CAMPAIGN FINANCE REPORT

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

Filer Identification			Report Filed By:		CANDID	ATE	1/	СОММІ	TJEE	2.	LOBB	yist 3.		
Name of Filing Committee, Candidate or Lobbyist:														
Street Address:	Donna I	rveiss_												
1100	Donna 1	rive		1	-									
Ft. Washington				State: PA				Zip Code: 19034 -						
TYPE OF	STH TUESDAY 1	2ND FRIDAY	Company of the compan	A Committee of the Comm	DAY ST PRIMA	12-7 12-12-1	3.	AMENDM		YES	3	NO		
REPORT	OTH TUESDAY 4		5.	30	DAY ST ELECT	7,000	6.	TERMINA REPORT?	1. A	YES		NO.		
(place X to the right of report type)	ANNUAL 7	YEAR 2017		FILIT	IG METI CHECK	HOD 1		PAPE		/	DISKE			
Name of Office Sough	La Company Com	20.1			ATE OF	are total to the	ION	District	Office		Party	County		
					DAY			Number	Code		Code	Code		
									(SEE IN	STRUC	TIONS	FOR CODES)		
		More Polya	en zen		DAY	YE/	2012	B	OR OFF	ICE L	JSE OI	NLY		
Summary of Rand Expenditur		1 1 20		1,2		201								
•			<u>' ' '</u> ' '			<u> </u>					´ ¬			
A. Amount Brought Forward From Last Report B. Total Monetary Contributions and Receipts (From Schedule I)					<i>)</i>					•	5.5			
C. Total Funds Available (Sum of Lines A and B)				<u> </u>							-			
D. Total Expenditures (From Schedule III)				6	***************************************									
E. Ending Cash Balance (Subtract Line D from Line C)			\$	<u> </u>										
F. Value of In-Kind Contributions Received (From Schedule II)										₹*	•			
G. Unpaid Debts and Obligations (From Schedule IV)				\$\$10,000										
		A	FFIDAVIT	SECTIO	N]		
PART I = If this i	s a Committee repo	t treasurer sign h	ere. If th	is is a	Candidal	te repo	rt, ca	ndidate s	ign her	e. 🔭				
I swear (or affirm) the correct and complete	nat this report, including	the attached schedul	les, on pape	r or con	puter disi	kette, ar	e to th	e best of	my kno	wiedge	and be	ilief true,		
Sworn to and subscr	ribed before me this		_											
day of20						Signat	ture of	Person S	ubmittin	Repo	rt	····		
OMMONWEALTH OF	= PENNSYLVANIA		}	·			- <u>-</u>		· · · · · · · · · · · · · · · · · · ·					
NOTARIAL Myrisha Antierson	SEAL		[P	rinted Na	me					
Norristown Boro, Moi	ntgomery 66 unty	DAY YR.	<u> </u>		Area Co	de	_	D	aytime T	elepho	ne Num	ber		
WAY COMMISSION EXP	Mar Zgood to a Kenn	didate's Authorize	d Commit	tes: c≃	ndidate s	hall sic	n her				128.55 13	-33, 25, 28, 28, 20, 20		
I swear (or affirm) to	Sat to the best of my ki		4			, , , , , , , , , , , , , , , , , , , ,			y ,	e Act	of June			
(P.L. 1333, No. 320) a Sworn to and subsc	riped before me this			ノつ		,			3					
Jysisha Awsason Signature Ann Thornburg Weiss Printed Name 20 18 Ann Thornburg Weiss Printed Name														
My commission exp	دم ن	11 21			-15		P _		7 -1	~				
	MO.	ĎAY YR.			Area Co	de		D	aytime 1	elepho	ne Num	ber		

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

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			R	eporting i	, ,	+ 11/2/1m
Ann Thornburg Weis	55			From //	1/17	To [2] 3/17
						Amount
To Whom Paid Friends of Ann	Tho	rnbuz Wes	<u> </u>	DAY	YEAR	\$ 10,000
Mailing Address /100 Donna Drive City Ft. Washington.			Descriptio	on of Expe		
Ft. Washington .	PA	zip Code (Plus 4) 1903 4				
To Whom Paid			мо.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expe	enditure	-
City	State	Zip Code (Plus 4)				
To Whom Paid	1		⊸ мо.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Expe	anditure	
City	State	Zip Code (Plus 4)	<u> </u>			
To Whom Paid			мо	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Expe	enditure	
Číty	State	Zip Code (Plus 4)				
To Whom Paid	<u> </u>		MÓ.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Expe	anditure	\$
City	State	Zip Code (Pius 4)				
To Whom Paid			мо	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid	.1		MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	l enditure	
City	State	Zip Code (Plus 4)				
To Whom Paid	<u> </u>	1	MO,	DAY	YE AR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	Ψ
City	State	Zip Code (Plus 4)			·	.,,,,
	<u> </u>	1				PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ge 1,	Report Cover F	age, Ite	em D.	ĺ	\$ 10,000

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