

Campaign Finance Report

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

Filer Identification Number : 20170351		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF ANDY LEE											
Street Address: 4376 FIELDSTONE CT											
City: CENTER VALLEY					State: PA		Zip Code: 18034				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2017	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR	DEM			
					11	7	2017	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		11	28	2017		12	31	2017			
A. Amount Brought Forward From Last Report					\$ 0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 3,201.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 3,201.00						
D. Total Expenditures (From Schedule III)					\$ 0.00						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 3,201.00						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 3,200.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF ANDY LEE	From: <u>11/28/2017</u> To: <u>12/31/2017</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 51.00

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)	\$ 150.00
TOTAL for the Reporting Period (2)	\$ 150.00

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)	\$ 3,000.00
TOTAL for the Reporting Period (3)	\$ 3,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,201.00
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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
FRIENDS OF ANDY LEE	From: <u>11/28/2017</u> To: <u>12/31/2017</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 150.00
DANIEL NIGITO				
Mailing Address 14 W MARKET ST				
City BETHLEHEM	State PA	Zip Code (Plus 4) 18018	12 30 2017	

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

PAGE TOTAL
\$ 150.00

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 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 FRIENDS OF ANDY LEE	Reporting Period From: <u>11/28/2017</u> To: <u>12/31/2017</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
KENNETH RAMPOLLA							
Mailing Address 782 MAIN ST				12	23	2017	\$ 500.00
City HELLERTOWN	State PA	Zip Code (Plus 4) 18055					
Employer Name RMI				Occupation FOUNDER CEO			
Employer Mailing Address/Principal Place of Business 782 MAIN ST			City HELLERTOWN		State PA	Zip Code (Plus 4) 18055	

Full Name of Contributor				MO	DAY	YEAR	
MICHAEL SMALE							
Mailing Address 1145 CLEARWOOD DR				12	5	2017	\$ 2,500.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18103					
Employer Name TW COOPER INSURANCE				Occupation PRINCIPAL AGENT			
Employer Mailing Address/Principal Place of Business 6666 PASSER RD			City COOPERSBURG		State PA	Zip Code (Plus 4) 18036	

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

PAGE TOTAL
\$ 3,000.00

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	Reporting Period From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
FRIENDS OF ANDY LEE		From: <u>11/28/2017</u> To: <u>12/31/2017</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 3,200.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 3,200.00

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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate FRIENDS OF ANDY LEE				Reporting Period From: <u>11/28/2017</u> To: <u>12/31/2017</u>			
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				DATE	AMOUNT
Full Name of Contributor PETER HILL				MO	DAY
Mailing Address 8771 DUVEEN SR				12	15
City WYNDMOOR	State PA	Zip Code(Plus 4) 19038	YEAR 2017		
Employer of Contributor SPECIALTY SERVICES INC				Occupation WEB DESIGNER	
Employer Mailing Address/Principal Place of Business 8771 DUVEEN DR		City WYNDMOOR	State PA	Zip Code(Plus 4) 19038	Description of Contribution WEB SITE DESIGN
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 3,200.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
	From To:

				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	
Mailing Address							
							\$ 0.00
City		State		Zip Code (Plus 4)		Description of Expenditure	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
							\$ 0.00

