

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 :		2008200		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: KLINE FOR UPPER BUCKS												
Street Address: C/O SHIRLEY E. ANDRES, TREA.,813 JUNIPER STREET												
City: QUAKERTOWN						State: PA			Zip Code: 18951-1511			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2014		FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	DEM 09			
						11	4	2014	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		9	16	2014		10	20	2014				
A. Amount Brought Forward From Last Report						\$ 620.14						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 50.15						
C. Total Funds Available (Sum Of Lines A and B)						\$ 670.29						
D. Total Expenditures (From Schedule III)						\$ 400.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 270.29						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 4,236.71						

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code 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. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
KLINE FOR UPPER BUCKS	From: <u>9/16/2014</u> To: <u>10/20/2014</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 50.15

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 Page1, Report Cover Page, Item B.)	\$ 50.15
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

					DATE			AMOUNT	
Full Name of Contributor					MO	DAY	YEAR	\$ 0.00	
Mailing Address									
City	State	Zip Code (Plus 4)							

PAGE TOTAL	
\$	0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

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

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 0.00

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	Reporting Period
	From: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate KLINE FOR UPPER BUCKS	Reporting Period From: <u>9/16/2014</u> To: <u>10/20/2014</u>
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			DATE			AMOUNT
Full Name QUAKERTOWN NATIONAL BANK			MO	DAY	YEAR	\$ 0.15
Mailing Address P.O. BOX 9005						
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951				
Receipt Description INTEREST - 6/1 - 6/30 - 7/31 - 9/1 - 9/30						

Full Name QUAKERTOWN TRAIN STATION HISTORICAL SOCIETY			MO	DAY	YEAR	\$ 50.00
Mailing Address 15 FRONT ST			9	18	2014	
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951				
Receipt Description RETURN OF DEPOSIT FOR FUND RAISER WHICH WAS CANCELLED						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 50.15

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
KLINE FOR UPPER BUCKS		From: <u>9/16/2014</u> To: <u>10/20/2014</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City		State		Zip Code(Plus 4)			
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City		State		Zip Code(Plus 4)	Description of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
KLINE FOR UPPER BUCKS	From <u>9/16/2014</u> To: <u>10/20/2014</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
KIMBERLY TUCKER LANDON				
Mailing Address 1239 FIELDSTONE COURT	7	1	2014	\$ 400.00
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951	Description of Expenditure PART OF UNPAID DEBT CAMPAIGN WORK	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 400.00

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

Name of Filing Committee or Candidate KLINE FOR UPPER BUCKS				Reporting Period From: <u>9/16/2014</u> To: <u>10/20/2014</u>			
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DATE						Outstanding Balance of Debt		
Name of Creditor BRIAN S. KLINE					MO	DAY	YEAR	\$ 1,700.00
Mailing Address 450 CALIFORNIA RD								
City QUAKERTOWN	State PA		Zip Code (Plus 4) 18951		Description of Debt LOAN TO CAMPAIGN COMMITTEE			

DATE						Outstanding Balance of Debt		
Name of Creditor KIMBERLY TUCKER LANDON					MO	DAY	YEAR	\$ 200.00
Mailing Address 1239 FIELDSTONE COURT								
City QUAKERTOWN	State PA		Zip Code (Plus 4) 18951		Description of Debt CAMPAIGN WORK			

DATE						Outstanding Balance of Debt		
Name of Creditor STEVE BIDDLE					MO	DAY	YEAR	\$ 407.14
Mailing Address 130 S. MAIN ST.					5	7	2014	
City QUAKERTOWN	State PA		Zip Code (Plus 4) 18951		Description of Debt NEWSPAPER INSERTS (REIMBURSE)			

DATE						Outstanding Balance of Debt		
Name of Creditor BRIAN KLINE					MO	DAY	YEAR	\$ 267.51
Mailing Address 450 CALIFORNIA RD								
City QUAKERTOWN	State PA		Zip Code (Plus 4) 18951		Description of Debt ROBO CALLS (REIMBURSE)			

				DATE			Outstanding Balance of Debt
Name of Creditor STEVE BIDDLE * DATES - MAY 6, 8, 12, 15, 16			MO	DAY	YEAR	\$ 1,219.80	
Mailing Address 130 S. MAIN ST.			5	4	2014		
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951	Description of Debt POSTAGE (STAMPS BULK - UPS BULK) (REIMBURSE)				
				DATE			Outstanding Balance of Debt
Name of Creditor STEVE BIDDLE			MO	DAY	YEAR	\$ 130.00	
Mailing Address 130 S. MAIN ST.			5	12	2014		
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951	Description of Debt CLASSIFIED ADS (REIMBURSE)				
				DATE			Outstanding Balance of Debt
Name of Creditor STEVE BIDDLE			MO	DAY	YEAR	\$ 39.00	
Mailing Address 130 S. MAIN ST.			5	17	2014		
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951	Description of Debt CAMPAIGN STAFF DINNER MEETING (REIMBURSE)				
				DATE			Outstanding Balance of Debt
Name of Creditor STEVE BIDDLE			MO	DAY	YEAR	\$ 255.26	
Mailing Address 130 S. MAIN ST.			5	19	2014		
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951	Description of Debt PRINTING (REIMBURSE)				
				DATE			Outstanding Balance of Debt
Name of Creditor STEVE BIDDLE			MO	DAY	YEAR	\$ 18.00	
Mailing Address 130 S. MAIN ST.			5	20	2014		
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951	Description of Debt ELECTION NIGHT FOOD				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 4,236.71	