### **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 :	<b>on</b> 20	10004	4				Repo Filed			CA	NDII	DATE		СОМИ	4ITTEE	<b>✓</b>	LOBI	BYIST		
Name of Filing C	ommittee, Can	didate	or Lo	bbyist	t:	F	RIEN	NDS	S OF	MARC	Y TO	OEPEL								
Street Address:	923 KULP	ROAD																		
City:	PERKIOME	NVILLI	E							State	e:	PA			<b>Zip Code:</b> 18074					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FI PRIMA		PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDMENT REPORT?		Yes	<b>1</b>	lo	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FI ELECT		PRE-	- 5.		30 DA		Р	OST-	6. <b>X</b>	(	TERMINATION REPORT?		Yes	١	lo	<b>/</b>
report type)	ANNUAL REPO	<b>RT</b> 7.		Year 2	2017					LING METHOD I					PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	ought by Cand	idate:	-							DAT	E O	F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	e Cou	
REPRESENTATI	VF IN THE GE	NFRAI	ASSE	-MBI Y	,					МО		DAY	Y	EAR	147	STH	REP	1	46	
											11		7	2017		(SEE INS	TRUCTI	DNS FO	R CODES	6)
Summary of Expenditures		M	10	DAY		YEAR		_	_	МО		DAY		'EAR	FO	R OFFIC	E USE	ONL	1	
-				0	24	20	)17	T	1		11		27	2017						
A. Amount Broo				-	<b>-</b>	C - l			\$				66,	300.00						
B. Total Monetary Contributions And Receipts (From Schedule							iuie 1	.)	\$				<del></del>							
C. Total Funds Available (Sum Of Lines A and B)							\$					,383.38								
D. Total Expend					_	_			\$					680.00						
E. Ending Cash	•								\$				65,	703.38						
F. Value Of In-							e II)		\$					0.00						
G. Unpaid Debt	s And Obligation	ons (Fr	rom S	cnedu	ie iv)				\$					0.00						
	-					AFFI														
PART I - If this is I swear (or affirm)	that this report,				_											f my know	/ledge	and be	elief , tı	ue
correct and comple Sworn to and subs		this												Signature	of Perso	Submitt	ing Per			_
	day of			20										Signature	or reiso	1 Submitt	ing Ke	,010		
	Sign	ature							-						Prin	ted Name				
My Commission Ex	pires								_						Ema	il				
	МО		DA	Y		YR						Are	ea Co	de	Daytim	e Telepho	one Nu	mber		ᆜ
Part II- If this is	a report of a c	andida	ate's a	uthor	ized (	Comm	ittee,	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my k	cnowle	dge and	d belie	f this p	politic	al (	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ne 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed before me t day of	his		20										S	ignature o	of Candida	te			_
				. 20 					•						Printe	d Name				-
My Committee:	Signatu	ire							•		-				Ema	il				_
My Commission Exp															Lilla	<del></del>				_
	МО		DA	Y		YR		_				Area	Code		Da	ytime Te	lephor	e Nun	ber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF MARCY TOEPEL	From:	10/24/201	<u>7</u> To:	11/27/2017
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	(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)			\$	300.00
TOTAL for the Reporting	) Period	(3)	\$	300.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			<b>\$</b>	300.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

PAGE TOTAL
\$ 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 or Candid	Name of Fining Committee of Candidate			Reporting Period From: To:				
					DATE		AN	4OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$ \$	0.00
City	State	Zip Code (Plus 4)	1					

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			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 Scho	edule 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 Candidate			Rep	orting Pe	riod			
FRIENDS OF MARCY TOEPEL			Fron	n:	10/24/2	017 <b>T</b> o	<b>To:</b> 11/27/2017	
				D/	<b>ATE</b>		AMO	UNT
Full Name of Contributor ROBERT S. TAYLOR				МО	DAY	YEAR		
Mailing P.O. BOX 220							\$	300.00
City SOLEBURY	State	Zip Code (Plus	5 4)	11	27	2017		
	PA	18963						
Employer Name THE CAMERON COMP	ANIES, LLC			Occupat	ion (	)WNER	•	
Employer Mailing Address/Principal Place Business	ce of	City			State		Zip Code (	Plus 4)
P.O. BOX 220		SOLEBUR	RY		PA		18963	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PAG	E TOTAL
	,	, ,					\$	300.00

## 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	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
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. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i>	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 Peri	od	
FRIENDS OF MARCY TOEPEL	From:	<u>10/24/2017</u> <b>To:</b>	11/27/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	1	
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, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	late		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	Schedule II. In-Kir	nd Contributions Deta	iled Sum	mary Pag	ae. F		PAGE TOTAL
Section 2.				,;	,-,	\$	
1						Ψ	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	1				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

### **SCHEDULE III STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate	Reporti	ng Period			
FRIENDS OF MARCY TOEPEL	From	10/24	<u>1/2017</u>	То:	11/27/2017
		DATE			AMOUNT
To Whom Paid	MO	DAY	VFΔR		

				DATE			AMOUNT
To Whom Paid BLOOM FOR CONGRESS			мо	DAY	YEAR		
Mailing Address 2100 LONGS GAP RD			11	6	2017	\$	500.00
City CARLISLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17103	Description of Expenditure CAMPAIGN CONTRIBUTION				
To Whom Paid MARCY TOEPEL			МО	DAY	YEAR		
Mailing Address 307 HAMPTON CT		11	27	2017	\$	180.00	
City GILBERTSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19525	Description of Expenditure FUNDRAISER REIMBURSEMENT				
Foton Count Total of F			•				PAGE TOTAL
Enter Grand Total of Expendi	tures on Page 1, Re	port Cover Page, Item D	•			\$	680.00

	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	\$ 680.00