Commonwealth of Pennsylvania

CAMPAIGN FINANCE REPORT

PAGE 1 OF 4 (COVER PAGE)

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

Filer Identification	n			Report		CANDIDATE	1.	60) 04		2.		"
			Filed By		CANDIDATE	É	COMM	11.1 LE .	l'_	LUBE	BYIST	
Friends Street Address:	H AM		nbura	j we	iss							
1100 1	Johna D	<u>~.</u>										
Ft. Wash	inaton					State: PA		Zip Cod	19	034	1	
TYPE OF REPORT	EPORT PRE-PRIMARY PRE-PRIMARY				2. 30 DAY 3. POST PRIMARY			AMENDMENT REPORT?		YES		No:
(place X to	OTH TUESCAY	4.	2ND FRIDAY PRE-ELECTION		5. 30 DAY 6. POST ELECTION			TERMINATION REPORT?		YES		NO.
the right of report type)	ANNUAL REPORT	7.	2017			IG METHOD CHECK ONE		PAPE	n i	V	DISK	EUS
Name of Office Soug	ht by Candidate:	•			D	ATE OF ELEC		District Number	Office Code		Party Code	County Code
					M). DAY Y	EAR					
									(SEE IN	ISTRUC	TIONS	FOR CODES)
		0 		way was and		en la la la la de la		F	OR OF	FICE L	JSE O	NEY:
Summary of Receipts and Expenditures from: Mo. DAY VEAR Mo. DAY VEAR												
A. Amount Brough	t Forward From La	st Report	-	\$	2.	704.07	7					
B. Total Monetary Contributions and Receipts (From Schedule I) \$												
C. Total Funds Ava	ailable (Sum of Line	es A and	B)	\$	2.	706.07	7					
D. Total Expenditures (From Schedule III)					\$ 2, 250,00							
E. Ending Cash Bal	ance (Subtract Line	D from	Line C)	\$,	4 56.0	Ü					
F. Value of In-Kind Contributions Received (From Schedule II) \$						0						
G. Unpaid Debts and Obligations (From Schedule IV)			Ş									
AFFIDAVIT SECTION								The State of				
	PART 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		-				•			,	·	1	ŕ
Sworn to and subscribed before me this COMMONWEALTH OF PENNSYLVANIA 20 ONOTIFIED SEAL SEAL SEAL SUBJECTION OF PERSON Submitting Report CHARLENE M. FOSTER, Notary Public signature of Person Submitting Report Upper Dublin Twp, Montgornery Common & H. & B. & K.												
COMMONWEALTH	OF PENNS PEVANIA			mission Ex				rinted Nar				
My commishi@ifAR		DAY	YA.	_		Area Code		D	aytime 1	elepho	ne Num	ber
		†										
THE DAY STANDARD OF	A MANAGEMENT TO A COMMENT OF THE PARTY OF TH	indidate's				didate shall si	-					(2) S) S (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
(P.L. 1333, NG/ 520) a		knowledge	and belief	this politica	al commit	tee has not viol	lated any	/ provisio	ns of th	e Act o	of June	3, 1937
30 dev of January 20 16 1 Care Manday Webs												
Jusha Audenson 2018 Min Marry Vills Signature of Capidate Ann Thornburg Weiss												
Signature Printed Name												
My commission exp	ires <u>/ (</u> Md.	DAY	YR.	_ J		Area Code	_	<u>و دي</u> 0	ytime 1	<u> 무</u> 년 Felepho	ne Num	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 Friends of Ann Thornburg Weiss From 1	,	1_ то <u>12/31/1</u>	ワ
1 UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS PER CO	NTRIBŪT	ron .	Poz
TOTAL for the Reporting Period (1) \$	0	
2, CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	36-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
Contributions Received from Political Committees (Part A)	\$	\mathcal{O}	R. P. C. P. C.
All Other Contributions (Part B)	\$	0	
TOTAL for the Reporting Period (2) \$	0	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) Contributions Received from Political Committees (Part C) All Other Contributions (Part D)	Section of the sectio		
TOTAL for the Reporting Period (3	3) \$	Ü	
4 OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, E	TOTAL STORY MAY SHOW	OM PART ELECTION	
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item 8.)	\$	Ø	

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	*****			Reporting Period	
Friends of Ann Th	00	nora W	nice	From	17 10/2/31/17
	<u>,</u>		(A))	77	
To Whom Paid	<u></u>	<u></u>	MO.	DAY YEAR	Amount
Montgonery Co. Democra	aic.	Comm.	Deserie	201 otion of Expenditure	7 \$ 1,500.00 5 Uwb
POBOX 857 City Norristown To Whom Paid Tom Kchler Pac Mailing Address				naliman	s Club
Ne cocetavia	Бμ	Zip Code (Plus 4)			
T- May 2 (1	PA	19404			
Tom Kohler Pac			мо. 3	DAY YEAR	7 \$ 2.50,00
Mailing Address				tion of Expenditure	113 200100
City	· • · · · · · · · · · · · · · · · · · ·				
ony	State	Zip Code (Plus 4)			
To Whom Paid		I	MO.	DAY YEAR	Amount
Montgamery Co. Democratic	<u> </u>	mmittee	Au		
Mailing Address			Descrip	yon of Expenditure	
City	State	Zip Code (Plus 4)			
		_	ı		
To Whom Paid			MO	DAÝ YEAR	Amount
Mailing Address			Danaria	tion of Expenditure	\$
			Descrip	non or expenditure	
City	State	Zip Code (Plus 4)			

To Whom Paid			, MO:	DAY YEAR	
Mailing Address		***************************************	Descrip	ion of Expenditure	
City	T		<u> </u>		
	State	Zip Code (Plus 4)			
To Whom Paid			- MO	DAY YEAR	Amount
			i iii o		\$
Mailing Address			Descript	ion of Expenditure	
City	State	Zip Code (Plus 4)			
		_			
To Wham Paid			MO.	DAY YEAR	
Mailing Address			Descript	ion of Expenditure	\$
			Descript	TOD OF Expenditure	
Čity	State	Zip Code (Plus 4)	†		
To Whom Paid		_			
TO MININE FAIG			MO.	DAY YEAR	Amount \$
Mailing Address			Descript	ion of Expenditura	_ -
City	State	Zip Code (Plus 4)	 		
	Cidite	COUR (FIUS 4)			
			!		PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1, i	Report Cover P	age. It	em D.	\$ 2 ,250
•			<u>.</u>		4 ,450

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

			Reportin	ng Period	
Friends of Ann Thorn	aburg New	<u>SS</u>	From	4/1/1	7 To 12/32/201
Name of Creditor Ann Thornburg Weise Meiling Address 1100 Donna Drive City Ft. Washington Description of Debt	-				Outstanding Balance of D $\$/0,000$
City 1100 Donna Drive	DATE DEBT INCURRED	<u>мо</u> Ос	t	YEAR	
Ft. Washington		State		ie (Plus 4) ろひ	
Loan to A.T.	Weiss D	rior	+0	la st	election
Jame of Creditor				, - , ,	Outstanding Balance of D
Mailing Address	DATE DEBT	∴мо.	OXY	YEAR	
ity	INCURRED	State	Zip Cod	e (Plus 4)	
escription of Debt					
ame of Creditor					Outstanding
ailing Address	DATE	B Colorado do Colo	a Barra a d		Outstanding Balance of D
ty	DEBT INCURRED	MO	DAY	YEAR	
scription of Debt		State	Zip Code	(Plus 4)	
me of Creditor				·	Outstanding Balance of De
lling Address	DATE DEBT	мо.	DAY	YEAR	\$
,	INCURRED	State	Zip Code	(Plus 4)	
scription of Debt					
ne of Creditor			-		Outstanding Balance of De
ling Address	DATE	MO:	DAY		\$
	DEBT INCURRED			YEAR	
		State	AID CODE	(Plus 4)	
cription of Debt	-				
			_		
e of Creditor			_		
ne of Creditor Jing Address	DATE DEBT MOUNTS	Мо	DAY	YEAR	
e of Creditor ling Address		MO.			
e of Creditor ling Address	DEBT		DAV		
cription of Debt Gription of Debt cription of Debt ter Grand Total of Unpaid Debts on Page	DEBT	State	DAV.		Outstanding Balance of Det \$