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 2017	'0364			Rep File			CAND	IDATE		соми	MITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		COLI	LET	T, MA	RIA									
Street Address:	PO BOX 1006																
City:	SPRING HOUS	SE						State:	PA			Zip Cod	ie: 19	477			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST-	3.		AMENDMENT Yes No REPORT?				•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	- 5	5.	30 DA ELECT		POST- 6. TERMINATION POST- REPORT?				Yes	No		/	
report type)	ANNUAL REPORT	7. X	Year 2017					IG METH CHECK C				PAPER		DISKETTE			
Name of Office S	- Sought by Candida	te:			_			DATE (OF ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	ΥI	EAR			DEN	1		
								11	L	7	2017		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:		11 28	20	017	Т	0	12	2	31	2017						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)					I)	\$			10,6	513.96							
C. Total Funds Available (Sum Of Lines A and B)					\$			10,	613.96								
D. Total Expen	ditures (From Sch	edule II	I)				\$				65.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	E)			\$			10,5	48.96						
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sc	hedul	le II))	\$			5	64.54						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•			
				AFF	IDA	VI	T SE	CTION									
	s a Committee rep	•							•								
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sch	edules	filed	l on	paper (or by elec	tronic m	edium	, are to t	he best o	f my knov	wledge :	and belie	ef , tru	ue.
Sworn to and subs	cribed before me this	5	20							5	Signature	of Perso	n Submit	ing Rep	ort		-
	Signatu	ra					- -					Prin	ted Name				_
My Commission Ex	_											Emai	il				-
	МО	D	AY	YR					Ar	ea Coo	de	Daytim	e Teleph	one Nu	mber		_
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of r	ny knowl	edge and belie	ef this	politi	ical	commi	ittee has	not viola	ted ar	y provis	ions of the	e act of J	une 3,19	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candida	ate			-
	day of						-					Printe	d Name				-
	Signature						-					F '	:				_
My Commission Exp	ires											Emai					
	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	g Period							
COLLETT, MARIA	From:	11/28/202	<u>17</u> To:	12/31/2017					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor									
TOTAL for the Reporting	(1)	\$	565.00						
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)									
Contributions Received From Political Committees (Part A)		\$	198.96						
All Other Contributions (Part B)	\$	850.00							
TOTAL for the Reporting	\$	1,048.96							
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)			\$	9,000.00					
TOTAL for the Reporting	Period	(3)	\$	9,000.00					
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			\$	10,613.96					

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 Candidate		Reporting Period					
COLLETT, MARIA	From:	11/28/2017	То:	12/31/2017			
		DATE		AMOUNT			

Full Name of Contributing Committee FRIENDS OF LG FORWARD	МО	DAY	YEAR			
Mailing Address PO BOX 2001						\$ 198.96
City SPRING HOUSE	State	Zip Code (Plus 4)	12	27	2017	
	PA	19477				

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

PAGE TOTAL \$ 198.96

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 Candidat	Name of Filing Committee or Candidate			porting Period				
COLLETT, MARIA			Fro	m:	11/28/2	2 <u>017</u> T o):	12/31/2017
					DATE			AMOUNT
Full Name of Contributor MICHAEL PIRONTI				МО	DAY	YEAR		
Mailing Address 1213 MCKEAN ROA	D						\$	100.00
City AMBLER	State PA	Zip Code (Plus 4) 19002		12	11	2017		
Full Name of Contributor ELLEN TOPLIN				МО	DAY	YEAR		
Mailing Address 3236 W. BRUCE DR	State Zin Code (Plus 4)						\$	100.00
City DRESHER	State PA	Zip Code (Plus 4) 19025		12	11	2017		
Full Name of Contributor DEBRA SCHAEFFER				МО	DAY	YEAR		
Mailing Address 823 PENLLYN PIKE							\$	100.00
City AMBLER	State PA	Zip Code (Plus 4) 19002		12	12	2017		
Full Name of Contributor LESLEY KATZ				МО	DAY	YEAR		
Mailing Address 23 CADWALADER C	Т			10	10	0017	\$	100.00
City AMBLER	State PA	Zip Code (Plus 4) 19002		12	13	2017		
Full Name of Contributor HARRY HELLERMAN				МО	DAY	YEAR		
Mailing Address 100 COVENTRY LANE						\$	100.00	
City AMBLER	State PA	Zip Code (Plus 4) 19002		12	19	2017		

Full Name of Contributor SHELLY WALDMAN	HELLY WALDMAN					
Mailing Address 1710 [1710 BORDAN COOK			20	2017	\$ 100.00
City BLUE BELL	State PA	Zip Code (Plus 4) 19422	12	20	2017	
Full Name of Contributor SUZANNE PARKER	МО	DAY	YEAR			
Mailing Address 24212 NORTH 27TH PLACE						\$ 150.00
City PHOENIX	State AZ	Zip Code (Plus 4) 85024	12	25	2017	
Full Name of Contributor EILEEN STEPHENSON			МО	DAY	YEAR	
Mailing Address 630 MAPLE HILL DRIVE						\$ 100.00
City BLUE BELL	State PA	Zip Code (Plus 4) 19422	12	27	2017	

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

PAGE TOTAL \$ 850.00

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 Sche	dule 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 C	ommittee or Candidate			Rep	orting Pe	riod			
COLLETT, MARI	Α			Froi	m:	11/28/2	<u>017</u> T c	: <u>12/31/2017</u>	
					DA	ATE		AMOUNT	
Full Name of Cor	ntributor				мо	DAY	YEAR		
EMMANUEL TZA	NAKIS				МО	DAT	TEAR		
Mailing Address	812 WARREN ROAD							\$ 5,000.00	
City AMBLER		State	Zip Code (Pl	us 4)	11	21	2017		
		PA	19002						
Employer Name RETIRED				Occupat	tion F	RETIREC)		
Employer Mailing Address/Principal Place of City Business				ı	State		Zip Code (Plus 4)		
business									
			ı			<u>'</u>	<u> </u>	1	
Full Name of Cor					мо	DAY	YEAR		
								4	
Mailing Address	812 WARREN ROAD							\$ 1,000.00	
City AMBLER		State	Zip Code (Pl	us 4)	11	21	2017		
		PA	19002						
Employer Name	AETNA	1			Occupation NURSE EDUCATOR				
Employer Mailing	Address/Principal Plac	e of	City		State Zip Code (Plus 4)				
1425 UNION ME	ETING ROAD		BLUE B	ELL		PA		19422	
Full Name of Cor	ntributor					DAY	VEAD		
TIFFANY HODGS	SON				МО	DAT	YEAR		
Mailing Address	817 WARREN ROAD							\$ 500.00	
City AMBLER		State	Zip Code (Pl	us 4)	12	11	2017		
		PA	19002						
Employer Name SELF-EMPLOYED				Occupat	tion	CONSUL	TANT		
Employer Mailing Business	Address/Principal Plac	e of	City		•	State		Zip Code (Plus 4)	
817 WARREN RO	DAD		AMBLE	₹		PA		19002	

Full Name of Contributor JON CRAWFORD				DAY	YEAR		
Mailing Address 200 N. WYNNEWOOD AVE APT B314						\$ 2,500.00	
City WYNNEWOOD	State PA	Zip Code (Plus 4) 19096	12	12	2017		
Employer Name CONRAD O'BRIEN			Occupation ATTORNEY				
Employer Mailing Address/Principal Place of City Business				State Zip Co		Zip Code (Plus 4)	
1500 MARKET STREET #3900		PHILADELPHIA		PA	PA 19102		

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

PAGE TOTAL
\$ 9,000.00

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	Name of Filing Committee or Candidate			porting Period						
			From:			To:				
			•	D	ATE		AI	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	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL		
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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 Pe	riod							
COLLETT, MARIA	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)	\$	64.40						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)								
TOTAL for the Reporting Pe	eriod (2)	\$	187.64						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	eriod (3)	\$	312.50						
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,		\$	564.54						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting Period						
COLLETT, MARIA			From:	11/	28/2017	7 To: 12/31/2017				
		'		DATE			AMOUNT			
Full Name of Contributor BEVERLY HAHN			мо	DAY	YEAR					
Mailing Address 1621 WINCHESTER DRIVE			12	21	2017	\$	121.64			
City BLUE BELL	State	Zip Code (Plus 4)	†							
	PA	19422								
Full Name of Contributor	BUSINESS CARDS		МО	DAY	YEAR					
Full Name of Contributor TIFFANY HODGSON Mailing Address 817 WARRI						\$	66.00			
Full Name of Contributor TIFFANY HODGSON Mailing Address 817 WARRI		Zip Code (Plus 4)	MO 11	DAY 14	YEAR 2017	\$	66.00			
Full Name of Contributor TIFFANY HODGSON Mailing Address 817 WARRI	EN ROAD	Zip Code (Plus 4) 19002				\$	66.00			
Full Name of Contributor TIFFANY HODGSON Mailing Address 817 WARRI City AMBLER	EN ROAD State	19002				\$	66.00			
Full Name of Contributor TIFFANY HODGSON Mailing Address 817 WARRI City AMBLER	EN ROAD State PA SECURING PO BOX FOR	19002 R PAC USE	11	14	2017	\$	66.00			

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

Name of Filing Committee or Candidate

COLLETT, MARIA

Reporting Period

From: 11/28/2017 To: 12/31/2017

					DATE			AMOUNT	
Full Name of Contributor LIGAND COMMUNICATIONS & ESEARCH LLC				мо	DAY	YEAR			
Mailing Address 817 WARREN ROAD							\$ 312.	312.50	
City AMBLER	State		Zip Code(Plus 4)	12	20	2017			
	PA		19002						
Employer of Contributor SELF				Occupation CONSULTANT					
Employer Mailing Address/Principal Place of Business		City	State	Zip 4)	Zip Code(Plus 4)		Description of Contribution		
SAME AS ABOVE						BUSIN	ESS CAR	D DESIGN	
Enter Grand Total of Part	G on Schedule II	In-Kind	Contributions Deta	iled				PAGE TOTAL	
Summary Page, Section 3	· · · · · · · · · · · · · · · · · · ·	, III Kiliu	Continuations Deta	iica				312.50	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
COLLETT, MARIA				From <u>11/28/2017</u>			12/31/2017		
				DATE					
To Whom Paid FACEBOOK			мо	DAY	YEAR				
Mailing Address 1 HACKER WAY			12	26	2017	\$	25.00		
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Descri BOOST						
To Whom Paid FACEBOOK			МО	DAY	YEAR				
Mailing Address 1 HACKER WAY			12	28	2017	\$	40.00		
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Description of Expenditure BOOST SOCIAL MEDIA AD						
	•	•	•				PAGE TOTAL		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

65.00