Campaign Finance Report

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

Filer Identificat	ion 201	6C1056		-	Repor	t	CAND	IDATE	\checkmark	С		E	LOB	BYIST	
Number :					Filed	-			`						
Name of Filing (Committee, Candi	date or L	obbyist:		STEVE	N BUR	DA								
Street Address:											_				
City:							State:				Zip Cod	e: 19	403		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2. X	30 DA PRIMA		POST-	POST- 3.		AMENDMENT REPORT?		Yes	No	° 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	ay pri	E- 5.	30 DA ELEC		POST- 6.				TERMINATION REPORT?		No	· 🗸
report type)	ANNUAL REPOR	T 7.	Year 2016	5		FILING METHOD () CHECK ONE					PAPER		\checkmark	DISKE	TTE
Name of Office S	- Sought by Candid	ate:					DATE (OF ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
	IVE IN THE GENE						мо	DAY	YE	AR	150	STH	DEM	1	46
REFRESENTAL			ENDET				11	L	8	2016]	(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAF	2		мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		3 8	3 2	016	0	4	1	11	2016	,				
A. Amount Bro	ught Forward Fro	om Last R	eport			\$			1,2	200.00					
B. Total Monetary Contributions And Receipts (From Schedule I)										50.00					
C. Total Funds Available (Sum Of Lines A and B)						\$			1,2	250.00					
D. Total Expenditures (From Schedule III)					\$			1,0	76.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$			1	74.00	4				
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	Schedu	le II)	\$				0.00	4				
G. Unpaid Deb	ts And Obligation	s (From S	Schedule I	V)		\$				50.00					
				AFF	IDAV	IT SE	CTION								
	s a Committee re														
I swear (or affirm correct and compl) that this report, in ete.	cluding the	e attached so	chedule	s filed on	paper	or by elec	tronic m	edium	, are to	the best of	my know	vledge	and beli	ef , true
Sworn to and subs	scribed before me th day of	is	20						s	ignatur	e of Persor	Submitt	ing Rep	oort	
	—Signat	ure				_					Print	ed Name			
My Commission E	-										Emai	I			
	МО	D	AY	YR				Ar	ea Cod	e	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a car	ndidate's	authorized	d Comr	nittee, O	Candid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amend) that to the best of ed.	my knowl	edge and bel	lief this	o political	comm	ittee has ı	not viola	ted an	y provis	sions of the	act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	cribed before me thi day of	5	20							S	Signature o	f Candida	ite		
						_					Printe	d Name			
My Commission Exp	Signature	1				_					Emai	1			
			• • •			_		A	Cad-			utire T	lork -		
	мо	D	AY	YR	ł			Area	Code		Da	ytime Te	epnor	e Numb	ег

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** STEVEN BURDA From: <u>3/8/2016</u> **To:** 4/11/2016 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 50.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 50.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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

Name of Filing Committee or Candidat	e		Reporting Period					
			From: To:					
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00

PART B 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 Filing Committee or Candidate Reporting Period								
					From: To			
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address	_	_					\$	0.00
City	State	Zip Code (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	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			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						\$	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	nme of Filing Committee or Candidate		Reporting Period					
			Froi	From:			То:	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl						
Employer Name				Occupation				
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE 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	1		Report	ing Peric	d				
			From:	From: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description									
		_	.					PAGE TOT	AL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumr	nary Page,	Section	4.			\$		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 Period		
STEVEN BURDA	From:	<u>3/8/2016</u> то:	<u>4/11/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	40.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
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, 1		\$	40.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period	·			
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:						-		
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	e,		PAGE TOTA	<u>، ۱</u>
						\$		0.00

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

Name of Filing Committee or Candidate			Reporting Period				
			From:			То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupa	ation		·
Employer Mailing Address/Principal Plac	e of Business	City	Stat	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	1		Reporti	ng Period				
STEVEN BURDA			From	<u>3/8</u>	<u>3/2016</u>	То:	<u>4/11/2016</u>	
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
VOTER WEB.ORG / DAVID DIANO								
Mailing Address 236 CORNERSTONE	DR.					\$	150.00	
City NEWTOWN SQUARE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	190734049	WEB SE ANALYT		E: VOTER	RS & (COMPAING	
To Whom Paid			мо	DAY	YEAR			
THE SIGN GUY							400.45	
Mailing Address			3 24 2016 \$ 428.1					
City OMAHA	State	Zip Code (Plus 4)	Descrip					
	NE	68137	YARD S	YARD SIGNS FOR "VOTE STEVEN BURDA"				
To Whom Paid GARAGE / YARD SALES &				DAY	YEAR			
Mailing Address VARIOUS						\$	100.00	
City VARIOUS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	I		
	PA		SUPPLIES NEEDED FOR SIGNS & amp; COMPAIGNING					
To Whom Paid			мо	DAY	YEAR			
HOME DEPOT			MO					
Mailing Address TROOPER						\$	50.00	
City W. NORRITON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	РА	19403	SUPPLI	ES NEEDED	FOR SI	GNS &	; CAMPAIGN	
To Whom Paid			мо	DAY	YEAR			
FACEBOOK ADS								
Mailing Address ONLINE PAYMENT						\$	217.88	
City ONLINE PAYMENT	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
			FACEBO	OK ADS -	VARIOUS	S DATES		
To Whom Paid			мо	DAY	YEAR			
DISCOVER CARD (CREDIT CARD)								
Mailing Address ONLINE	Mailing Address ONLINE					\$	80.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	-		
			GAS RELATING TO CAMPAIGN					

To Whom Paid			мо	DAY	YEAR			
DISCOVER CARD (CREDIT CARD)			MO		TEAR			
Mailing Address ONLINE						\$	25.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
				LATING TO	COMPA	[GN		
To Whom Paid				DAY	YEAR			
DISCOVE CARD (CREDIT CARD)			мо		TEAR			
Mailing Address ONLINE						\$	25.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
			GAS RE	LATING TO	COMPA	[GN		
							PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	1,076.03		

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			Reportin	ng Period					
STEVEN BURDA			From:		<u>3/8/2016</u>	То:	<u>4/11/2016</u>		
					DATE			standing ance of Debt	
Name of Creditor FACEBOOK ADS					DAY	YEAR			
Mailing Address ONLINE				4	11	2016	\$	50.00	
City ONLINE	State	Zip Code (P	lus 4)	Descript	tion of Deb	t	•		
				FACEBO	OK ADS				
								PAGE TOTAL	
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$	50.00	