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	2018	c1059				eport led B		CAND	IDATE	✓	CC	OMMITTEE		LOBI	BYIST		
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:		LEE	Ē, AN	IDREV	V SCOTT	-								
Street Address:																		
City:									State:				Zip Code	: 18	036			
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRIDAY PRIMARY	/ PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRIDAY ELECTION	/ PRE	<u>-</u>	5.	30 DA		POST-	6.		TERMINAT REPORT?	ION	Yes	No		/
report type)	ANNUAL I	REPORT	7.	Year 2018					NG METH CHECK C				PAPER		\	DISKE	TTE	
Name of Office S	ought by	 Candidat	:e:						DATE (OF ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	- 			=					МО	DAY	YEA	R	131	STH	DEN	1	39	
REPRESENTATI	VE IN THE	E GENEK	AL ASS	EMBLY					1:	1	6	2018		(SEE INS	TRUCTI	ONS FOR (CODES)	,—
Summary of		and	МО	DAY	YEAR	Ł			МО	DAY	YEA	ıR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			1 1	2	018	3 T	О		4	30	2018						
A. Amount Bro	ught Forw	ard Fron	ı Last R	eport				\$				0.00						
B. Total Moneta	ary Contril	butions <i>F</i>	nd Rec	eipts (From	Sche	dule	e I)	\$			4,00	0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			4,00	0.00]					
D. Total Expend	ditures (Fr	rom Sche	dule II	(1)				\$			85	1.00						
E. Ending Cash	Balance (Subtract	Line D	From Line C	:)			\$			3,14	9.00]					
F. Value Of In-	Kind Conti	ributions	Receive	ed (From Sc	:hedu	le I	1)	\$				0.00						
G. Unpaid Debt	s And Obli	igations	(From S	ichedule IV))			\$			4,00	0.00		,				
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	a Commi	ttee repo	ort, trea	surer sign h	iere.	If th	nis is	a Can	ndidate r	eport,	candida	te si	gn here.					
I swear (or affirm) correct and comple) that this re ete.	eport, inclu	uding the	attached sch	edules	s file	ed on	paper o	or by elec	tronic m	edium, a	re to	the best of 1	my know	/ledge	and beli	ef , tru	ıe
Sworn to and subs	cribed before day of	re me this		20							Sig	natur	e of Person	Submitt	ing Rep	ort		-
		Signatur						<u>-</u>					Printe	d Name				-
My Commission Ex	cpires	Jigilata	e										Email					- [
	M	10	D#	4Y	YR	_				Aı	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate shall	l sign h	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and belie	ef this	poli	itical	commi	ittee has	not viola	ited any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e me this										s	ignature of	Candida	te			-
	day of —— –							_					Printed	Name				-
	S	ignature				—	—	-					1111100					_
My Commission Exp		-											Email					
		мо	Di	AY	YR	l I		•		Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
LEE, ANDREW SCOTT	From:	1/1/201	<u>8</u> To:	4/30/2018
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)			\$	4,000.00
TOTAL for the Reporting	Period	(3)	\$	4,000.00
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			\$	4,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporti	ng Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing Committee		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

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 Candi	date		Re _l	oorting P m:	eriod	To	o:	
					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 Candi	date		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.)

Number of Fining Co	ommittee or Candidate			Repo	orting Pe	riod				
LEE, ANDREW S	SCOTT			Fron	n:	<u>1/1</u>	/20) <u>18</u> To	:	4/30/2018
					D/	ATE				AMOUNT
Full Name of Con	ntributor				мо	DAY		YEAR		
Andrew Lee					MO	DAT		IEAR		
Mailing Address	6994 Carriage Dr								\$	2,500.00
City Coopersh	ourg	State	Zip Code (Plus	s 4)	4		2	2018		
·	-	PA	18036							
Employer Name	Braveheart Highland	Pub			Occupat	tion	S	elf emp	yed	
Employer Mailing Business	Address/Principal Plac	ce of	City			State			Zip Co	ode (Plus 4)
430 Main St			Hellertwo	on		PA			1805	55
Full Name of Con	ntributor				МО	DAY		YEAR		
Andrew Lee	ntributor				МО	DAY		YEAR		
	ntributor 6994 Carriage Dr					DAY			\$	1,500.00
Andrew Lee Mailing	6994 Carriage Dr	State	Zip Code (Plus	s 4)	MO 1	DAY	1	YEAR 2018	\$	1,500.00
Andrew Lee Mailing Address	6994 Carriage Dr	State PA	Zip Code (Plus 18036	s 4)		DAY	1		\$	1,500.00
Andrew Lee Mailing Address	6994 Carriage Dr			s 4)						1,500.00
Andrew Lee Mailing Address City Cooperst Employer Name	6994 Carriage Dr ourg	РА		s 4)	1			2018	loyed	1,500.00 ode (Plus 4)
Andrew Lee Mailing Address City Cooperst Employer Name	6994 Carriage Dr ourg Braveheart Highland	РА	18036		1	tion		2018	loyed	ode (Plus 4)
Andrew Lee Mailing Address City Cooperst Employer Name Employer Mailing Business 430 Main St	6994 Carriage Dr Durg Braveheart Highland Address/Principal Place	PA Se of	City Hellertov	/n	Occupat	cion		2018	oyed Zip Co	ode (Plus 4)
Andrew Lee Mailing Address City Cooperst Employer Name Employer Mailing Business 430 Main St	6994 Carriage Dr ourg Braveheart Highland	PA Se of	City Hellertov	/n	Occupat	cion		2018	oyed Zip Co	ode (Plus 4) 55

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Period		
LEE, ANDREW SCOTT	From:	<u>1/1/2018</u> To:	4/30/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candid	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)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	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	taile	ed				PAGE TOTAL 0.00

PAGE TOTAL

851.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
LEE, ANDREW SCOTT			From	1/2	1/2018	То:	4/30/2018	
				DATE			AMOUNT	
To Whom Paid L&M Venture Group LLC - Taps Tavern			мо	DAY	YEAR			
Mailing Address 3731 Rt 378			1	10	2018	\$	851.00	
City Bethlehem	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	18015	food pr	ovided for	campaig	n event		

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

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate		Reporti	ng Period				
LEE, ANDREW SCOTT			From:		1/1/2018	То:	4/30/2018
					DATE		Outstanding Balance of Debt
Name of Creditor Andrew Scott Lee				МО	DAY	YEAR	
Mailing Address 6994 Carriage Dri	ve			1	1	2018	\$ 1,500.00
City Coopersburg	State	Zip Code (Pl	us 4)	Descri	otion of Del	ot	
- Coopersburg	PA	18036		I -	start camp		
					DATE		Outstanding Balance of Debt
Name of Creditor Andrew Lee				МО	DATE	YEAR	
				MO 4		YEAR 2018	\$ Balance of Debt
Andrew Lee Mailing Address 6994 Carriage Dr	State	Zip Code (Pl	us 4)	4	DAY 2	2018	\$ Balance of Debt
Andrew Lee Mailing Address 6994 Carriage Dr	State PA	Zip Code (Pl 18036	us 4)	4 Descrip	DAY	2018 ot	\$ Balance of Debt
Andrew Lee Mailing Address 6994 Carriage Dr			us 4)	4 Descrip	DAY 2	2018 ot	\$ Balance of Debt
Andrew Lee Mailing Address 6994 Carriage Dr	PA	18036		4 Description to	DAY 2	2018 ot	\$ 2,500.00