Campaign Finance Report

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

| Filer Identificat Number : | ion 201 | .8C0741 | | | Report Filed B | | CANDI | DATE | ✓ | СС | OMMITTEE | | LOBE | BYIST | |
|---|---|-------------|----------------------|----------|-------------------|---------------|---------------------|-----------|---------|---------|------------------------|----------------|--------------|----------|----------------|
| Name of Filing | Committee, Candi | idate or L | obbyist: | | RAYMOI | ND SC | DSA | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | |
| City: | | | | | | | State: | | | | Zip Cod | e: 19 | 095 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. X | 2ND FRIDA PRIMARY | Y PRE | - 2. | 30 DA PRIM | | | | | AMENDMENT REPORT? | | Yes | No | \checkmark |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA | | | | AY F FION | POST- | 6. | | TERMINATION REPORT? | | Yes | No | \checkmark |
| report type) | ANNUAL REPOR | T 7. | Year 2018 | | | | NG METHO CHECK O | | | | PAPER | | \checkmark | DISKE | TTE |
| Name of Office | L Sought by Candid | ate: | | | ! | | DATE O | F ELEC | CTION | | District Number | Office Code | Par | ty Code | County Code |
| | | | | | | | мо | DAY | YEA | R | -1 | LTG | DEN | 1 | |
| LIEUTENANT G | OVERNOR | | | | | | 11 | | 6 | 2018 | | (SEE INS | TRUCTIO | ONS FOR | CODES) |
| , | Receipts and | мо | DAY | YEAR | 2 | | мо | DAY | YEA | R | FOI | R OFFIC | E USE | ONLY | |
| Expenditures | s from: | | 1 1 | . 2 | 018 T | 0 | 3 | 2 | :6 | 2018 | | | | | |
| A. Amount Bro | ought Forward Fro | om Last R | Report | | | \$ | - | - | | 0.00 | | | | | |
| B. Total Monet | ary Contributions | s And Rec | eipts (Fron | n Sche | dule I) | \$ | | | | 0.00 | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 0.00 | | | | | | | | | | | | | | | |
| D. Total Expen | ditures (From Sc | hedule II | II) | | | \$ | | | (2,679 | 9.54) | | | | | |
| E. Ending Cash | n Balance (Subtra | ct Line D | From Line | C) | | \$ | | | | 0.00 | - | | | | |
| F. Value Of In- | Kind Contributio | ns Receiv | ed (From S | chedu | le II) | \$ | | | | 0.00 | | | | | |
| G. Unpaid Deb | ts And Obligation | s (From | Schedule I | /) | | \$ | | | | 0.00 | | | | | |
| | | | | AFF | IDAVI | T SE | CTION | | | | | | | | |
| | s a Committee re | • • | - | | | | | • • | | - | - | | | | |
| correct and compl |) that this report, in lete. | icluding th | e attached so | neaules | s filed on | paper | or by elect | ronic me | aium, a | are to | the best of | ту кпом | leage | and bell | ef , true |
| Sworn to and sub | scribed before me th day of | nis | 20 | | | | | | Sig | Inature | e of Person | Submitt | ing Rep | ort | |
| | Signat | ture | _ | | | _ | | | | | Printe | ed Name | | | |
| My Commission E | - | | | | | | | | | | Email | | | | |
| | мо | D | AY | YR | | _ | | Are | a Code | | Daytime | e Telepho | one Nu | mber | |
| Part II- If this is | a report of a ca | ndidate's | authorized | Comn | nittee, C | andid | ate shall | sign he | re. | | | | | | |
| I swear (or affirm) No 320) as amend |) that to the best of ed. | my knowl | edge and bel | ief this | political | comm | ittee has n | ot violat | ed any | provis | ions of the | act of Ju | ine 3,19 | 937 (P.L | . 1333, |
| Sworn to and subse | Sworn to and subscribed before me this day of 20 Sworn to and subscribed before me this Signature of Candidate | | | | | | | | | | | | | | |
| | | | | | | - | | | | | Printed | l Name | | | |
| My Commission Ex | Signature | 9 | | | | - | | | | | Email | | | | |
| | | | | | | - | | | | | | | | | |
| | МО | D | AY | YR | | | | Area (| Code | | Da | ytime Te | lephon | e Numb | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** RAYMOND SOSA From: <u>1/1/2018</u> **To:** 3/26/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 | | | | | | |
|--|-------|------------------|----|------------------|------|------|----|------------|--|--|
| | | | | From: To: | | | : | | | |
| | | · | | | DATE | | | AMOUNT | | |
| Full Name of Contributing Committee | | | м | 10 | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4 | •) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. | | | | | | | \$ | 0.00 | | |

| 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 | | | | | | | | | | |
| | | | From: To | | |): | | | | |
| | | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | _ | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4 | 4) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 | | | | | | |
|---|-------|---------|------------------|-----|-----|------|----|------------|--|
| | | | | То: | | | | | |
| | | | | DA | TE | | A | AMOUNT | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | 0.00 | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec | | | | | | | \$ | 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 | | | | Reporting Period | | | | | | |
|--|-------|--------------|-------|------------------|-------|------|----------|--------------------------|--|--|
| From | | | | m: | | | То: | | | |
| | | | | D | ATE | | AMOUNT | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 | | |
| Mailing Address | | | | | | | | | | |
| City | State | Zip Code (Pl | ıs 4) | | | | | | | |
| Employer Name | | | | Occupation | | | | | | |
| Employer Mailing Address/Principal Place of Business City | | | | • | State | | Zip Code | e (Plus 4) | | |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | | | | | | | P# | AGE TOTAL 0.00 | | |

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: | | | | |
| | | | | D | ATE | | | AMOUNT | | |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.0 | 00 | |
| Mailing Address | | | | | | | | | | |
| City | State | Zip Code (| Plus 4) | | | | | | | |
| Receipt Description | · | | | | | | • | | | |
| | | _ | . | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part E on Schedu | lie 1, Detailed Sumn | nary 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 Period | | | | | | | | | | |
|---|------------------|---------------------|------------------|--|--|--|--|--|--|--|--|
| RAYMOND SOSA | From: | <u>1/1/2018</u> то: | <u>3/26/2018</u> | | | | | | | | |
| 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, 1 | | \$ | 0.00 | | | | | | | | |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate R | | | Reporting Period | | | | | | |
|--|-------|-------------------|------------------|-------|------|-------------|------------|------|--|
| | | | | From: | | | То: | | |
| | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | | DAY | YEAR | | | | |
| Mailing Address | | _ | | | | 7 \$ | | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | | |
| Description of Contribution: | | | 1 | | | | | | |
| 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 | | | | Reporting Period | | | | | | |
|--|-------|------------------|-------|------------------|--------------|---------------------------|-----------------------|--|--|--|
| | | | | From: | | | | | | |
| | | | | | DATE | | AMOUNT | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | - | | | | \$ 0.00 | | | |
| City | State | Zip Code(Plus 4) | | | | | | | | |
| Employer of Contributor | | | | Occupa | ation | | | | | |
| Employer Mailing Address/Principal Place of Business City | | | State | e Zip | Code(Plus 4) | Descri | ption of Contribution | | | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | PAGE TOTAL 0.00 | | | | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | |
|---------------------------------------|-------|-------------------|----------------------------|------------------|---------------|------------------|----------|--|--|--|
| RAYMOND SOSA | | | | <u>1/</u> | <u>1/2018</u> | <u>3/26/2018</u> | | | | |
| | | | | DATE | AMOUNT | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| RAY SOSA FOR A BETTER PENNSYLV | 'ANIA | | | | | | | | | |
| Mailing Address 8123 HEACOCK L | ANE | | 2 | 26 | 2018 | \$ | 2,679.34 | | | |
| City WYNCOTE | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | | |
| | PA | 19095 | LOAN T | O CAMPAI | GN, CASH | 1 | | | | |
| | | | | | PAGE TOTAL | | | | | |
| Enter Grand Total of Expenditure |). | | | \$ | 2,679.34 | | | | | |