

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 <input checked="" type="checkbox"/> | | LOBBYIST ³ | | | |
| Name of Filing Committee, Candidate or Lobbyist: <i>DEAN FOR COMMISSIONER</i> | | | | | | | | | | | |
| Street Address: <i>122 SHASTA RD</i> | | | | | | | | | | | |
| City: <i>PLYMOUTH WIS</i> | | | | | State: <i>PA</i> | | Zip Code: <i>19462 - 1825</i> | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY <input checked="" type="checkbox"/> | | 2ND FRIDAY PRE-PRIMARY ² | | 30 DAY POST PRIMARY ³ | | AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | |
| | 6TH TUESDAY PRE-ELECTION ⁴ | | 2ND FRIDAY PRE-ELECTION ⁵ | | 30 DAY POST ELECTION ⁶ | | TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | |
| | ANNUAL REPORT ⁷ | | YEAR <input type="checkbox"/> | | FILING METHOD () CHECK ONE <input type="checkbox"/> | | PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/> | | | | |
| Name of Office Sought by Candidate: <i>County Commissioner</i> | | | | | DATE OF ELECTION MO. DAY YEAR <i>05 21 2019</i> | | | District Number _____ Office Code _____ Party Code _____ County Code _____ <small>(SEE INSTRUCTIONS FOR CODES)</small> | | | |
| Summary of Receipts and Expenditures from: <input type="checkbox"/> | | | MO. DAY YEAR <i>01 01 2019</i> | | | TO | | | MO. DAY YEAR <i>05 06 2019</i> | | |
| | | | A. Amount Brought Forward From Last Report | | | \$ | | | <i>1382.11</i> | | |
| B. Total Monetary Contributions and Receipts (From Schedule II) | | | \$ | | | <i>48870.00</i> | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | \$ | | | <i>50252.11</i> | | | | | |
| D. Total Expenditures (From Schedule III) | | | \$ | | | <i>24316.35</i> | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | \$ | | | <i>25935.76</i> | | | | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | | \$ | | | <i>7448.18</i> | | | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | | \$ | | | <i>873.72</i> | | | | | |

FOR OFFICE USE ONLY
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 2019 MAY -9 PM 2:12
 OFFICE OF
 VOTER SERVICES
 MONTG. CO. PA

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 8th day of MAY 2019

Donna V. Speers
 Signature
 Commonwealth of Pennsylvania - Notary Seal
 DONNA V. SPEERS, Notary Public
 Montgomery County
 My commission expires February 11, 2022
 MO. Commission Number 1137855

Martha R. Speers
 Signature of Person Submitting Report
 MARTHA R. SPEERS
 Printed Name
 610
 Area Code
 564-9836
 Daytime Telephone Number

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. 1933, No. 320) as amended.

Sworn to and subscribed before me this 8th day of MAY 2019

Donna V. Speers
 Signature
 Commonwealth of Pennsylvania - Notary Seal
 DONNA V. SPEERS, Notary Public
 Montgomery County
 My commission expires February 11, 2022
 MO. Commission Number 1137855

Dean Eisenberger
 Signature of Candidate
 DEAN EISENBERGER
 Printed Name
 267
 Area Code
 615-8794
 Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

| | |
|---|---|
| Name of Filing Committee or Candidate <i>DEAN FOR COMMISSIONER</i> | Reporting Period From <i>01/01/19</i> To <i>05/06/2019</i> |
|---|---|

| | |
|---|--------------------|
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period | (1) \$ <i>1925</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>7920.00</i> |
| TOTAL for the Reporting Period | (2) \$ <i>7920.00</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>39025.00</i> |
| TOTAL for the Reporting Period | (3) \$ <i>39025.00</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 (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>48870.00</i> |
|--|--------------------|

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | |
|--------------------------|-------------|-------------------|-------------------|----------|-------------------|-------------------|--------|
| Full Name of Contributor | | PAUL C PIANTONE | | | Date [MM/DD/YYYY] | \$ | 200.00 |
| House # | 101 | Street Address | E MAIN ST SUITE B | | Date [MM/DD/YYYY] | \$ | |
| City | NORRISTOWN | State | PA | Zip Code | 19401-4910 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | JEFF GOTTMAN | | | Date [MM/DD/YYYY] | \$ | 200.00 |
| House # | 9551 | Street Address | BUSTLETON AVE | | Date [MM/DD/YYYY] | \$ | |
| City | PHILA | State | PA | Zip Code | 19115 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | MYRON GOLDMAN | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| House # | 8102 | Street Address | HIGH SCHOOL RD | | Date [MM/DD/YYYY] | \$ | |
| City | ELKINS PARK | State | PA | Zip Code | 19027 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | STEVE A DELLIGATI | | | Date [MM/DD/YYYY] | \$ | 175.00 |
| House # | 435 | Street Address | WALMERE WAY | | Date [MM/DD/YYYY] | \$ | |
| City | BLUE BELL | State | PA | Zip Code | 19422 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | EDWARD J HUGHES | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| House # | 7 | Street Address | BRIDGE LN | | Date [MM/DD/YYYY] | \$ | |
| City | BLUE BELL | State | PA | Zip Code | 19422 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | DAVID DUNCAN | | | Date [MM/DD/YYYY] | \$ | 175.00 |
| House # | 395 | Street Address | GLENWOOD DR | | Date [MM/DD/YYYY] | \$ | |
| City | MONROEVILLE | State | PA | Zip Code | 15146-2651 | Date [MM/DD/YYYY] | \$ |

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: _____

| | | | | | | |
|--------------------------|----------------|------------|-------------------|--|-------------------|-------------------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| MICHAEL R WELLS | | | | | 1/29/19 | 175 ⁰⁰ |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | |
| 451 | EVANSBURG RD | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| COLLEGEVILLE | PA | 19426-1305 | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| STEPHANIE M BATTAGLIA | | | | | 1/29/19 | 175 ⁰⁰ |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | |
| 1 | HAZLEWOOD CR | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| PLYMOUTH MTR | PA | 19462 | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| ANTHONY TAORMINA | | | | | 1/29/19 | 175 ⁰⁰ |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | |
| 2261 | OAK TERRACE | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| WORCESTER | PA | 19490 | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| MARIANNE SCOMA | | | | | 1/29/19 | 175 ⁰⁰ |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | |
| 2056 | LOCKERBIE RD | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| SCHWENKSVILLE | PA | 19473 | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| DONALD E MORCE JR | | | | | 1/25/19 | 100.00 |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | |
| 300 | FAYETTE ST | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| CONSHOHOCKEN | PA | 19428 | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| ALAN S APT | | | | | 1/27/19 | 50.00 |
| House # | Street Address | | Date [MM/DD/YYYY] | | \$ | |
| 2230 | DEKALB PIKE | | 2/26/19 | | 50.00 | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| E NORRITON | PA | 19401 | 4/23/19 | | 100- | |

1000-

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | |
|--------------------------|----------------|------------|-------------------|-------------------|-------------------|--------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| MARISA MARCHESI | | | | | 1/29/19 | 100.00 |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| 12 | JUNON WAY | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| BOYERS FORD | PA | 19468-3300 | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| JOHN CISINGALI | | | | | 1/29/19 | 100.00 |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| 813 | GENERALS DR | | | 5/2/19 | | 100.00 |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| E HARRISON | PA | 19403-3915 | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| ANTHONY B SIECK | | | | | 1/29/19 | 100.00 |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| 1188 | REICHENBACH RD | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| COLLEGEVILLE | PA | 19426 | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| FRANK GALLO | | | | | 2/1/19 | 100.00 |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| 860 | REYNARDS RD | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| BLUE BELL | PA | 19422 | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| DEBORAH MARCHESI | | | | | 1/29/19 | 100.00 |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| 751 | BELVOIR RD | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| PLYMOUTH MTF | PA | 19462 | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| CARL V VENEZIA | | | | | 1/29/19 | 200.00 |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| 1003 | PLYMOUTH RD | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| PLYMOUTH MTF | PA | 19462 | | | | |

8

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| Filer Identification Number: | | | | | | | |
|------------------------------|----------------|-----------|--|--|-------------------|-------------------|--------|
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ |
| MARLENE NASH | | | | | | 1/29/19 | 250.00 |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| 2401 | Rounds CT | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| E NORRITON | PA | 19401 | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ |
| LAWRENCE ROTH | | | | | | 1/29/19 | 250.00 |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| 606 | TREATY RD | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| PLYMOUTH MFB | PA | 19462 | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ |
| JUDITH ROTH | | | | | | 1/29/19 | 250.00 |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| 103 | SPARKS CIR. | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| LANSDALE | PA | 19446-166 | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ |
| JOSEPH TARCHI | | | | | | 1/29/19 | 250.00 |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| 440 | PENN RD | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| PLYMOUTH MFB | PA | 19462 | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ |
| SUSAN M ^{rs} CANNON | | | | | | 1/29/19 | 50.00 |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| 2936 | N WHITEHALL RD | | | | 4/26/19 | 100.00 | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| E NORRITON | PA | 19403 | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ |
| JOHN P KISAK JR | | | | | | 3/12/19 | 100.00 |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| 1309 | WELLS ST | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| CANSHOCKEN | PA | 19428 | | | | | |

1290

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| | | | | | | | | | | | | |
|------------------------------|--------------|----------------|-------|----|------------------------|--|-------------------|--|-------------------|--------|----|--|
| Filer Identification Number: | | | | | | | | | | | | |
| Full Name of Contributor | | | | | THOMAS WARD | | Date [MM/DD/YYYY] | | \$ | 100.00 | | |
| House # | 3043 | Street Address | | | WARRIOR RD | | Date [MM/DD/YYYY] | | \$ | | | |
| City | PLYMOUTH MFG | | State | PA | Zip Code | | 19402 | | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | | | | RONALD DICKSON | | Date [MM/DD/YYYY] | | \$ | 200.00 | | |
| House # | 65 | Street Address | | | SOUTH CALDER WAY | | Date [MM/DD/YYYY] | | \$ | 2 | | |
| City | PHOENIXVILLE | | State | PA | Zip Code | | 19460 | | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | | | | ROSS J CHASTE | | Date [MM/DD/YYYY] | | \$ | 200.00 | | |
| House # | 6055 | Street Address | | | STOVERS MILL RD. | | Date [MM/DD/YYYY] | | \$ | | | |
| City | DOYLESTOWN | | State | PA | Zip Code | | 18902 | | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | | | | DAVID FAZIO | | Date [MM/DD/YYYY] | | \$ | 100.00 | | |
| House # | 284 | Street Address | | | SUCKEY DRIVE | | Date [MM/DD/YYYY] | | \$ | | | |
| City | SPZERTON | | State | PA | Zip Code | | 18964 | | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | | | | DARRELL B SAMS | | Date [MM/DD/YYYY] | | \$ | 200.00 | | |
| House # | 43 | Street Address | | | HOWE DR. OLD MILL ARES | | Date [MM/DD/YYYY] | | \$ | | | |
| City | DOVER | | State | DE | Zip Code | | 19916243 | | Date [MM/DD/YYYY] | | \$ | |
| Full Name of Contributor | | | | | THOMAS LEEDOM | | Date [MM/DD/YYYY] | | \$ | 70.00 | | |
| House # | 114 | Street Address | | | CARDINAL DR. | | Date [MM/DD/YYYY] | | \$ | | | |
| City | CONSHOHOCKEN | | State | PA | Zip Code | | 19428 | | Date [MM/DD/YYYY] | | \$ | |

870

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| Filer Identification Number: | | | | | | | |
|------------------------------|--------------|---------------------------|----|--------------------------|------------|-------------------|--------|
| Full Name of Contributor | | DEBBIE GOLDSTEIN | | | | Date [MM/DD/YYYY] | \$ |
| | | | | | | 3/13/19 | 100.00 |
| House # | 666 | Street Address | | GERMANTOWN PIKE APT 1213 | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| City | PLYMOUTH MTP | State | PA | Zip Code | 19462-1087 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | JANE M. PASLAKE | | | | Date [MM/DD/YYYY] | \$ |
| | | | | | | 3/13/19 | 175.00 |
| House # | 604 | Street Address | | GREENTREE LN | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| City | NORRISTOWN | State | PA | Zip Code | 19403 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | CHRISTY TURCHI | | | | Date [MM/DD/YYYY] | \$ |
| | | | | | | 3/13/19 | 100.00 |
| House # | 1921 | Street Address | | LITTLE AVE | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| City | CONSHOHOCKEN | State | PA | Zip Code | 19428 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | JAY D GELMAN | | | | Date [MM/DD/YYYY] | \$ |
| | | | | | | 3/13/19 | 100.00 |
| House # | 50 | Street Address | | RIDINGS WAY | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| City | AMBLER | State | PA | Zip Code | 19002 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | REPUBLICAN CLUB OF MONTCY | | | | Date [MM/DD/YYYY] | \$ |
| | | | | | | 3/13/19 | 100.00 |
| House # | 2 | Street Address | | E GERMANTOWN PIKE | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| City | PLYMOUTH MTP | State | PA | Zip Code | 19462 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | M. K. MAGUIRE | | | | Date [MM/DD/YYYY] | \$ |
| | | | | | | 3/13/19 | 250.00 |
| House # | 113 | Street Address | | SCARLET DRIVE | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| City | CONSHOHOCKEN | State | PA | Zip Code | 19428-1385 | Date [MM/DD/YYYY] | \$ |

825-

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | |
|--------------------------|----------------|----------|--|-------------------|-------------------|----|--------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| JOSEPH A VALERIO SR | | | | | 4/1/19 | | 100.00 |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | | |
| 720 | CLOVER LN | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| PLYMOUTH MTO | PA | 19462 | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| HUGH QUINN | | | | | 4/18/19 | | 200.00 |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | | |
| 17 | LAURENCE PLACE | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| PLYMOUTH MTO | PA | 19462 | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from

\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | |
|--------------------------|--------------|-----------------|----|----------|-------------------|----|--------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| HOLDSON SCATTERGOOD | | | | | 4/26/19 | | |
| House # | 2 | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | LOCUST LN | | | | | |
| City | PLYMOUTH MFG | State | PA | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | 19462 | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| ANDREW CARONE | | | | | 4/26/19 | | |
| House # | 309 | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | WOODS DR. | | | | | |
| City | PLYMOUTH MFG | State | PA | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | 19462 | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| AMY CROUCH | | | | | 4/27/19 | | |
| House # | 5 | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | WINGATE CT | | | | | |
| City | BLUE BELL | State | PA | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | 19422-3302 | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | 200.00 |
| MICHAEL J O'DONOGHUE | | | | | 5/2/19 | | |
| House # | 20 | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | RIDINGS WAY | | | | | |
| City | ANBLER | State | PA | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | 19002 | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| RENEE SHAWNE | | | | | 5/2/19 | | |
| House # | 166 | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | WILDFLOWER DR. | | | | | |
| City | PLYMOUTH MFG | State | PA | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | 19462 | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| ALFRED ZOLLERS | | | | | 5/2/19 | | |
| House # | 300 | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | E. MORELAND AVE | | | | | |
| City | HATBORO | State | PA | Zip Code | Date [MM/DD/YYYY] | \$ | |
| | | 19040 | | | | | |

700

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | |
|--------------------------|---------------|----------------|----------------|----------|-------------------|-------------------|--------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| MICHEL FERRANTE | | | | | 5/2/19 | | 350.00 |
| House # | 3349 | Street Address | AINSLICE ST. | | Date [MM/DD/YYYY] | \$ | |
| City | PHILA DELPHIA | State | PA | Zip Code | 19129 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| JOSEPH KOZENIEWSKY | | | | | 5/2/19 | | 125.00 |
| House # | 487 | Street Address | FRONT TARA RD | | Date [MM/DD/YYYY] | \$ | |
| City | ROYERS FORD | State | PA | Zip Code | 19468 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| JOSEPH. PAICELLO | | | | | 5/2/19 | | 100.00 |
| House # | 8 | Street Address | TERRACE RD | | Date [MM/DD/YYYY] | \$ | |
| City | PLYMOUTH MTG | State | PA | Zip Code | 19462 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| THOMAS/DANIEL ALLERTON | | | | | 5/2/19 | | 100.00 |
| House # | 50 | Street Address | GREENBRIAR DR. | | Date [MM/DD/YYYY] | \$ | |
| City | PHOENIXVILLE | State | PA | Zip Code | 19460 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |

575

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

| | | | | | | | | | |
|------------------------------|--|----------------|-------|--|------------|-------------------|-------------------|--------|----|
| Filer Identification Number: | | | | | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| WILLIAM C MOYER | | | | | | 5/2/19 | | 100.00 | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| 2910 | | REIFSNYDER RD. | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ |
| GILBERTSVILLE | | | PA | | 19525 | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| DANIEL DIEBEL, JR | | | | | | 5/2/19 | | 100.00 | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| 1874 | | BANKPORT LN. | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ |
| LANSDALE | | | PA | | 19446 | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| DANIEL C PACIELLO | | | | | | 5/2/19 | | 200.00 | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| 325 | | COATES ST. | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ |
| BRIDGEPORT | | | PA | | 19405-1420 | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| MARIANNE McBURKE | | | | | | 5/2/19 | | 100.00 | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| 113 | | SCARLET DR. | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ |
| CONSHOHOCKEN | | | PA | | 19428 | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| ROSEANNE KING-KINER | | | | | | 5/2/19 | | 100.00 | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| 212 | | CRESTWAY RD | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ |
| KING OF PRUSSIA | | | PA | | 19406 | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | | \$ | |
| GERALDINE BETHEL | | | | | | 5/2/19 | | 100.00 | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| 287 | | WYNDHAM CT | | | | | | | |
| City | | | State | | Zip Code | | Date [MM/DD/YYYY] | | \$ |
| HARLEYSVILLE | | | PA | | 19438 | | | | |

PART D
ALL OTHER CONTRIBUTIONS

OVER \$250.00

39025

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 <i>Dean For Commissioner</i> | <i>47 5068283</i> | Reporting Period From <i>1/01/19</i> To _____ |
|---|-------------------|--|

| | | | | DATE | | | AMOUNT |
|---|--------------------|------------------------------------|--|----------------------------------|-----------|-----------|-------------------|
| Full Name of Contributor | | | | MO. | DAY | YEAR | |
| <i>RICHARD M WESSELT</i> | | | | <i>01</i> | <i>12</i> | <i>19</i> | \$ <i>5000.00</i> |
| Mailing Address <i>3530 ARCADIA LN</i> | | | | MO. | DAY | YEAR | \$ |
| City <i>COLLEGEVILLE</i> | State <i>PA</i> | Zip Code (Plus 4) <i>19426-</i> | | MO. | DAY | YEAR | \$ |
| Employer Name <i>WESSELT CAPITAL GROUP</i> | | | | Occupation <i>FIN PLANNER</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>3441 GERMANTOWN PIKE COLLEGEVILLE PA 19426</i> | | | | | | | |
| <i>CHARLES CAPARO</i> | | | | <i>01</i> | <i>08</i> | <i>19</i> | \$ <i>1000.00</i> |
| Mailing Address <i>1500 BOYER BLVD</i> | | | | MO. | DAY | YEAR | \$ |
| City <i>PLYMOUTH MTG</i> | State <i>PA</i> | Zip Code (Plus 4) <i>19462-</i> | | MO. | DAY | YEAR | \$ |
| Employer Name <i>CAPARO INC</i> | | | | Occupation <i>INS BROKER</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>1217 FAYETTE ST CONSHOHOCKEN PA 19428</i> | | | | | | | |
| <i>MARK TIMINSKY</i> | | | | <i>01</i> | <i>10</i> | <i>19</i> | \$ <i>1000.00</i> |
| Mailing Address <i>2997 BRAMBING LN</i> | | | | MO. | DAY | YEAR | \$ <i>200.00</i> |
| City <i>NOBLESTOWN</i> | State <i>PA</i> | Zip Code (Plus 4) <i>19463-</i> | | MO. | DAY | YEAR | \$ |
| Employer Name | | | | Occupation <i>SELF</i> | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| <i>MARTHA EISENBERGER</i> | | | | <i>1</i> | <i>21</i> | <i>19</i> | \$ <i>300.00</i> |
| Mailing Address <i>428 PENNSYLVANIA RD</i> | | | | MO. | DAY | YEAR | \$ <i>100.00</i> |
| City <i>PLYMOUTH MTG</i> | State <i>PA</i> | Zip Code (Plus 4) <i>19462</i> | | MO. | DAY | YEAR | \$ |
| Employer Name | | | | Occupation <i>RETIRED</i> | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| <i>MICHAEL KANE</i> | | | | <i>1</i> | <i>16</i> | <i>19</i> | \$ <i>1000.00</i> |
| Mailing Address <i>2401 PENNSYLVANIA AVE STE 1A 5</i> | | | | MO. | DAY | YEAR | \$ |
| City <i>PHILA</i> | State <i>PA</i> | Zip Code (Plus 4) <i>19130</i> | | MO. | DAY | YEAR | \$ |
| Employer Name <i>KANE - SILVERMAN</i> | | | | Occupation <i>ATTORNEY</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>2401 PENNSYLVANIA AVE PHILA PA 19130</i> | | | | | | | |

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

PAGE TOTAL
\$ *8600.00*

PART D

All Other Contributions

Over \$250.00

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

Filer Identification Number:

| | | | | | | | | |
|--|-----------------|----------|-------------------|--|--|-----------------------------|---------|---------|
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ | |
| DONALD E ZASTEK | | | | | | 1/7/19 | | 1000.00 |
| House # | Street Address | | Date [MM/DD/YYYY] | | | \$ | | |
| 3528 | ARCADIA LN | | | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | | \$ | | |
| COLLEGEVILLE | PA | 19426 | | | | | | |
| Employer Name | | | | | | Occupation | | |
| NORRIS SALES CO. INC. | | | | | | EQUIPMT RENTALS | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |
| 1010 CONSHOHOCKEN RD CONSHOHOCKEN PA 19426 | | | | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ | |
| FRANCIS M CARFAGNO | | | | | | 1/17/19 | 750.00 | |
| House # | Street Address | | Date [MM/DD/YYYY] | | | \$ | | |
| 1230 | RIDGE PIKE | | | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | | \$ | | |
| PLYMOUTH MTD | PA | 19462 | | | | | | |
| Employer Name | | | | | | Occupation | | |
| CARFAGNO CHEVROLET | | | | | | OWNER-AUTO SALES | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |
| 1230 E. RIDGE PIKE PLYMOUTH MTD PA 19462 | | | | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ | |
| J MICHAEL KENNEDY | | | | | | 1/11/19 | 1000.00 | |
| House # | Street Address | | Date [MM/DD/YYYY] | | | \$ | | |
| 620 | BUSTLETON PIKE | | | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | | \$ | | |
| FEASTERSVILLE | PA | 19053 | | | | | | |
| Employer Name | | | | | | Occupation | | |
| KENNEDY FORD | | | | | | OWNER-AUTO SALES | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |
| 1403 RIDGE AVE CONSHOHOCKEN PA 19428 | | | | | | | | |
| Full Name of Contributor | | | | | | Date [MM/DD/YYYY] | \$ | |
| RICHARD D SCHILD T | | | | | | 1/20/19 | 750.00 | |
| House # | Street Address | | Date [MM/DD/YYYY] | | | \$ | | |
| 100 | VALLEY CREEK RD | | | | | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | | | \$ | | |
| PLYMOUTH MTD | PA | 19462 | | | | | | |
| Employer Name | | | | | | Occupation | | |
| 106 DEKALB INC. | | | | | | SELF REAL ESTATE | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |
| 100 VALLEY CREEK RD PLYMOUTH MTD PA 19462 | | | | | | | | |

3500.00

PART D
ALL OTHER CONTRIBUTIONS

OVER \$250.00

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 <i>DEAN FOR COMMISSIONER</i> | Reporting Period From _____ To _____ |
|---|---|

| Full Name of Contributor | DATE | | | AMOUNT |
|--|---|-----------|-----------|-------------------|
| | MO. | DAY | YEAR | |
| <i>KEVIN BOWE</i> | <i>01</i> | <i>29</i> | <i>19</i> | \$ <i>1000.00</i> |
| Mailing Address <i>328 MONTICELLO LANE</i> | MO. | DAY | YEAR | \$ |
| City <i>PLYMOUTH MTD</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | Zip Code (Plus 4) <i>19462 -</i> | | | |
| Employer Name <i>BOWE'S EXXON</i> | Occupation <i>SELF/OWNER GAS STATION</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>1608 BUTLER PIKE CONSHOHOCKEN PA 19428</i> | | | | |
| <i>KIMBERLY ATTANASIO</i> | <i>01</i> | <i>28</i> | <i>19</i> | \$ <i>1000.00</i> |
| Mailing Address <i>309 KILYBEGS LN</i> | MO. | DAY | YEAR | \$ |
| City <i>PLYMOUTH MTD</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | Zip Code (Plus 4) <i>19442 -1128</i> | | | |
| Employer Name <i>TORNETTA REALTY CORP</i> | Occupation <i>REALTOR</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>910 GERMANTOWN PIKE PLYMOUTH MTD PA 19462</i> | | | | |
| <i>DOMINIC M CONICELLI</i> | <i>01</i> | <i>29</i> | <i>19</i> | \$ <i>750.00</i> |
| Mailing Address <i>480 COLLEGEVILLE RD</i> | MO. | DAY | YEAR | \$ |
| City <i>COLLEGEVILLE</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | Zip Code (Plus 4) <i>19426 -</i> | | | |
| Employer Name <i>CONICELLI AUTO PLEX</i> | Occupation <i>OWNER AUTO SALES</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>1200 RIDGE PIKE CONSHOHOCKEN PA 19428</i> | | | | |
| <i>BRIAN McNALLY</i> | <i>01</i> | <i>29</i> | <i>19</i> | \$ <i>750.00</i> |
| Mailing Address <i>490 COLLEGEVILLE RD</i> | MO. | DAY | YEAR | \$ |
| City <i>COLLEGEVILLE</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | Zip Code (Plus 4) <i>19426 -1156</i> | | | |
| Employer Name <i>CONICELLI AUTO PLEX</i> | Occupation <i>AUTO SALES</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>1200 RIDGE PIKE CONSHOHOCKEN PA 19428</i> | | | | |
| <i>JOHN R. DIMINO</i> | <i>01</i> | <i>29</i> | <i>19</i> | \$ <i>2500.00</i> |
| Mailing Address <i>1696 CHRISTOPHER LN</i> | MO. | DAY | YEAR | \$ |
| City <i>NOVISTOWN</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | Zip Code (Plus 4) <i>19403 -3300</i> | | | |
| Employer Name <i>BLACK HORSE AUTO BODY SHOP INC</i> | Occupation <i>OWNER AUTO BODY SHOP</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>1502 E RIDGE PIKE PLYMOUTH MTD PA 19462</i> | | | | |

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

PAGE TOTAL
\$ *6000.00*

**PART D
ALL OTHER CONTRIBUTIONS**

OVER \$250.00

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 <i>DEAN FOR COMMISSIONER</i> | Reporting Period From _____ To _____ |
|---|---|

| | DATE | MO. | DAY | YEAR | AMOUNT |
|--|------------------------------|-----------|-----------|-----------|------------------|
| Full Name of Contributor <i>JEDA MIRABILE</i> | | <i>01</i> | <i>28</i> | <i>19</i> | \$ <i>500.00</i> |
| Mailing Address <i>3 MELISSA WAY</i> | | | | | \$ |
| City <i>PLYMOUTH MTC</i> | | | | | \$ |
| State <i>PA</i> | | | | | |
| Zip Code (Plus 4) <i>19462</i> | | | | | |
| Employer Name <i>RETIRED</i> | Occupation <i>RETIRED</i> | | | | |
| Employer Mailing Address/Principal Place of Business | | | | | |

| | | | | | |
|--|---|-----------|-----------|-----------|------------------|
| Full Name of Contributor <i>ROBERT J MIRABILE</i> | | <i>01</i> | <i>28</i> | <i>19</i> | \$ <i>500.00</i> |
| Mailing Address <i>1050 DEKALB PIKE</i> | | | | | \$ |
| City <i>BLUE BELL</i> | | | | | \$ |
| State <i>PA</i> | | | | | |
| Zip Code (Plus 4) <i>19422</i> | | | | | |
| Employer Name <i>MIRABILE MD PLASTIC SURGEONS</i> | Occupation <i>SELF EMP OWNER DR.</i> | | | | |
| Employer Mailing Address/Principal Place of Business <i>1050 DEKALB PIKE BLUE BELL PA 19422</i> | | | | | |

| | | | | | |
|--|--|-----------|-----------|-----------|------------------|
| Full Name of Contributor <i>RICHARD M GALLO</i> | | <i>01</i> | <i>28</i> | <i>19</i> | \$ <i>500.00</i> |
| Mailing Address <i>1820 DEKALB ST</i> | | | | | \$ |
| City <i>NORRISTOWN</i> | | | | | \$ |
| State <i>PA</i> | | | | | |
| Zip Code (Plus 4) <i>19401 - 5419</i> | | | | | |
| Employer Name <i>GALLO BROTHERS DEVELOPMENT INC</i> | Occupation <i>OWNER REAL ESTATE</i> | | | | |
| Employer Mailing Address/Principal Place of Business <i>266 E MAIN ST NORRISTOWN PA 19401</i> | | | | | |

| | | | | | |
|--|--|-----------|-----------|-----------|------------------|
| Full Name of Contributor <i>JILL FELD</i> | | <i>01</i> | <i>30</i> | <i>19</i> | \$ <i>500.00</i> |
| Mailing Address <i>1468 WESLEYS RUN</i> | | | | | \$ |
| City <i>COADWYNE</i> | | | | | \$ |
| State <i>PA</i> | | | | | |
| Zip Code (Plus 4) <i>19035-1050</i> | | | | | |
| Employer Name Occupation | | | | | |
| Employer Mailing Address/Principal Place of Business | | | | | |

| | | | | | |
|--|--|-----------|-----------|-----------|------------------|
| Full Name of Contributor <i>MANRICO TRONCELLATI</i> | | <i>01</i> | <i>29</i> | <i>19</i> | \$ <i>500.00</i> |
| Mailing Address <i>2500 DEKALB PIKE STE 100</i> | | | | | \$ |
| City <i>E NORRITON</i> | | | | | \$ |
| State <i>PA</i> | | | | | |
| Zip Code (Plus 4) <i>19401</i> | | | | | |
| Employer Name <i>TRONCELLATI & ASSOC LLC</i> | Occupation <i>SELF EMP / OWNER ATTY</i> | | | | |
| Employer Mailing Address/Principal Place of Business <i>2500 DEKALB PIKE #100 E NORRITON PA 19401</i> | | | | | |

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

PAGE TOTAL
\$ *2500.00*

ALL OTHER CONTRIBUTIONS

OVER \$250.00

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 <i>DEAN FOR COMMISSIONER 475068623</i> | Reporting Period From _____ To _____ |
|---|---|

| Full Name of Contributor | DATE | | | AMOUNT |
|---|--|-----------|-----------|-------------------|
| | MO. | DAY | YEAR | |
| <i>JAMES R. SAYRE</i> | <i>01</i> | <i>31</i> | <i>19</i> | \$ <i>400.00</i> |
| Mailing Address <i>8007 WOODGATE CIR.</i> | MO. | DAY | YEAR | \$ |
| City <i>COLLEGETOWN</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | Zip Code (Plus 4) <i>19426-3367</i> | | | |
| Employer Name <i>GL SAYRE</i> | Occupation <i>OWNER TRUCK SALES</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>120 INDUSTRIAL WAY CONSHOHOCKEN PA 19428</i> | | | | |
| <i>JAMES W. MURPHY</i> | <i>01</i> | <i>28</i> | <i>19</i> | \$ <i>1000.00</i> |
| Mailing Address <i>15 WELLFLEET LN</i> | MO. | DAY | YEAR | \$ |
| City <i>WAYNE</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | Zip Code (Plus 4) <i>19087-</i> | | | |
| Employer Name <i>ELLIOT & GREENLEAF ATTY</i> | Occupation <i>ATTY LAW FIRM</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>925 HARVEST DR #300 BLUE BELL PA 19422</i> | | | | |
| <i>ROBERT MARTINO</i> | <i>01</i> | <i>29</i> | <i>19</i> | \$ <i>300.00</i> |
| Mailing Address <i>P.O. BOX 1289</i> | MO. | DAY | YEAR | \$ |
| City <i>SKIPPAK</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | Zip Code (Plus 4) <i>19474-1289</i> | | | |
| Employer Name <i>RAM CONSTRUCTION</i> | Occupation <i>CEO CONTRACTOR</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>P.O. BOX 1289 SKIPPAK AVE SKIPPAK PA 19474</i> | | | | |
| <i>PAUL TORRETTA</i> | <i>2</i> | <i>12</i> | <i>19</i> | \$ <i>5000.00</i> |
| Mailing Address <i>600 OLD ELM ST SUITE 100</i> | MO. | DAY | YEAR | \$ |
| City <i>CONSHOHOCKEN</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | Zip Code (Plus 4) <i>19428-</i> | | | |
| Employer Name <i>LFT REALTY</i> | Occupation <i>OWNER</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>600 OLD ELM ST SUITE 100 CONSHOHOCKEN PA 19428</i> | | | | |
| <i>CATHERINE MURRAY</i> | <i>4</i> | <i>18</i> | <i>19</i> | \$ <i>5000.00</i> |
| Mailing Address <i>506 DOGWOOD LANE</i> | MO. | DAY | YEAR | \$ |
| City <i>CONSHOHOCKEN</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | Zip Code (Plus 4) <i>19428-</i> | | | |
| Employer Name | Occupation <i>SELF EMPLOYED</i> | | | |
| Employer Mailing Address/Principal Place of Business | | | | |

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

| |
|---------------------------------|
| PAGE TOTAL \$ <i>7200.00</i> |
|---------------------------------|

PART D
ALL OTHER CONTRIBUTIONS

OVER \$250.00

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 <i>DEAN FOR COMMISSIONER</i> | Reporting Period From _____ To _____ |
|---|---|

| Full Name of Contributor | DATE | | | AMOUNT |
|--|----------------------------|-----------|-----------|------------------|
| | MO. | DAY | YEAR | |
| <i>PAUL MIRABILE</i> | <i>01</i> | <i>22</i> | <i>19</i> | \$ <i>175.00</i> |
| Mailing Address <i>100 SPARANCO LN</i> | MO. | DAY | YEAR | \$ |
| City <i>PLYMOUTH MTS.</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) <i>19462-1115</i> | MO. | DAY | YEAR | \$ |
| Employer Name | Occupation <i>RETRD</i> | | | |
| Employer Mailing Address/Principal Place of Business | | | | |

| | | | | |
|--|----------------------------|-----------|-----------|------------------|
| <i>DANTE F VOLPE SR.</i> | <i>01</i> | <i>29</i> | <i>19</i> | \$ <i>500.00</i> |
| Mailing Address <i>420 WALNURG WAY</i> | MO. | DAY | YEAR | \$ |
| City <i>BLUE BELL</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) <i>19422-</i> | MO. | DAY | YEAR | \$ |
| Employer Name | Occupation <i>RETRD</i> | | | |
| Employer Mailing Address/Principal Place of Business | | | | |

| | | | | |
|---|------------------------------|-----------|-----------|------------------|
| <i>ANTHONY J RAPOZA</i> | <i>3</i> | <i>12</i> | <i>19</i> | \$ <i>500.00</i> |
| Mailing Address <i>880 TOWNSHIP LINE RD</i> | MO. | DAY | YEAR | \$ |
| City <i>PLYMOUTH MTS.</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) <i>19462-</i> | MO. | DAY | YEAR | \$ |
| Employer Name <i>RAPOZA DMD</i> | Occupation <i>DENTIST</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>880 TOWNSHIP LINE RD - PLYMOUTH MTS PA 19462</i> | | | | |

| | | | | |
|--|--|-----------|-----------|-------------------|
| <i>JOSEPH BUCCI</i> | <i>3</i> | <i>13</i> | <i>19</i> | \$ <i>1000.00</i> |
| Mailing Address <i>2926 HENLY RD.</i> | MO. | DAY | YEAR | \$ |
| City <i>PLYMOUTH MTS</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) <i>19462-</i> | MO. | DAY | YEAR | \$ |
| Employer Name <i>BUCCI JEWELERS</i> | Occupation <i>SELF/OWNER JEWELERS</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>117 W. RIDGE AVE 2ND FL CONSHOHOCKEN PA 19428</i> | | | | |

| | | | | |
|--|---|-----------|-----------|------------------|
| <i>DR. WILLIAM M BOUBANDS</i> | <i>3</i> | <i>29</i> | <i>19</i> | \$ <i>500.00</i> |
| Mailing Address <i>815 FAJETTE ST</i> | MO. | DAY | YEAR | \$ |
| City <i>CONSHOHOCKEN</i> | MO. | DAY | YEAR | \$ |
| State <i>PA</i> | MO. | DAY | YEAR | \$ |
| Zip Code (Plus 4) <i>19428</i> | MO. | DAY | YEAR | \$ |
| Employer Name <i>CONSHOHOCKEN CHIROPRACTIC</i> <i>SELF EMPLOYED</i> | Occupation <i>OWNER/CHIROPRACTOR</i> | | | |
| Employer Mailing Address/Principal Place of Business <i>815 FAJETTE ST. CONSHOHOCKEN PA 19428</i> | | | | |

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

PAGE TOTAL
\$2925.00

**PART D
ALL OTHER CONTRIBUTIONS**

PAGE _____ OF _____

OVER \$250.00

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 <i>DEAN FOR COMMISSIONER</i> | Reporting Period From _____ To _____ |
|---|---|

| Full Name of Contributor | DATE | | | AMOUNT |
|---|----------|------------------|---|-------------------|
| | MO. | DAY | YEAR | |
| <i>M. B. INVESTMENTS</i> | <i>3</i> | <i>13</i> | <i>19</i> | \$ <i>1000.00</i> |
| Mailing Address: <i>2650 ANDRISON RD</i> | | | | |
| City: <i>ANDRISON</i> | | State: <i>PA</i> | Zip Code (Plus 4): <i>19403-</i> | |
| Employer Name: <i>ANASARD</i> | | | Occupation: <i>OWNER WASTE MGMT</i> | |
| Employer Mailing Address/Principal Place of Business: <i>2650 ANDRISON RD ANDRISON PA 19403</i> | | | | |
| <i>PAT MOSESSE</i> | <i>7</i> | <i>1</i> | <i>19</i> | \$ <i>500.00</i> |
| Mailing Address: <i>140 AVONDALE RD</i> | | | | |
| City: <i>JEFFERSONVILLE</i> | | State: <i>PA</i> | Zip Code (Plus 4): <i>19403-</i> | |
| Employer Name: <i>ABERGARD WENTWORTH</i> | | | Occupation: <i>CEO OWNER ATTY PLACEMENT</i> | |
| Employer Mailing Address/Principal Place of Business: <i>2501 DEKALB ST NORRISTOWN PA 19401</i> | | | | |
| <i>JAMES D DANELLA</i> | <i>4</i> | <i>8</i> | <i>19</i> | \$ <i>2500.00</i> |
| Mailing Address: <i>P.O. BOX 155</i> | | | | |
| City: <i>OWNERS</i> | | State: <i>PA</i> | Zip Code (Plus 4): <i>19436-</i> | |
| Employer Name: <i>DANELLA COMPANIES</i> | | | Occupation: <i>CEO MANAGEMENT CO.</i> | |
| Employer Mailing Address/Principal Place of Business: <i>2290 BUTLER PIKE PLYMOUTH MEETING PA 19462</i> | | | | |
| <i>JOHN McMAHON</i> | <i>4</i> | <i>10</i> | <i>19</i> | \$ <i>1000.00</i> |
| Mailing Address: <i>1017 MONTGOMERY AVE</i> | | | | |
| City: <i>VILLANOVA</i> | | State: <i>PA</i> | Zip Code (Plus 4): <i>19085</i> | |
| Employer Name: <i>McMAHON LENTZ & THOMPSON</i> | | | Occupation: <i>ATTY</i> | |
| Employer Mailing Address/Principal Place of Business: <i>21 W AIRY ST. NORRISTOWN PA 19401</i> | | | | |
| <i>NEW TREES CO. A PA LP</i> | <i>4</i> | <i>11</i> | <i>19</i> | \$ <i>500.00</i> |
| Mailing Address: <i>910 GERMANTOWN PIKE</i> | | | | |
| City: <i>PLYMOUTH MTN</i> | | State: <i>PA</i> | Zip Code (Plus 4): <i>19462-</i> | |
| Employer Name: <i>TREES GOLF CTR - TOWNTON</i> | | | Occupation: <i>CEO REAL ESTATE</i> | |
| Employer Mailing Address/Principal Place of Business: <i>707 CONSHOHOCKEN RD CONSHOHOCKEN PA 19428</i> | | | | |

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

PAGE TOTAL
\$ 5500.00

PART D
ALL OTHER CONTRIBUTIONS

OVER \$250.00

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.)

40025-

| | |
|---------------------------------------|---|
| Name of Filing Committee or Candidate | Reporting Period From _____ To _____ |
|---------------------------------------|---|

| Full Name of Contributor | DATE | | | AMOUNT |
|---|----------------------------|-----|------|-----------|
| | MO. | DAY | YEAR | |
| MR + MRS TONY KURONSKY | 4 | 20 | 19 | \$ 300.00 |
| Mailing Address P.O. BOX 26865 | MO. | DAY | YEAR | \$ |
| City TREASDE | MO. | DAY | YEAR | \$ |
| State PA | Zip Code (Plus 4) 19426 | | | |
| Employer Name RONALD BRANT SR. | Occupation REALTOR | | | |
| Employer Mailing Address/Principal Place of Business P.O. BOX 26865 TREASDE PA 19426 | | | | |

| Full Name of Contributor | DATE | | | AMOUNT |
|---|----------------------------|-----|------|------------|
| | MO. | DAY | YEAR | |
| J EDWARD MULLIN | 5 | 1 | 19 | \$ 2000.00 |
| Mailing Address 375 MORRIS RD | MO. | DAY | YEAR | \$ |
| City LANSDALE | MO. | DAY | YEAR | \$ |
| State PA | Zip Code (Plus 4) 19446 | | | |
| Employer Name HAMBURG RUBIN MULLEN PC. | Occupation ATTNY | | | |
| Employer Mailing Address/Principal Place of Business 375 MORRIS RD LANSDALE PA 19446 | | | | |

| Full Name of Contributor | DATE | | | AMOUNT |
|---|----------------------------|-----|------|-----------|
| | MO. | DAY | YEAR | |
| JAMES OLIVER | 5 | 2 | 19 | \$ 500.00 |
| Mailing Address 1050 BORGHEDE LANE 1101 | MO. | DAY | YEAR | \$ |
| City NAPLES | MO. | DAY | YEAR | \$ |
| State FL | Zip Code (Plus 4) 34114 | | | |
| Employer Name OLIVER & CAIOLA LLC | Occupation ATTY | | | |
| Employer Mailing Address/Principal Place of Business 2500 DEKALB PIKE #100 NORRISTOWN PA 19401 | | | | |

| Full Name of Contributor | DATE | | | AMOUNT |
|--|-------------------|-----|------|--------|
| | MO. | DAY | YEAR | |
| | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | Zip Code (Plus 4) | | | |
| Employer Name | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | | |

| Full Name of Contributor | DATE | | | AMOUNT |
|--|-------------------|-----|------|--------|
| | MO. | DAY | YEAR | |
| | | | | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | Zip Code (Plus 4) | | | |
| 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
\$ 2800.00

SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | |
|--|---------------------|--------------|--|--|-------------------|----|--------------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| <i>LENORE BRUNO</i> | | | | | <i>1/29/19</i> | | <i>47.60</i> |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| <i>1422</i> | <i>SAMP WOOD RD</i> | | | | <i>4/26/19</i> | | <i>45.00</i> |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| <i>CONSHOHOCKEN</i> | <i>PA</i> | <i>19462</i> | | | <i>4/26/19</i> | | <i>80.57</i> |
| Description of Contribution | | | | | | | |
| <i>OFFICE SUPPLIES, WINTERMARSH PAY FEE BASKET</i> | | | | | | | |

| | | | | | | | |
|-----------------------------|------------------|--------------|--|--|-------------------|----|--------------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| <i>MARTHA PIZZIO</i> | | | | | <i>5/5/19</i> | | <i>52.99</i> |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| <i>122</i> | <i>SHASTA RD</i> | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| <i>PLYMOUTH MFG</i> | <i>PA</i> | <i>19462</i> | | | | | |
| Description of Contribution | | | | | | | |
| <i>donuts with cream</i> | | | | | | | |

| | | | | | | | |
|-----------------------------|----------------|----------|--|--|-------------------|----|--|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| Description of Contribution | | | | | | | |
| | | | | | | | |

| | | | | | | | |
|-----------------------------|----------------|----------|--|--|-------------------|----|--|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| Description of Contribution | | | | | | | |
| | | | | | | | |

| | | | | | | | |
|-----------------------------|----------------|----------|--|--|-------------------|----|--|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| Description of Contribution | | | | | | | |
| | | | | | | | |

226.16

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | |
|--|----------------|----------|--|--|------------------------------------|--|---------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ |
| Ron Battaglia | | | | | 2/1/19 | | 2820.73 |
| House # | Street Address | | | | Date [MM/DD/YYYY] | | \$ |
| 1440 | E. RIDGE PIKE | | | | | | |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | | \$ |
| Plymouth Mtg | PA | 19462 | | | | | |
| Employer Name | | | | | Occupation | | |
| BATTAGLIA AUTO SALES | | | | | OWNER | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | |
| 1440 E. RIDGE PIKE PLYMOUTH MTO, PA | | | | | FUND RAISE EVENT AVIATION CLUBS | | |

| | | | | | | | |
|--|----------------|----------|--|--|--|--|--------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ |
| Tom Speers | | | | | 2/19/19 | | 388.31 |
| House # | Street Address | | | | Date [MM/DD/YYYY] | | \$ |
| 3004 | JOLLY RD | | | | 2/19/19 | | 169.19 |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | | \$ |
| Plymouth Mtg | PA | 19462 | | | 3/25/19 | | 120.00 |
| Employer Name | | | | | Occupation | | |
| SPEERS LAW | | | | | ATTY | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | |
| 651 GERMANTOWN PIKE PLYMOUTH MTO, PA 19462 | | | | | OFFICE SUPPLIES COPIES PETITION FILING FEE | | |

| | | | | | | | |
|--|----------------|----------|--|--|---|--|--------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ |
| Thomas J Speers | | | | | 1/23/19 | | 390.08 |
| House # | Street Address | | | | Date [MM/DD/YYYY] | | \$ |
| 3004 | JOLLY RD | | | | 2/28/19 | | 654.02 |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | | \$ |
| Plymouth Mtg | PA | 19462 | | | 3/15/19 | | 91.00 |
| Employer Name | | | | | Occupation | | |
| SPEERS LAW | | | | | ATTY | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | |
| 651 GERMANTOWN PIKE PLYMOUTH MTO, PA 19462 | | | | | YARD SIGNS @ ST PAT'S CURBS FROM NO ELECTION BRO COPIES | | |

| | | | | | | | |
|--|----------------|----------|--|--|---|--|-------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ |
| Thomas J Speers | | | | | 3/20/19 | | 13.70 |
| House # | Street Address | | | | Date [MM/DD/YYYY] | | \$ |
| 3004 | JOLLY RD | | | | 3/21/19 | | 39.99 |
| City | State | Zip Code | | | Date [MM/DD/YYYY] | | \$ |
| Plymouth Mtg | PA | 19462 | | | 4/2/19 | | 90.00 |
| Employer Name | | | | | Occupation | | |
| SPEERS LAW | | | | | ATTY | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | |
| 651 GERMANTOWN PIKE PLYMOUTH MTO, PA 19462 | | | | | COPIES PETITION PROTHM 123RF - CLIPART HORSHAM EVENT TRIS | | |

4757.02

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

| | |
|--|---------------------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| | From <u>01/01/19</u> To <u>5/6/19</u> |

| Full Name of Contributor | DATE | | | AMOUNT |
|--|---|-----|------|------------|
| | MO. | DAY | YEAR | |
| THOMAS J SPEERS | 01 | 02 | 19 | \$ 92.00 |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | Zip Code (Plus 4) | | | |
| PA | 19462- | | | |
| Employer of Contributor | Occupation | | | |
| SPEERS LAW | ATT'Y | | | |
| Employer Mailing Address/Principal Place of Business | Description of Contribution | | | |
| 651 GERMANTOWN AVE PLYMOUTH MB PA 19462 | GO DADDY DOMAIN REGISTRATION | | | |
| TRISH PARRISH | 5 | 2 | 2019 | \$ 2373.00 |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | Zip Code (Plus 4) | | | |
| PA | 19450- | | | |
| Employer of Contributor | Occupation | | | |
| MILLENNIA ADMINISTRATORS INC | DIRECTOR OPERATIONS HUMAN RESOURCE ADMINISTRATOR | | | |
| Employer Mailing Address/Principal Place of Business | Description of Contribution | | | |
| 509 SAFFERVILLE RD UNIT 4 LEDERACH PA 19450 | FUNDRAISER | | | |
| | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | Zip Code (Plus 4) | | | |
| | - | | | |
| Employer of Contributor | Occupation | | | |
| | Description of Contribution | | | |
| | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | Zip Code (Plus 4) | | | |
| | - | | | |
| Employer of Contributor | Occupation | | | |
| | Description of Contribution | | | |
| | MO. | DAY | YEAR | \$ |
| Mailing Address | MO. | DAY | YEAR | \$ |
| City | MO. | DAY | YEAR | \$ |
| State | Zip Code (Plus 4) | | | |
| | - | | | |
| Employer of Contributor | Occupation | | | |
| | Description of Contribution | | | |

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 2465.00

24312.35

Statement of Expenditures

| | | | | | | | |
|------------------------------|----------------|-----------------------|-----------------------|----------|---|----|--------|
| Filer Identification Number: | | | | | | | |
| To Whom Paid | | ANTHONY RENTALS | | | Date [MM/DD/YYYY] | \$ | 352.98 |
| House # | 935 | Street Address | E MAIN ST. | | Description of Expenditure HEATER FOR EVENT 1/29 | | |
| City | NORRISTOWN | State | PA | Zip Code | 19401 | | |
| To Whom Paid | | CTRO | | | Date [MM/DD/YYYY] | \$ | 625.00 |
| House # | 7423 | Street Address | BARCLAY RD | | Description of Expenditure MTG CHELTERHAM | | |
| City | CHELTERHAM | State | PA | Zip Code | 19012 | | |
| To Whom Paid | | MCRCC | | | Date [MM/DD/YYYY] | \$ | 225.00 |
| House # | 866 | Street Address | PENNYN BLUE BELL PIKE | | Description of Expenditure | | |
| City | BLUE BELL | State | PA | Zip Code | 19422 | | |
| To Whom Paid | | 21 C A-K-C SOCIETY | | | Date [MM/DD/YYYY] | \$ | 60.00 |
| House # | 127 | Street Address | S. MAIN ST SUITE 2 | | Description of Expenditure DINNER | | |
| City | NORTH WALES | State | PA | Zip Code | 19454 | | |
| To Whom Paid | | ADVANCE STAMP CO. INC | | | Date [MM/DD/YYYY] | \$ | 62.47 |
| House # | 14 | Street Address | ORCHARD LN | | Description of Expenditure NAME TAGS | | |
| City | JEFFERSONVILLE | State | PA | Zip Code | 19403 | | |
| To Whom Paid | | SCHANK PRINTING | | | Date [MM/DD/YYYY] | \$ | 424.74 |
| House # | 520 | Street Address | WELLS ST | | Description of Expenditure LITERATURE | | |
| City | CONSHOHOCKEN | State | PA | Zip Code | 19428 | | |
| To Whom Paid | | SCHANK PRINTING | | | Date [MM/DD/YYYY] | \$ | 196.10 |
| House # | 520 | Street Address | WELLS ST. | | Description of Expenditure LAPET STICKERS | | |
| City | CONSHOHOCKEN | State | PA | Zip Code | 19428 | | |
| To Whom Paid | | KNIGHTS OF COLUMBUS | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| House # | 700 | Street Address | AUTUMN WAY | | Description of Expenditure SPONSOR AD. | | |
| City | WEST CHESTER | State | PA | Zip Code | 19380 | | |

2441.27

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:

| | | | | | | | |
|--------------|-----------------|---------------------------------|--------------|-------|-------------------|----------------------------------|--------|
| To Whom Paid | | BBT | | | Date [MM/DD/YYYY] | \$ | 156.31 |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| | FALETTE ST | | CONSHOHOCKEN | PA | 19428 | CHKS + SERV. CHG | |
| To Whom Paid | | SAINT PATRICK'S DAY PARADE COME | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| 719 | PERSHING ST | | BRIDGEPORT | PA | 19405 | SPONSOR EVENT | |
| To Whom Paid | | PHIL'S TAKEEN | | | Date [MM/DD/YYYY] | \$ | 254.96 |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| 931 | BUTLER PIKE | | BLUE BELL | PA | 19422 | CANDIDATE FORUM EVENT EXPENSE | |
| To Whom Paid | | TOWAMENCIN REPUBLICAN COMMITTEE | | | Date [MM/DD/YYYY] | \$ | 150.00 |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| 1798 | MEADOW GLEN DR. | | LANSDALE | PA | 19446 | CANDIDATE PETITION EVENT | |
| To Whom Paid | | MOBIL MEDIA MARKETING LLC | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| 1011 | CLARK HILL DR. | | NORRISTOWN | PA | 19403 | TV TRUCK SERVICE | |
| To Whom Paid | | RWML | | | Date [MM/DD/YYYY] | \$ | 500.00 |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| 232 | CHURCH RD (I-D) | | ARDMORE | PA | 19003 | SPONSOR EVENT | |
| To Whom Paid | | SCHANK PRINTING | | | Date [MM/DD/YYYY] | \$ | 514.66 |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| 520 | WELLS ST | | CONSHOHOCKEN | PA | 19428 | PRINTING | |
| To Whom Paid | | MCRNL | | | Date [MM/DD/YYYY] | \$ | 250.00 |
| House # | Street Address | | City | State | Zip Code | Description of Expenditure | |
| 1017 | DEKALB PLACE | | GWYNEDD | PA | 19436 | SPONSOR KATE HARBOR TRIBUTE | |

2425.93

SCHEDULE III

Statement of Expenditures

Filer Identification Number: _____

| | | | | | | | |
|--------------|----------------|--------------------|--|----------|----------------------------|----------|--------|
| To Whom Paid | | ATRO | | | Date [MM/DD/YYYY] | \$ | 48.00 |
| House # | Street Address | FAIRY HILL RD | | | Description of Expenditure | | |
| 1818 | RYDAL | | | State | PA | Zip Code | 19046 |
| To Whom Paid | | STAPLES | | | Date [MM/DD/YYYY] | \$ | 65.71 |
| House # | Street Address | DEKALB PIKE | | | Description of Expenditure | | |
| 2832 | E NORRITON | | | State | PA | Zip Code | 19401 |
| To Whom Paid | | WALMART | | | Date [MM/DD/YYYY] | \$ | 11.07 |
| House # | Street Address | W. GERMANTOWN PIKE | | | Description of Expenditure | | |
| 53 | NORRISTOWN | | | State | PA | Zip Code | 19401 |
| To Whom Paid | | CVS | | | Date [MM/DD/YYYY] | \$ | 25.77 |
| House # | Street Address | BUTLER PIKE | | | Description of Expenditure | | |
| 2400 | PLYMOUTH MT. | | | State | PA | Zip Code | 19402 |
| To Whom Paid | | SCHANK PRINTING | | | Date [MM/DD/YYYY] | \$ | 165.30 |
| House # | Street Address | WELLS ST | | | Description of Expenditure | | |
| 520 | CONSHOHOCKEN | | | State | PA | Zip Code | 19428 |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | Street Address | | | | Description of Expenditure | | |
| City | | State | | Zip Code | | | |

25.55
630
201.55

**SCHEDULE III
Statement of Expenditures**

| | | | | | | | |
|------------------------------|----------------|----------------------------|-------|--|----------------------------|----|---------|
| Filer Identification Number: | | | | | | | |
| To Whom Paid | | SCHANK PRINTING | | | Date [MM/DD/YYYY] | \$ | 192.92 |
| House # | Street Address | WELLS STREET | | | Description of Expenditure | | |
| City | State | Zip Code | 19428 | | | | |
| To Whom Paid | | TRAPPE TAVERN | | | Date [MM/DD/YYYY] | \$ | 1550.00 |
| House # | Street Address | W MAIN ST | | | Description of Expenditure | | |
| City | State | Zip Code | 19426 | | | | |
| To Whom Paid | | HUGS AND HONEYS FOUNDATION | | | Date [MM/DD/YYYY] | \$ | 1000.00 |
| House # | Street Address | OLD ARCH RD | | | Description of Expenditure | | |
| City | State | Zip Code | 19401 | | | | |
| To Whom Paid | | TRAPPE GOP | | | Date [MM/DD/YYYY] | \$ | 49.00 |
| House # | Street Address | W MAIN ST STE 144-346 | | | Description of Expenditure | | |
| City | State | Zip Code | 19426 | | | | |
| To Whom Paid | | FRIENDS OF TODD STEWENS | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| House # | Street Address | STUMP RD | | | Description of Expenditure | | |
| City | State | Zip Code | 19454 | | | | |
| To Whom Paid | | CONSBLOHOCKEN BREW PUBS | | | Date [MM/DD/YYYY] | \$ | 73.96 |
| House # | Street Address | DEKALB ST | | | Description of Expenditure | | |
| City | State | Zip Code | 19405 | | | | |
| To Whom Paid | | MSS | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| House # | Street Address | P.O. BOX 21 | | | Description of Expenditure | | |
| City | State | Zip Code | 19406 | | | | |
| To Whom Paid | | COMMITTEE TO RELECT ZAPPA | | | Date [MM/DD/YYYY] | \$ | 50.00 |
| House # | Street Address | GARFIELD AVE | | | Description of Expenditure | | |
| City | State | Zip Code | 19038 | | | | |

315.88

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number: _____

| | | | | | | | |
|--------------|--------------------|---------------------------|----------------------|----------|--|----|---------|
| To Whom Paid | | CHRIS MUNDIATH | | | Date [MM/DD/YYYY] | \$ | 200.00 |
| House # | 78 | Street Address | JUSTIN DR | | Description of Expenditure CONSULT | | |
| City | PLYMOUTH MTD | State | PA | Zip Code | 19462 | | |
| To Whom Paid | | LOWER MORELAND GOP | | | Date [MM/DD/YYYY] | \$ | 80.00 |
| House # | | Street Address | P.O. BOX 539 | | Description of Expenditure FUNDS | | |
| City | HANTWOOD ON VALLEY | State | PA | Zip Code | 19006 | | |
| To Whom Paid | | EDGE SIGNS + GRAPHICS | | | Date [MM/DD/YYYY] | \$ | 890.40 |
| House # | 104 | Street Address | G.P. CLEMENT DR. | | Description of Expenditure 4X8 SIGNS | | |
| City | COLLEGEVILLE | State | PA | Zip Code | 19426 | | |
| To Whom Paid | | FRANZONI'S | | | Date [MM/DD/YYYY] | \$ | 450.00 |
| House # | 1940 | Street Address | MAIN AVE | | Description of Expenditure MEET & GREET | | |
| City | CONSHOHOCKEN | State | PA | Zip Code | 19428 | | |
| To Whom Paid | | MORC | | | Date [MM/DD/YYYY] | \$ | 375.00 |
| House # | 800 | Street Address | PENNSYLVANIA BELL Pk | | Description of Expenditure DINING | | |
| City | BLUE BELL | State | PA | Zip Code | 19422 | | |
| To Whom Paid | | FRIENDS OF THURSDAY TRAIN | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| House # | | Street Address | P.O. Box 761 | | Description of Expenditure TRIP | | |
| City | MONTGOMERYVILLE | State | PA | Zip Code | 18936 | | |
| To Whom Paid | | CHRIS MUNDIATH | | | Date [MM/DD/YYYY] | \$ | 200.00 |
| House # | 78 | Street Address | JUSTIN DR | | Description of Expenditure CONSULT | | |
| City | PLYMOUTH MTD | State | PA | Zip Code | 19462 | | |
| To Whom Paid | | CANTON PROMOTIONS | | | Date [MM/DD/YYYY] | \$ | 2941.50 |
| House # | | Street Address | P.O. BOX 231 | | Description of Expenditure SIGNS | | |
| City | GLENSIDE | State | PA | Zip Code | 19038 | | |

5231.00

SCHEDULE III

Statement of Expenditures

| | | | | | | | | | |
|---------------------------------------|-------------------|--|--|--|-------------------|--|-----------|----------|--|
| Filer Identification Number: | | | | | | | | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | | Amount | | |
| TRINITY ASSOCIATED BROADCASTING LLC | | | | | 4/26/19 | | 300.00 | | |
| Description of Expenditure | | | | | | | | | |
| BADIO | | | | | | | | | |
| House # | Street Address | | | | City | | State | Zip Code | |
| 2400 | MAIN ST | | | | JEFFERSONVILLE | | PA | 19403 | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | | Amount | | |
| GREATER PHILA. CATHOLIC WORKERS UNION | | | | | 4/26/19 | | 150.00 | | |
| Description of Expenditure | | | | | | | | | |
| BENEFIT | | | | | | | | | |
| House # | Street Address | | | | City | | State | Zip Code | |
| | P.O. BOX 18966 | | | | PHILADELPHIA | | PA | 19119 | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | | Amount | | |
| ATRO | | | | | 4/27/19 | | 120.00 | | |
| Description of Expenditure | | | | | | | | | |
| DINNER | | | | | | | | | |
| House # | Street Address | | | | City | | State | Zip Code | |
| 1818 | FAIRY HILL RD. | | | | RYDAL | | PA | 19040 | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | | Amount | | |
| OLLIES | | | | | 4/26/19 | | 27.94 | | |
| Description of Expenditure | | | | | | | | | |
| WHITE WURSH DAY EXP | | | | | | | | | |
| House # | Street Address | | | | City | | State | Zip Code | |
| 200 | RIDGE PIKE | | | | EAGLEVILLE | | PA | 19403 | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | | Amount | | |
| HARBOR REP. ORG | | | | | 4/28/19 | | 100.00 | | |
| Description of Expenditure | | | | | | | | | |
| DINNER | | | | | | | | | |
| House # | Street Address | | | | City | | State | Zip Code | |
| | P.O. BOX 254 | | | | HARBOR | | PA | 19040 | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | | Amount | | |
| FRIENDS OF SAN CASACIO | | | | | 4/29/19 | | 104.00 | | |
| Description of Expenditure | | | | | | | | | |
| BREAKFAST | | | | | | | | | |
| House # | Street Address | | | | City | | State | Zip Code | |
| 625 | CREEK LANE | | | | FLOWERTOWN | | PA | 19031 | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | | Amount | | |
| ADVANCED STAMP | | | | | 4/30/19 | | 27.56 | | |
| Description of Expenditure | | | | | | | | | |
| STAMP | | | | | | | | | |
| House # | Street Address | | | | City | | State | Zip Code | |
| 14 | ORCHARD LANE | | | | JEFFERSONVILLE | | PA | 19403 | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | | Amount | | |
| W2PYLLC | | | | | 5/1/19 | | 10,000.00 | | |
| Description of Expenditure | | | | | | | | | |
| DIGITAL MEDIA BUY | | | | | | | | | |
| House # | Street Address | | | | City | | State | Zip Code | |
| 1390 | COLUMBIA AVE #120 | | | | LANCASTER | | PA | 17603 | |

10829.50

SCHEDULE IV

Statement of Unpaid Debts

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

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | |
|---------------------------|----------------|---------------------------------|-------|--|--|-----------------------------|--|
| Name of Creditor | | SCHANK PRINTING | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ 873.92 | |
| 520 | WELLS ST. | 4/30/19 | | | | | |
| City | State | Zip Code | | | | | |
| CONSHOHOCKEN | | PA | 19428 | | | | |
| Description of Debt | | | | | | | |
| CHASE LETTERS/INVITATIONS | | | | | | | |

| | | | | | | | |
|---------------------|----------------|---------------------------------|--|--|--|-----------------------------|--|
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ | |
| | | | | | | | |
| City | State | Zip Code | | | | | |
| | | | | | | | |
| Description of Debt | | | | | | | |
| | | | | | | | |

| | | | | | | | |
|---------------------|----------------|---------------------------------|--|--|--|-----------------------------|--|
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ | |
| | | | | | | | |
| City | State | Zip Code | | | | | |
| | | | | | | | |
| Description of Debt | | | | | | | |
| | | | | | | | |

| | | | | | | | |
|---------------------|----------------|---------------------------------|--|--|--|-----------------------------|--|
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ | |
| | | | | | | | |
| City | State | Zip Code | | | | | |
| | | | | | | | |
| Description of Debt | | | | | | | |
| | | | | | | | |

| | | | | | | | |
|---------------------|----------------|---------------------------------|--|--|--|-----------------------------|--|
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ | |
| | | | | | | | |
| City | State | Zip Code | | | | | |
| | | | | | | | |
| Description of Debt | | | | | | | |
| | | | | | | | |

| | | | | | | | |
|---------------------|----------------|---------------------------------|--|--|--|-----------------------------|--|
| Name of Creditor | | | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ | |
| | | | | | | | |
| City | State | Zip Code | | | | | |
| | | | | | | | |
| Description of Debt | | | | | | | |
| | | | | | | | |