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 2000 |)207 | | | | port ed B | | CANDI | CANDIDATE COMMITTEE V LOBBYIST | | | | | | | | |
|---|---------------------------------|-------------|------------------------|-------|----------|--------------|----------------|-------------|--------------------------------|--------|------------|------------------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C | Committee, Candid | ate or L | obbyist: | • | Pen | nsyl | vania | Future F | und | | | _ | _ | | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City: | Harrisburg | | | | | | | State: | PA | | | Zip Cod | le: 17 | 7112 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRIMARY | PRE- | - | 2. | 30 DA PRIMA | | POST- | 3. | | AMENDMENT REPORT? | | Yes | No | • | / |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | <u>-</u> | 5. | 30 DA | | POST- | 6. | | TERMINA REPORT? | | Yes | No | | / |
| report type) | ANNUAL REPORT | 7. X | Year 2017 | | | | | IG METHO | | | | PAPER | | | | TTE | |
| Name of Office S | Sought by Candida | te: | | | | | | DATE 0 | F ELE | СТІО | N | District Number | Office Code | Par | ty Code | Coun | |
| | - | | | | | | | МО | DAY | YE | AR | | 1**** | | | 22 | |
| | | | | | | | | 11 | | 7 | 2017 | 7 (SEE INSTRUCTIONS FOR CODE | | | | | |
| Summary of Expenditures | Receipts and | МО | | 'EAR | | _ | _ | МО | DAY | | AR | FO | R OFFI | CE USE | ONLY | | |
| | | | 11 28 | 2 | 017 | ' T | 1 | 12 | | 31 | 2017 | | | | | | |
| | ught Forward From | | • | | 41 | > | \$ | | - | | 197.94 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 10,000.00 | | | | | | | | | | | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 669,497.94 | | | | | | | | | | | | | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | 38,6 | 99.44 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C) | | | | \$ | | (| 530,7 | 98.50 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sch | edu | le I | I) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | | | | |
| | | | , | ٩FF | ΊD | AVI | ΓSE | CTION | | | | | | | | | Ę |
| | s a Committee rep | • | | | | | | | | | _ | | | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | e attached sche | dules | s file | ed on | paper (| or by elect | ronic m | edium | , are to t | the best o | f my kno | wledge | and belie | ef , tru | ıe' |
| Sworn to and subs | cribed before me this day of | 5 | 20 | | | | | | | S | ignature | of Perso | n Submit | ting Rep | ort | | - |
| | Signatu | ıre | | | | | - | | | | | Prin | ted Name | e | | | - |
| My Commission Ex | cpires | | | | | | _ | | | | | Ema | il | | | | _ |
| | МО | D | AY | YR | | | | | Arc | ea Cod | le | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized Co | omn | nitte | ee, C | andida | ate shall | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of red. | ny knowle | edge and belief | this | poli | itical | commi | ittee has n | ot viola | ted an | y provisi | ions of the | e act of J | une 3,1 | 937 (P.L. | . 1333 | 3, |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | | | Si | ignature o | of Candid | ate | | | - |
| | | | | | | | - | | | | | Printe | d Name | | | | - |
| My Commission Exp | Signature | | | | | | - | | | | | Ema | il | | | | - |
| • | | | | | | | - | | | | | | | | | | _ |
| | МО | D | AY | YR | | | | | Area | Code | | Da | aytime T | elephon | e Numbe | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting |) Period | | |
|--|-----------|----------|----------------|------------|
| Pennsylvania Future Fund | From: | 11/28/20 | <u>)17</u> To: | 12/31/2017 |
| 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) | | | \$ | 10,000.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 10,000.00 |
| 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 | | | \$ | 10,000.00 |

PAGE TOTAL

0.00

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 | F | Reporting | Period | | | |
|--------------------------------------|-------|-------------------|-----------|--------|------|----|--------|
| | | F | From: | | То | : | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

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

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 Candida | te | | Reporting Period | | | | | | |
|-------------------------------------|----|---|------------------|----|------|------|-----|--------|------|
| | | | From: | | | To | То: | | |
| | | • | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | | | | | |
| rull Name of Contributor | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | мо | DAY | YEAR | \$ | | 0.00 |

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

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 | \$ | | 0.00 |
| Mailing Address | | | | | | | 7 * | | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| 1 | I | ı | | | ı | <u> </u> | | | |
| | | _ | | _ | | | | PAGE TOT | AL |
| Enter Grand Total of Part C on Scheo | lule 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 Cand | idate | | R | tepo | rting Pe | riod | | | |
|----------------------------------|----------------------|------|------------------|------|----------|---------|---------------------|-----|---------------------|
| Pennsylvania Future Fund | | | F | ron | 1: | 11/28/2 | <u>017</u> T | Го: | 12/31/2017 |
| | | | | | D# | ATE | | | AMOUNT |
| Full Name of Contributor | | | | | МО | DAY | YEAR | 2 | \$ 10,000.00 |
| Saul Ewing Arnstein & Dehr | LLP | | | | | | | | 9 10,000.00 |
| Mailing Address | | | | | 12 | 21 | 201 | 7 | |
| City Philadelphia | State | Zi | ip Code (Plus 4) | | 12 | 21 | 201 | ´ | |
| | l _{PA} | 1 19 | 91022186 | | | | | | |
| Employer Name Saul Ewing LLP | | | | | Occupat | ion | Partne | rsh | ip |
| Employer Mailing Address/Princip | al Place of Business | | City | | | State | | Z | (ip Code (Plus 4) |
| | | | Philadelphia | | | PA | | 1 | 91022186 |
| Enter Grand Total of Part C on | Schedule T. Detailed | Sumi | mary Page. Sec | ctio | n 3. | | ſ | | PAGE TOTAL |
| | | | , . 250, 500 | | | | | \$ | 10,000.00 |

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 Candidate | | Report | ing Peri | od | | | |
|-----------------------------|---------------------------|---------------|---------|----------|-----|------|----|------------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | • | • | | | • | | | |
| Forten Commit Tatal of Boot | F an Cabadala I Batallad | I C B | C | | | | | PAGE TOTAL |
| Enter Grand Total of Part | e on Schedule I, Detalled | summary 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 Per | iod | | | | | | | |
|--|---------------|------------------------------|------------|--|--|--|--|--|--|
| Pennsylvania Future Fund | From: | <u>11/28/2017</u> To: | 12/31/2017 | | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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) | \$ | 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, | • | \$ | 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: | | | |
| | | | | 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 Sche Section 2. | dule II, In-Kind (| Contributions Detai | iled Sum | mary Pag | je, | | PAGE TOTAL | | |
| | | | | | | \$ | (| 0.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Re | porting | Period | | | | |
|--|----------------|-----|------------------|--------|---------|----------------|-------|------|-----------------|------|
| | | | | Fro | m: | | To: | | | |
| | | | | | | DATE | | | AMOUN | т |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | 1 | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty | Stat | e Zi | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch | edule II, In-K | ind | Contributions D | etaile | ed | | | | PAGE T | OTAL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | |
|---------------------------------------|------------------|------------|-----|------------|--|
| Pennsylvania Future Fund | From | 11/28/2017 | То: | 12/31/2017 | |

| | | | | DATE | | | AMOUNT | | |
|--|--------------------------|-------------------|---------|----------------------------|----------|--------|-----------|--|--|
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Friends of Judge McLaugl | nlin | | MO | | ILAK | | | | |
| Mailing Address | | | 11 | 29 | 2017 | \$ | 5,000.00 | | |
| City Philadelphia | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 19102 | Contrib | ution reiss | ue | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Mrs. Jan Sanko | | | MO | | ILAK | | | | |
| Mailing Address | | | 11 | 30 | 2017 | \$ | 2,000.00 | | |
| City Harrisburg | State | Zip Code (Plus 4) | Descrip | Description of Expenditure | | | | | |
| | PA | 17111 | consult | ing | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Montgomery County Rep | ublican Women's Leadersh | nip (MCRWL) | 140 | Jan. | ILAK | | | | |
| Mailing Address | | 12 | 4 | 2017 | \$ | 250.00 | | | |
| City Norristown | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 19401 | Contrib | ution | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| MJM Strategies | | | MO | DA! | ILAK | | | | |
| Mailing Address | | | 12 | 6 | 2017 | \$ | 1,392.05 | | |
| City Harrisburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 17108 | reimbu | rsement | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| Republican State Commit | ttee | | MO | | ILAK | | | | |
| Mailing Address | | | 12 | 14 | 2017 | \$ | 25,000.00 | | |
| City Harrisburg | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 17101 | Contrib | ution | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| Montgomery County Rep | ublican Committee | | 1/10 | | LAK | | | | |
| Mailing Address | Mailing Address | | | 21 | 2017 | \$ | 5,000.00 | | |
| City Blue Bell State Zip Code (Plus 4) | | | Descrip | tion of Exp | enditure | • | | | |
| PA 19422 | | | | ution | | | | | |

| To Whom Paid | | | мо | DAY | YEAR | | |
|---|-------|-------------------|----------------------------|-----|------|----|------------|
| ACH Direct | | | 110 | | | | |
| Mailing Address | | | 12 | 4 | 2017 | \$ | 19.94 |
| City Allen | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | TX | 75013 | Global STL | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | |
| American Express - Website | | | 140 | | ILAK | | |
| Mailing Address | | | 12 | 5 | 2017 | \$ | 17.50 |
| City ???? | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | PA | 11111 | AXP DISCNT | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | |
| ACH Direct | | | 140 | | ILAK | | |
| Mailing Address | | | 12 | 12 | 2017 | \$ | 19.95 |
| City Allen | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | TX | 75013 | ACH Fees | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | | PAGE TOTAL |
| | | | | | | \$ | 38,699.44 |