Campaign Finance Report

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

Filer Identification 2018c1193 Report Filed By: CANDIDATE COMMITTEE LOS								LOBI	BYIST									
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:		CAS	STEL	LANI,	RANDY									
Street Address:																		
City:									State:				Zip Code	: 18	403			
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRIDAY PRIMARY	ND FRIDAY PRE- 2. X 30 PF				Y ARY	POST-	POST- 3.			NT	Yes	No	•	/
(place X to the right of	6TH TUESI PRE-ELECT					30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No	•	/		
report type)	ANNUAL I	REPORT	7.	Year 2018					IG METH CHECK C				PAPER		\	DISKE	TTE	
Name of Office S	ought by	Candidat	e:						DATE (OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
									мо	DAY	YE	AR	112	STH	DEN	1	35	
REPRESENTATI	VE IN THE	GENEK	AL ASS	EMBLY					11		6	2018	 	(SEE INS	TRUCTI	ONS FOR C	ODES)	
Summary of		and	МО	DAY	YEAR	ŧ			МО	DAY	YE	AR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			1 1	2	018	T	0	4	1	30	2018						
A. Amount Bro	ught Forw	ard Fron	ı Last R	eport				\$		•	•	0.00						
B. Total Moneta	ary Contril	outions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (Fr	om Sche	dule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtract	Line D	From Line C	:)			\$				0.00						
F. Value Of In-	Kind Conti	ibutions	Receive	ed (From Sc	hedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Obli	igations	(From S	ichedule IV))			\$				0.00						
					AFF	ID/	AVI	T SE	CTION									
PART I - If this is	a Commi	ttee repo	ort, trea	surer sign h	iere. I	If th	nis is	a Can	didate r	eport,	candid	ate si	gn here.					
I swear (or affirm) correct and comple		eport, incl	uding the	attached sch	edules	s file	d on	paper o	or by elec	tronic m	edium,	are to	the best of I	my know	/ledge	and belie	ef , tru	ıe'
Sworn to and subs	cribed befor	re me this		20							Si	gnatur	e of Person	Submitt	ing Rep	ort		-
-		Signatur				_		- -					Printe	d Name				-
My Commission Ex	pires	Signatui	•							-			Email					-
	M	10	D/	AY	YR			_		Ar	ea Code	ı	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's	authorized (Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		best of m	ıy knowle	edge and belie	f this	poli	itical	commi	ittee has	not viola	ited any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this								-		s	ignature of	Candida	te			-
	day of —— –							-					Printed	Name				-
	Si	gnature				_		-					· · · · · · · · ·					_
My Commission Exp													Email					
		мо	D/	AY	YR	L .		-		Area	Code		Day	rtime Te	lephon	e Numb	er	۱ ٔ

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CASTELLANI, RANDY	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)			\$	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
			ı	
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 Page 1			\$	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 Candidate	Reporting	Period		
CASTELLANI, RANDY	From:	1/1/2018	To:	4/30/2018
		DATE		AMOUNT

Full Name of Contributing Committee	МО	DAY	YEAR			
Mailing Address N/A						\$ 0.00
City N/A	State	Zip Code (Plus 4)	4	30	2018	
,	PA	18403				

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 Candidate	Reporting Pe	riod	
CASTELLANI, RANDY	From:	<u>1/1/2018</u> To:	4/30/2018
	D	ATE	AMOUNT

Full Name of Contributor DAY YEAR мо **Mailing Address** N/A 0.00 30 2018 4 Zip Code (Plus 4) State City N/A PA 18403

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			Reporting Period						
					From: To:				
				D	ATE		АМО	DUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	GE TOTAL 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.

andidate		Report	ting Perio	d			
		From:		1/1/201	<u>.8</u> To:		4/30/2018
			D	ATE			AMOUNT
			МО	DAY	YEAR		
						\$	0.00
State PA	Zip Code (18403	Plus 4)	4	30	2018	3	
·			•			·	
Schedule T. Detailed	l Summary Page	Section	4		ſ		PAGE TOTAL
. Schedule 1, Detailet	. Julilliai y Fage,	Jection	7.			\$	0.00
	State PA	State Zip Code (I	State Zip Code (Plus 4) PA 18403	From: MO State Zip Code (Plus 4)	From: 1/1/201	From: 1/1/2018 To: DATE MO DAY YEAR State PA 18403 4 30 2018	From: 1/1/2018 To: DATE

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		
CASTELLANI, RANDY	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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate Re					Reporting Period						
CASTELLANI, RANDY			From:	-	1/1/2018	To:	4/30/2018					
				DATE			AMOUNT					
Full Name of Contributor			МО	DAY	YEAR							
Mailing Address N/A			4	30	2018	\$	0.00					
City N/A	State	Zip Code (Plus 4)	7									
	PA	18403										
Description of Contribution: N/A												
Enter Grand Total of Part F on Sch	dule II In-Ki	nd Contributions Deta	iled Sumi	mary Dad	10 T		PAGE TOTAL					
Section 2.	dule 11, 111-Kii	ila Contributions Deta	neu Sunn	iliai y Pag	<i>je</i> ,		PAGE IOTAL					
					!	\$	0.00					

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	1		•			Occupa	ation			
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	etaile	ed				PAGE TOTAL 0.00

0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
CASTELLANI, RANDY			From	1/	1/2018	То:	4/30/2018		
				DATE			AMOUNT		
To Whom Paid N/A			мо	DAY	YEAR				
Mailing Address N/A			4	30	2018	\$	0.00		
City _{N/A}	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
PA 18403									
Enter Grand Total of Expe	enditures on Page 1 Re	nort Cover Page Item I	<u> </u>				PAGE TOTAL		