
Citizens for Opnos		From Cyle 11 10 1110111
whom Paid Sof Tom Panze	<u> </u>	MO. DAY YEAR Amount \$
OOX 123		Description of Expenditure
Doylestown	State Zip Code (Plus 4	Amaza
news of Common Fiz	27010 Comur	
523 W Front St.	State Zip Code (Plus	Simult
Mcdia	RA 19043	MC: DAY YEAR Amount
o Whom Paid Aailing Address		Description of Expenditure
Sity	State Zip Code (Plus	s 4)
o Whom Paid		MO. DAY YEAR Amount
Mailing Address		Description of Expenditure
Sity	State Zip Code (Plus	s 4)
To Whom Paid		MO: DAY YEAR Amount
Mailing Address		Description of Expenditure
Sity	State Zip Code (Plus	is 4)
To Whom Paid		MO. DAY YEAR Amount
Mailing Address		Description of Expenditure
City	State Zip Code (Plus	
To Whom Paid		MO, DAY YEAR Amount Description of Expenditure
Mailing Address	State Zip Code (Plus	
City	_	MO DAY YEAR Amount
To Whom Paid Mailing Address		Description of Expenditura
City	State Zip Code (Plu	ius 4)
		PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report Cov	ver Page, Item D. PAGE TOTAL \$ 1,100.