

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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Ann Thornburg Weiss</u>											
Street Address: <u>1100 Donna Dr.</u>											
City: <u>Ft. Washington</u>				State: <u>PA</u>		Zip Code: <u>19034</u>					
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES	NO		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO		
	ANNUAL REPORT	7. <input checked="" type="checkbox"/>	YEAR	<u>2017</u>		FILING METHOD	PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code		
					MO.	DAY	YEAR				
					(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from:					FOR OFFICE USE ONLY						
					MO.	DAY	YEAR				
					<u>1</u>	<u>1</u>	<u>2017</u>				
					To	MO.	DAY	YEAR			
						<u>12</u>	<u>31</u>	<u>2017</u>			
A. Amount Brought Forward From Last Report					\$ <u>2,706.07</u>						
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ <u>0</u>						
C. Total Funds Available (Sum of Lines A and B)					\$ <u>2,706.07</u>						
D. Total Expenditures (From Schedule III)					\$ <u>2,250.00</u>						
E. Ending Cash Balance (Subtract Line D from Line C)					\$ <u>456.00</u>						
F. Value of In-Kind Contributions Received (From Schedule II)					\$ <u>0</u>						
G. Unpaid Debts and Obligations (From Schedule IV)					\$ <u>0</u>						

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 belief true, correct and complete.

Sworn to and subscribed before me this 30th day of January, 2018

Charlene M. Foster Signature
 COMMONWEALTH OF PENNSYLVANIA
 2018 NOTARIAL SEAL
 CHARLENE M. FOSTER, Notary Public
 Upper Dublin Twp., Montgomery County
 My Commission Expires October 24, 2021

Charlene M. Foster Signature of Person Submitting Report
Charlene M. Foster Printed Name

My commission expires 10 11 21
 MO. DAY YR.

Area Code _____ Daytime Telephone Number _____

PART II - If this is a Candidate report, 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. 520) as amended.

Sworn to and subscribed before me this 30 day of January, 2018

Tynisha Anderson Signature
 My commission expires 10 11 21
 MO. DAY YR.

Ann Thornburg Weiss Signature of Candidate
Ann Thornburg Weiss Printed Name
215 264 4656
 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Ann Thornburg Weiss</i>	Reporting Period From <i>1/1/17</i> To <i>12/31/17</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>0</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>0</i>
All Other Contributions (Part B)	\$ <i>0</i>
TOTAL for the Reporting Period	(2) \$ <i>0</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>0</i>
All Other Contributions (Part D)	\$ <i>0</i>
TOTAL for the Reporting Period	(3) \$ <i>0</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>0</i>

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>	\$ <i>0</i>
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Ann Thornburg Weiss	Reporting Period From 1/1/17 To 12/31/17
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To Whom Paid Montgomery Co. Democratic Comm.	MO.	DAY	YEAR	Amount
PO Box 857			2017	\$ 1,500.00
Mailing Address	Description of Expenditure Chairman's Club			
City Norristown,	State PA	Zip Code (Plus 4) 19404		

To Whom Paid Tom Kohler Pac	MO.	DAY	YEAR	Amount
	3		2017	\$ 250.00
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid Montgomery Co. Democratic Committee	MO.	DAY	YEAR	Amount
	Aug		2017	\$ 500.00
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid	MO.	DAY	YEAR	Amount
				\$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
		-		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ 2,250
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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 <i>Friends of Ann Thornburg Weiss</i>	Reporting Period From <i>1/1/17</i> To <i>12/31/2017</i>
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Name of Creditor <i>Ann Thornburg Weiss</i>				Outstanding Balance of Debt <i>\$10,000</i>		
Mailing Address <i>1100 Donna Drive</i>		DATE DEBT INCURRED	MO. <i>Oct</i>	DAY <i>20</i>	YEAR	
City <i>Ft. Washington</i>		State <i>PA</i>	Zip Code (Plus 4) <i>19034</i>			
Description of Debt <i>Loan to A.T. Weiss prior to last election</i>						

Name of Creditor				Outstanding Balance of Debt <i>\$</i>		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor				Outstanding Balance of Debt <i>\$</i>		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor				Outstanding Balance of Debt <i>\$</i>		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor				Outstanding Balance of Debt <i>\$</i>		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						

Name of Creditor				Outstanding Balance of Debt <i>\$</i>		
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)			
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL <i>\$</i>
