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 :		Report CANDID			IDAT	E	COM	MITTEE	✓	LOBE	BYIST							
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		DELC	ORE	TO, T	ONY FR	IEND	S OF								
Street Address:	1438 PHILADI	ELPHIA	STREET															
City:	INDIANA		_					State:	PA			Zip Code: 15701-0400						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.						ARY	POST	- 3.		AMENDI REPORT		Yes	No		\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.											ATION ?	Yes	No	•	\	
report type)	ANNUAL REPORT	7. X	Year 2017			FILING METHOD () CHECK ONE					PAPER		\	DISKE	TTE			
Name of Office S	- Sought by Candida	te:						DATE	OF EL	ECT	ION	District Number	Office Code	Par	ty Code	Coun		
								МО	DAY	1	YEAR		10000	DEM	1	32		
								1	1	7	201	7	(SEE II	NSTRUCTIO	ONS FOR (CODES)	
	Receipts and	МО	DAY	YEAR	2			МО	DA	1	YEAR	FC	OR OFFI	CE USE	ONLY			
Expenditures	from:	1	11 28	2	017	T	0	1	2	31	201	7						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				0.0							
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				0.00)						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.00)						
D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$				0.00							
F. Value Of In-	Kind Contributions	Receive	ed (From So	chedu	le II))	\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00)		•				
				AFF	IDA	VIT	ΓSE	CTION										
	s a Committee rep	•	=						-	•		_						
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	nedules	s filed	on p	paper (or by elec	tronic	medi	um, are to	the best o	of my kno	wledge a	and beli	ef , tru	ue	
Sworn to and subs	cribed before me this day of	ì	20								Signatu	re of Perso	n Submi	tting Rep	ort		_	
	Signatu	ra					-					Prir	ited Nam	e			_	
My Commission Ex	_											Ema	nil				-	
	мо	D/	ΑY	YR			•			Area	Code	Daytin	ne Telep	hone Nu	mber			
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	e, Ca	ndid	ate shal	l sign	here).							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politi	ical	comm	ittee has	not vic	olated	any prov	sions of th	e act of :	June 3,19	937 (P.L	. 1333	3,	
Sworn to and subsc	ribed before me this											Signature	of Candid	late			-	
-	day of		_ 20				•					Print	ed Name				-	
	Signature						-										_	
My Commission Exp	-											Ema	nil				_	
	МО	DA	AY	YR					Are	ea Co	de	D	aytime 1	Γelephon	e Numb	er	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
DELORETO, TONY FRIENDS OF	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)			\$	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 Committee or Candidate				porting				
			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 Filing Committee of Candidate					Reporting Period From: To:					
			l		DATE			AMOUNT		
Full Name of Contributor				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.

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 R			Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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	Reporting Period						
From:					To	То:		
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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 C	Name of Filing Committee or Candidate			ting Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		-						
Enter Grand Total of Part E o	n Schedule I. Detailed	l Summary Page	Section	4			P.	AGE TOTAL
Enter Grand Fotol of Fart E	Jenedale I, Detance	. Janimary rage,	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 Per	iod					
DELORETO, TONY FRIENDS OF	From:	11/28/2017 To:	12/31/2017				
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 Candid	Name of Filing Committee or Candidate Re				Reporting Period					
	From:									
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL			
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL			
						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid	МО	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL
						\$	0.00