

# CAMPAIGN FINANCE REPORT

(COVER PAGE)

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

Filer Identification Number: <span style="float:right">▶</span>		Report Filed By: <span style="float:right">▶</span>	CANDIDATE <sup>1</sup>	COMMITTEE <sup>2</sup> <input checked="" type="checkbox"/>	LOBBYIST <sup>3</sup>				
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Stanley CACCIO</i>									
Street Address: <i>625 Creek Lane</i>									
City: <i>Homer town</i>			State: <i>Pa</i>	Zip Code: <i>19031-</i>					
TYPE OF REPORT  (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	5TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR	FILING METHOD ( ) CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE	
Name of Office Sought by Candidate: <i>Controller</i>				DATE OF ELECTION		District Number	Office Code	Party Code	County Code
				MO.	DAY	YEAR	<i>012 REP</i>		<i>46</i>
				<i>5</i>	<i>21</i>	<i>19</i>	(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:						FOR OFFICE USE ONLY			
						MO.	DAY	YEAR	
						<i>1</i>	<i>1</i>	<i>2012</i>	To
						MO.	DAY	YEAR	
						<i>5</i>	<i>6</i>	<i>2019</i>	
A. Amount Brought Forward From Last Report						\$ <i>None</i>			
B. Total Monetary Contributions and Receipts (From Schedule I)						\$ <i>2183.00</i>			
C. Total Funds Available (Sum of Lines A and B)						\$ <i>2183.00</i>			
D. Total Expenditures (From Schedule III)						\$ <i>500.00</i>			
E. Ending Cash Balance (Subtract Line D from Line C)						\$ <i>1683.00</i>			
F. Value of In-Kind Contributions Received (From Schedule II)						\$ <i>None</i>			
G. Unpaid Debts and Obligations (From Schedule IV)						\$ <i>None</i>			

RECEIVED

OFFICE OF VOTER SERVICES MONTG. CO. PA

MAY 19 10 PM 1:37

### 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 to by: COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL James Courtland Spring, Notary Public Whitpain Twp., Montgomery County My commission expires <i>3/29/2021</i> MO. DAY YR.	Signature of Person Submitting Report <i>Mary Caccio</i> MARY CACCIO Printed Name 610 291-8789 Area Code Daytime Telephone Number
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**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 to by: COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL James Courtland Spring, Notary Public Whitpain Twp., Montgomery County My commission expires <i>3/29/2021</i> MO. DAY YR.	Signature of Candidate <i>Stanley Caccio</i> Stanley CACCIO Printed Name 215 657 1042 Area Code Daytime Telephone Number
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Department of State • Bureau of Commissions, Elections and Legislation  
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

# CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Shelby Edwards</i>	Reporting Period From <i>4/1/19</i> To <i>5/1/19</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <i>90,10.00</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <i>104.00</i>
All Other Contributions (Part B)	\$ <i>1289.00</i>
TOTAL for the Reporting Period	(2) \$

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <i>700.00</i>
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period	(3) \$

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <i>NONE</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (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>2183.00</i>
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# CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

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\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate <b>FRIENDS OF Stanley CASACIO</b>	Reporting Period From <b>5/6/19</b> To <b>5/10/19</b>
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee <b>DEAN FOR COMMISSIONER</b>				4	29	19	\$ 104.00
Mailing Address <b>122 Shasta Rd.</b>				MO.	DAY	YEAR	\$
City <b>Plymouth Meeting</b>		State <b>PA</b>	Zip Code (Plus 4) <b>19462</b>	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)	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)	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)	MO.	DAY	YEAR	\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL <b>\$ 104.00</b>
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**PART B**  
**ALL OTHER CONTRIBUTIONS**

\$50.01 TO \$250.00

~~12/18~~  
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Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <i>Friends of Stanley Cyrillio</i>	Reporting Period From <i>5/6/19</i> To <i>5/10/19</i>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor <i>MARtha Rizzio</i>	4	29	19	\$ 52.00
Mailing Address <i>122 SHasta Rd.</i>	MO.	DAY	YEAR	\$
City <i>Plymouth Mtg.</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19462</i>	MO.	DAY	YEAR	\$
Full Name of Contributor <i>PAUL CATINELLA</i>	5	1	19	\$ 175.00
Mailing Address <i>P.O. Box 282</i>	MO.	DAY	YEAR	\$
City <i>Gwynnedd</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19436</i>	MO.	DAY	YEAR	\$
Full Name of Contributor <i>PAUL Moses</i>	4	25	19	\$ 175.00
Mailing Address <i>UNKNOWN</i>	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor <i>MYRON Goldmar</i>	4	23	19	\$ 175.00
Mailing Address <i>8102 High School Rd.</i>	MO.	DAY	YEAR	\$
City <i>Elkins Park</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19027</i>	MO.	DAY	YEAR	\$
Full Name of Contributor <i>George Federick DDS</i>	4	30	19	\$ 175.00
Mailing Address <i>1759 Terrace Dr.</i>	MO.	DAY	YEAR	\$
City <i>Mayle Glen</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19002</i>	MO.	DAY	YEAR	\$
Full Name of Contributor <i>Malka Kantor</i>	5	5	19	\$ 250.00
Mailing Address <i>21430 Vally Forge Cl.</i>	MO.	DAY	YEAR	\$
City <i>King of Prussia</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19406</i>	MO.	DAY	YEAR	\$
Full Name of Contributor <i>William + Theresa Hillman</i>	5	6	19	\$ 175.00
Mailing Address <i>206 Williamsburg Rd.</i>	MO.	DAY	YEAR	\$
City <i>Ardmore</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19003</i>	MO.	DAY	YEAR	\$
Full Name of Contributor <i>ANANCY MARSDEN</i>	5	6	19	\$ 60.00
Mailing Address <i>416 Bannockburn Ave.</i>	MO.	DAY	YEAR	\$
City <i>Ambler</i>	MO.	DAY	YEAR	\$
State <i>PA</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19002</i>	MO.	DAY	YEAR	\$

PAGE TOTAL  
**\$ 1237.00**

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PART B  
**ALL OTHER CONTRIBUTIONS**

\$50.01 TO \$250.00

~~5 of 7~~  
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Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <i>Friends of Stanley Cristic</i>	Reporting Period From <i>5/6/19</i> To <i>5/10/19</i>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor <i>LENORA BRUNO</i>	<i>5</i>	<i>6</i>	<i>19</i>	\$ <i>52.00</i>
Mailing Address <i>1422 SANDWOOD Rd.</i>	MO.	DAY	YEAR	\$
City <i>Conshohocken</i> State <i>PA</i> Zip Code (Plus 4) <i>19428</i>	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$

PAGE TOTAL  
\$ *52.00*

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

ALL OTHER CONTRIBUTIONS

OVER \$250.00

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Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate <b>Friends of Stanley Casacio</b>	Reporting Period From <b>5/6/19</b> To <b>5/10/19</b>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Margaret Sabe</b>	4	19	19	\$ 350. <sup>00</sup>
Mailing Address <b>6038 Cannon Hill Rd.</b>	MO.	DAY	YEAR	\$
City <b>Ft. Washington</b> State <b>PA</b> Zip Code (Plus 4) <b>19034</b>	MO.	DAY	YEAR	\$
Employer Name				Occupation
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>Anthony Rocca Esq.</b>	5	2	19	\$ 350. <sup>00</sup>
Mailing Address <b>1628 Walnut St # 1607</b>	MO.	DAY	YEAR	\$
City <b>PHILA</b> State <b>PA</b> Zip Code (Plus 4) <b>19102</b>	MO.	DAY	YEAR	\$
Employer Name				Occupation
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name				Occupation
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name				Occupation
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name				Occupation
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL  
**\$ 700.<sup>00</sup>**

# STATEMENT OF EXPENDITURES

2087

Name of Filing Committee or Candidate <i>Friends of Stanley A. Alico</i>	Reporting Period From <i>5/6/19</i> To <i>5/10/19</i>
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To Whom Paid	MO.	DAY	YEAR	Amount
<i>Stanley A. Alico</i> Mailing Address <i>625 Creek Lane</i> City <i>Flourtown</i>	5	7	19	\$ 500.10
Description of Expenditure <i>Reimbursable Mem</i> <i>For Campaign Items</i>				
Mailing Address City	-	-	-	\$
State Zip Code (Plus 4)	-	-	-	\$
State Zip Code (Plus 4)	-	-	-	\$
State Zip Code (Plus 4)	-	-	-	\$
State Zip Code (Plus 4)	-	-	-	\$
State Zip Code (Plus 4)	-	-	-	\$
State Zip Code (Plus 4)	-	-	-	\$
State Zip Code (Plus 4)	-	-	-	\$
State Zip Code (Plus 4)	-	-	-	\$

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

PAGE TOTAL \$ <i>500.10</i>
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