### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                          | on 20  | 018C0122      |                         |       | Rep<br>File |      |                | CANE                 | DID                          | ATE      | <b>✓</b>   | СО     | MMITTEE            |                | LOBI     | BYIST     |         |          |
|---|--|---------------|-------------------------|-------|-------------|------|----------------|----------------------|------------------------------|----------|------------|--------|--------------------|----------------|----------|-----------|---------|----------|
| Name of Filing C  | ommittee, Can                                  | didate or L   | obbyist:                |       | MIKE        | E ST | ГАСК           |                      |                              |          |            |        |                    |                |          |           | •       |          |
| Street Address:   |  |               |                         |       |             |      |                |                      |                              |          |            |        |                    |                |          |           |         |          |
| City:   |  |               |                         |       |             |      |                | State:               |                              |          |            |        | Zip Code           | : 19           | 116      |           |         |          |
| TYPE OF<br>REPORT                                       | 6TH TUESDAY<br>PRE-PRIMARY                     | 1. <b>X</b>   | 2ND FRIDAY  <br>PRIMARY | PRE-  | 2           | 2.   | 30 DA<br>PRIMA |                      | РО                           | OST- 3.  |            |        | AMENDME<br>REPORT? | NT             | Yes      | No        |         | <b>/</b> |
| (place X to<br>the right of                             | 6TH TUESDAY<br>PRE-ELECTION                    | 4.            | 2ND FRIDAY<br>ELECTION  | PRE-  | - 5         | 5.   |                | 30 DAY P<br>ELECTION |                              |          | POST- 6.   |        |                    | ION            | Yes      | No        |         | <b>\</b> |
| report type)  | ANNUAL REPO                                    | <b>RT</b> 7.  | <b>Year</b> 2018        |       |             |      |                | IG METI<br>CHECK     |                              |          |            |        | PAPER              |                | <b>\</b> | DISKE     | TTE     |          |
| Name of Office S  | ought by Cand                                  | idate:        |                         |       |             |      |                | DATE                 | OF                           | ELEC     | CTION      |        | District<br>Number | Office<br>Code | Par      | ty Code   | Coun    |          |
|   | -  |               |                         |       |             |      |                | МО                   | [                            | DAY      | YEAR       |        | -1                 | LTG            | DEN      | 1         |         |          |
| LIEUTENANT G  | OVERNOR  |               |                         |       |             |      |                | 1                    | .1                           |          | 6 20       | 018    |                    | (SEE INS       | TRUCTI   | ONS FOR ( | CODES   | )        |
| Summary of  |  | МО            | DAY Y                   | EAR   |             |      |                | МО                   | DAY YEAR FOR OFFICE USE ONLY |          |            |        |                    |                |          |           |         |          |
| Expenditures  | from:  |               | 1 1                     | 20    | 18          | Т    | 0              |                      | 3                            | 2        | 26 2       | 018    |                    |                |          |           |         |          |
| A. Amount Bro   | ught Forward F                                 | rom Last R    | eport                   |       |             |      | \$             |                      |                              |          | 0          | .00    |                    |                |          |           |         |          |
| B. Total Moneta   | ary Contributio                                | ns And Rec    | eipts (From S           | ched  | lule        | I)   | \$             |                      |                              |          | 0          | .00    |                    |                |          |           |         |          |
| C. Total Funds Available (Sum Of Lines A and B) \$ 0.00 |  |               |                         |       |             |      |                |                      |                              |          |            |        |                    |                |          |           |         |          |
| D. Total Expend   | ditures (From S                                | Schedule II   | Ί)                      |       |             |      | \$             |                      |                              |          | 3,186      | .08    |                    |                |          |           |         |          |
| E. Ending Cash  | Balance (Subt                                  | ract Line D   | From Line C)            |       |             |      | \$             |                      |                              |          | 0.         | .00    |                    |                |          |           |         |          |
| F. Value Of In-   | Kind Contribut                                 | ons Receiv    | ed (From Sch            | edul  | e II)       | )    | \$             |                      |                              |          | 0.         | .00    |                    |                |          |           |         |          |
| G. Unpaid Debt  | s And Obligation                               | ons (From S   | Schedule IV)            |       |             |      | \$             |                      |                              |          | 0          | .00    |                    |                |          |           |         |          |
|   |  |               | A                       | ٩FFI  | [DA         | VI   | T SE           | CTION                | V                            |          |            |        |                    |                |          |           |         |          |
| PART I - If this is                                     | a Committee                                    | report, trea  | ısurer sign he          | re. I | f thi       | s is | a Can          | didate               | rep                          | ort, c   | andidate   | e sig  | ın here.           |                |          |           |         |          |
| I swear (or affirm)<br>correct and comple               | that this report,<br>ete.                      | including the | e attached sched        | dules | filed       | on   | paper o        | or by ele            | ctro                         | nic me   | edium, are | e to t | the best of r      | ny know        | /ledge   | and beli  | ef , tr | ue.      |
| Sworn to and subs                                       | cribed before me<br>day of                     | this          | 20                      |       |             |      |                |                      | _                            |          | Signa      | ature  | of Person          | Submitti       | ing Rep  | ort       |         | _        |
|   | - Ciar   | nature        |                         |       |             |      | -<br>-         |                      | -                            |          |            |        | Printe             | d Name         |          |           |         | _        |
| My Commission Ex  | _  | ature         |                         |       |             |      |                |                      | _                            |          |            |        | Email              |                |          |           |         | -        |
| ı   | МО   | D             | AY                      | YR    |             |      |                |                      |                              | Are      | a Code     |        | Daytime            | Telepho        | one Nu   | mber      |         |          |
| Part II- If this is                                     | a report of a c                                | andidate's    | authorized Co           | omm   | ittee       | e, C | andida         | ate sha              | II si                        | ign he   | ere.       |        |                    |                |          |           |         |          |
| I swear (or affirm)<br>No 320) as amende                |  | of my knowl   | edge and belief         | this  | politi      | ical | commi          | ittee has            | not                          | t violat | ed any pi  | rovisi | ions of the a      | act of Ju      | ine 3,1  | 937 (P.L  | . 1333  | 3,       |
| Sworn to and subsc                                      |  | :his          |                         |       |             |      |                |                      | -                            |          |            | Si     | ignature of        | Candida        | te       |           |         | -        |
|   | day of<br>———————————————————————————————————— |               |                         |       |             |      | -              |                      | -                            |          |            |        | Printed            | Name           |          |           |         | -        |
|   | Signati  | ıre           |                         |       |             |      | -              |                      | _                            |          |            |        |                    |                |          |           |         | _        |
| My Commission Exp                                       | ires   |               |                         |       |             |      |                |                      |                              |          |            |        | Email              |                |          |           |         |          |
|   | мо   | D             | AY                      | YR    |             |      | •              |                      | -                            | Area (   | Code       |        | Day                | time Te        | lephon   | e Numb    | er      | -        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |          |              |           |
|--|-----------|----------|--------------|-----------|
| Name of Filing Committee or Candidate  | Reporting | g Period |              |           |
| MIKE STACK   | From:     | 1/1/201  | <u>8</u> To: | 3/26/2018 |
| 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)   |           |          | \$           | 0.00      |
| TOTAL for the Reporting  | ) Period  | (3)      | \$           | 0.00      |
| 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 |           |          | \$           | 0.00      |

#### **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 C  | andidate | R                 | eporting | Period |      |    |        |
|--------------------------------|----------|-------------------|----------|--------|------|----|--------|
|                                |          | Fi                | rom:     |        | То   | :  |        |
|                                |          | •                 |          | DATE   |      |    | AMOUNT |
| Full Name of Contributing Comm | ittee    |                   | МО       | DAY    | YEAR |    |        |
| Mailing Address                |          |                   |          |        |      | \$ | 0.00   |
| City                           | State    | Zip Code (Plus 4) |          |        |      |    |        |

PAGE TOTAL
0.00

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

### 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.

| Name of Filing Comn    | nittee or Candidate |                   | Repo | rting P    | eriod |      |    |            |
|------------------------|---------------------|-------------------|------|------------|-------|------|----|------------|
|                        |                     |                   | From | ) <b>:</b> |       | Te   | o: |            |
|                        |                     | •                 |      |            | DATE  |      |    | AMOUNT     |
| Full Name of Contribut | or                  |                   |      | мо         | DAY   | YEAR |    |            |
| Mailing Address        |                     |                   |      |            |       |      | \$ | 0.00       |
| City                   | State               | Zip Code (Plus 4) |      |            |       |      |    |            |
|                        |                     |                   |      |            |       |      |    | PAGE TOTAL |
|                        |                     |                   |      |            |       |      |    | PAGE TOTAL |

#### **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 | me of Filing Committee or Candidate |          |             | Reporting Period |     |      |    |            |  |  |  |  |
|---------------------------------------|-------------------------------------|----------|-------------|------------------|-----|------|----|------------|--|--|--|--|
|                                       |                                     |          | From:       |                  |     | То:  |    |            |  |  |  |  |
|                                       |                                     |          |             | DA               | TE  |      | Þ  | AMOUNT     |  |  |  |  |
| Full Name of Contributing Committee   |                                     |          |             | мо               | DAY | YEAR | \$ | 0.00       |  |  |  |  |
| Mailing Address                       |                                     |          |             |                  |     |      | 7  | 0.00       |  |  |  |  |
| City                                  | State                               | Zip Cod  | e (Plus 4)  |                  |     |      |    |            |  |  |  |  |
|                                       |                                     |          |             |                  |     |      | •  | PAGE TOTAL |  |  |  |  |
| Enter Grand Total of Part C on Schee  | 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 Committee or Candidate   |                     |                | Rep     | orting Pe | riod  |      |     |                    |
|---|---------------------|----------------|---------|-----------|-------|------|-----|--------------------|
|   |                     |                | Fron    | n:        |       | Т    | o:  |                    |
|   |                     |                |         | D/        | ATE   |      |     | AMOUNT             |
| Full Name of Contributor                |                     |                |         | МО        | DAY   | YEAR | \$  | 0.00               |
| Mailing Address                         |                     |                |         |           |       |      |     |                    |
| City                                    | State               | Zip Code (Plus | 5 4)    |           |       |      |     |                    |
| Employer Name                           |                     |                |         | Occupat   | tion  |      |     |                    |
| Employer Mailing Address/Principal Plac | e of Business       | City           |         |           | State |      | Zip | Code (Plus 4)      |
| Enter Grand Total of Part C on Sche     | dule I, Detailed Su | ımmary Page,   | Section | on 3.     |       |      | \$  | PAGE TOTAL<br>0.00 |
|   |                     |                |         |           |       |      | 7   | 0.00               |

## 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      | ing Peri | od  |      |          |            |
|---------------------------|---------------------------|-----------------|-------------|----------|-----|------|----------|------------|
|                           |                           |                 | From:       |          |     | To:  |          |            |
|                           |                           | <b>'</b>        |             |          | ATE |      |          | AMOUNT     |
| Full Name                 |                           |                 |             | мо       | DAY | YEAR | \$       | 0.00       |
| Mailing Address           |                           |                 |             |          |     |      | 7        |            |
| City                      | State                     | Zip Code (P     | Plus 4)     |          |     |      |          |            |
| Receipt Description       | <b>'</b>                  |                 |             |          |     |      | <u> </u> |            |
|                           | - C                       |                 | <b>.</b> .: | _        |     |      |          | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | 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 |                            |           |
|--|------------------|----------------------------|-----------|
| MIKE STACK   | From:            | <u>1/1/2018</u> <b>To:</b> | 3/26/2018 |
| 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, |                  | \$                         | 0.00      |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

| Name of Filing Committee or Car | Name of Filing Committee or Candidate Rep |                        |         |         |      |             | Reporting Period |      |  |  |  |  |
|---------------------------------|---|------------------------|---------|---------|------|-------------|------------------|------|--|--|--|--|
|                                 |   |                        | From:   |         |      | To          | :                |      |  |  |  |  |
|                                 |   |                        |         | DATE    |      |             | AMOUNT           |      |  |  |  |  |
| Full Name of Contributor        |   |                        | МО      | DAY     | YEAR |             |                  |      |  |  |  |  |
| Mailing Address                 |   |                        |         |         |      | <b>7</b> \$ | C                | 0.00 |  |  |  |  |
| City                            | State                                     | Zip Code (Plus 4)      |         |         |      |             |                  |      |  |  |  |  |
| Description of Contribution:    | •   |                        | •       | •       |      | •           |                  |      |  |  |  |  |
|                                 |   |                        |         |         | -    |             |                  |      |  |  |  |  |
| Enter Grand Total of Part F o   | n Schedule II, In-Ki                      | nd Contributions Detai | led Sum | mary Pa | ge,  |             | PAGE TOTAL       |      |  |  |  |  |
| Section 2.                      |   |                        |         |         |      | \$          | 0                | .00  |  |  |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate  | •               |     |                  | Re     | porting | g Period        |        |       |                   |
|--|-----------------|-----|------------------|--------|---------|-----------------|--------|-------|-------------------|
|  |                 |     |                  | Fro    | om:     |                 | To:    |       |                   |
|  |                 |     |                  |        |         | DATE            |        |       | AMOUNT            |
| Full Name of Contributor               |                 |     |                  |        | мо      | DAY             | YEAR   |       |                   |
| Mailing Address                        |                 |     |                  |        |         |                 |        | \$    | 0.00              |
| City                                   | State           |     | Zip Code(Plus 4) |        |         |                 |        |       |                   |
| Employer of Contributor                | •               |     | •                |        | Occu    | pation          |        |       |                   |
| Employer Mailing Address/Principal Pla | ice of Business | Cit | ty               | Stat   | e Zi    | ip Code(Plus 4) | Descri | iptio | n of Contribution |
| Enter Grand Total of Part G on Sci     | nedule II, In-K | ind | Contributions D  | etaile | ed      |                 |        |       | PAGE TOTAL        |
| Summary Page, Section 3.               | ,               |     |                  |        |         |                 |        |       | 0.00              |

3,186.08

## STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate |            |                   |         | Reporting Period |           |      |            |  |  |
|---------------------------------------|------------|-------------------|---------|------------------|-----------|------|------------|--|--|
| MIKE STACK                            | From       | 1/                | 1/2018  | То:              | 3/26/2018 |      |            |  |  |
|                                       |            |                   |         | DATE             |           |      | AMOUNT     |  |  |
| To Whom Paid                          |            |                   | мо      | DAY              | YEAR      |      |            |  |  |
| THE COMMITTEE TO ELECT N              | 1IKE STACK |                   | 140     |                  |           |      |            |  |  |
| Mailing Address                       |            |                   | 2       | 1                | 2018      | \$   | 3,186.08   |  |  |
| City NEWTOWN                          | State      | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure  | •    |            |  |  |
|                                       | PA 18940   |                   |         |                  | EL EXPE   | NSES |            |  |  |
|                                       |            |                   |         |                  |           |      | PAGE TOTAL |  |  |

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