### **Campaign Finance Report**

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

Filer Identificati Number :	on 201	5C0416			Rep File	port		CAND	IDAT	E .	COMMITTEE LOBBYIST							
Name of Filing C	ommittee, Candi	date or L	obbyist:		ADA	M L	ANG			_								
Street Address:																		
City:								State:					Zip Code	e: 19	121			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2	2.	30 DA		POST	- 3	3.		AMENDME REPORT?	AMENDMENT REPORT?		ľ	lo	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRI	E- !	5.	30 DA		POST	<sup>-</sup> - 6	j.		TERMINAT REPORT?	ΓΙΟΝ	Yes	١	lo	<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2015					NG METH CHECK (					PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	ought by Candid	ate:						DATE	OF E	LEC	TION		District Number	Office Code	Pai	ty Cod	e Cou	
								МО	DA	Y	YEAR		195	STH	REF	)	1	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY						8	11	L 20	015		(SEE IN	STRUCTI	ONS FO	R CODES	6)
Summary of		МО	DAY	YEAR	2			МО	DA	Y	YEAR		FOF	OFFIC	E USE	ONL	<b>7</b>	
Expenditures	from:		6 11	. 2	015	Т	0		7	27	7 20	015						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0	.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fror	n Sche	dule	: I)	\$				0	.00						
C. Total Funds	Available (Sum C	f Lines A	and B)				\$				0	.00						
D. Total Expend	ditures (From Scl	nedule II	I)				\$				2,900	.75						
E. Ending Cash	Balance (Subtra	t Line D	From Line	C)			\$				0.	.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	:)	\$				3,311.	.72						
G. Unpaid Debt	s And Obligation	s (From S	Schedule I\	/)			\$				0	.00			•			
				AFF	IDA	١٧٢	T SE	CTION										
PART I - If this is	a Committee re	ort, trea	surer sign	here.	If thi	is is	a Car	ndidate	repor	t, ca	ndidate	e sig	n here.					
I swear (or affirm) correct and complete	that this report, in	cluding the	attached so	hedule	s filed	d on	paper	or by elec	tronic	med	lium, are	e to t	he best of	my knov	wledge	and be	lief , tr	rue
Sworn to and subs	cribed before me th day of	is	20								Signa	ature	of Person	Submit	ing Re	ort		-
	Signat	ıre					- -						Printe	ed Name	<u> </u>			_
My Commission Ex	-												Email					_
	мо	D	AY	YR						Area	Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized	Comr	nitte	e, C	andid	ate shal	l sign	her	e.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and bel	ief this	polit	tical	comm	ittee has	not vi	olate	d any pr	ovisi	ons of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc		i										Si	gnature of	Candida	ate			-
	day of 						_						Printed	Name				_
	Signature						-											_
My Commission Exp	-												Email					_
	МО	D	AY	YR	ł		•		Aı	ea Co	ode		Day	ytime T	elephor	ne Nun	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
ADAM LANG	From:	<u>6/11/201</u>	<u>5</u> To:	7/27/2015
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)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•				-		DAGE TOTAL

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

0.00

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

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 Fining Committee of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

**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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

### 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			Rep	orting Pe	riod			
			Fron	n:		To	<b>)</b> :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL
							\$	0.00

## 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Summary r uge,	Section	••			\$	0.00

#### **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 Perio	d	
ADAM LANG	From:	<u>6/11/2015</u> <b>To:</b>	<u>7/27/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	3,311.72
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	3,311.72

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candida	te		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sci Section 2.	nedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL
occuon 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Rep	orting F	Period			
ADAM LANG					Fro	m:	6/11/20	<u>15</u> To:	<u>7/27/2015</u>	
							DATE		AMOUNT	
Full Name of Contributor										
HRCC						МО	DAY	YEAR		
Mailing Address PO BOX 11787									<b>\$</b> 274.92	
City	State		Zip Code(F	Plus 4)		7	24	2015		
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Place Business	ployer Mailing Address/Principal Place of City State iness					Zip 4)	Code(Plus	Descri	ption of Contribution	
Business						'		DATA/	MAIL, DATA/MAIL,	
						l			IGN HANDO	
Full Name of Contributor HRCC						мо	DAY	YEAR		
Mailing Address PO BOX 11787									<b>\$</b> 1,664.10	
City	State		Zip Code(F	Plus 4)		7	8	2015	,	
City										
Employer of Contributor	•		•			Occupa	tion		1	
Employer Mailing Address/Principal Place Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption of Contribution	
								DATA/I	MAIL, DATA/MAIL, IGN HANDO	
Full Name of Contributor						мо	DAY	YEAR		
HRCC						1-10		ILAK		
Mailing Address PO BOX 11787									<b>\$</b> 1,372.70	
City	State		Zip Code(F	Plus 4)		7	10	2015		
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Plac Business	ce of	City		State	Zip Code(Plus 4)			Description of Contribution		
					4)			DATA/MAIL, DATA/MAIL,		

PAGE 11

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	<b>PAGE TOTAL</b> 3,311.72
Summary raye, Section 5.	3,311./2

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ındidate		Reporti	ng Period			
ADAM LANG			From	<u>6/1:</u>	1/2015	То:	7/27/2015
				DATE			AMOUNT
To Whom Paid VISTAPRINT			МО	DAY	YEAR		
Mailing Address 95 HAYDEN	AVE		7	27	2015	\$	235.83
City LEXINGTON	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 02421		otion of Exp			
To Whom Paid CARDMEMBER SERVICES				DAY	YEAR		
Mailing Address PO BOX 15153			7	27	2015	\$	1,533.95
City WILMINGTON	<b>State</b> DE	<b>Zip Code (Plus 4)</b> 19886	1	otion of Exp			
To Whom Paid DAVID KAMIONER	•	•	мо	DAY	YEAR		
Mailing Address 4122 HAVER	RFORD AVE		6	26	2015	\$ \$	1,000.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19104	<b>Descrip</b> CONSU	otion of Exp	penditure	! :	
To Whom Paid VERIZON WIRELESS			МО	DAY	YEAR		
Mailing Address PO BOX 255	505		7	27	2015	\$	130.97
City LEHIGH VALLEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18002	<b>Descrip</b> CELLPH	otion of Exp HONE	enditure		
Forter County Takel of Francis	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item						PAGE TOTAL
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item L	).			_	2 000 75

2,900.75