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	C1070				port ed B		CAND	IDATE	√	CC	OMMITTEE		LOBI	BYIST		
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:		DO,	YLE,	MICH	IAEL FRA	NCIS .	NCIS JR							
Street Address:																		
City:									State:				Zip Code	: 19	154			
TYPE OF REPORT	6TH TUES PRE-PRIMA		1.	2ND FRIDAY PRIMARY	Y PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	\
(place X to the right of	6TH TUES		4.	2ND FRIDAY ELECTION	Y PRE	<u>-</u>	5.	30 DA		POST-	6.		TERMINAT REPORT?	TION	Yes	No		/
report type)	ANNUAL	REPORT	7.	Year 2018					NG METH CHECK C				PAPER		\	DISKE	TTE	
Name of Office S	ought by	Candidat	te:						DATE (OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
	-			,					МО	DAY	YE	AR	170	STH	DEN	1	51	
REPRESENTATI	VE IN 1H	E GENEK	AL ASS	EMBLY					11		6	2018	╁	(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of		and	МО	DAY	YEAR	Ł			МО	DAY	YE	AR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			1 24	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 Contri	butions 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 (F	rom Sche	dule II	I)				\$			3	38.08						
E. Ending Cash	Balance (Subtract	Line D	From Line (2)			\$			(33	8.08)						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From So	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Obl	igations	(From S	chedule IV)			\$				0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is		•	•							• •			-					
I swear (or affirm) correct and comple		eport, incl	uding the	attached sch	redules	s file	ed on	paper (or by elec	tronic m	iedium,	are to	the best of	my knov	vledge	and beli	ef , tru	ue.
Sworn to and subs	cribed befo day of	re me this		20							Si	gnatur	e of Person	Submitt	ing Rep	ort		_
		Signatur	re			_		_					Printe	d Name				
My Commission Ex	pires												Email					_
	Ī	мо	DA	AY	YR					Ar	ea Code	e	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and belie	ef this	poli	itical	comm	ittee has	not viola	ited any	, provis	sions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e me this										s	ignature of	Candida	ite			-
	day of —							-					Printed	Name				-
	s	Signature						_										_
My Commission Exp	ires												Email					
	_	мо	D	AY	YR	l I		-		Area	Code		Day	time Te	lephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DOYLE, MICHAEL FRANCIS JR	From:	<u>1/24/201</u>	<u>8</u> To:	4/30/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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

		ly contributions r lue from \$50.01 t			•			
Name of Filing Committee or (Candidate		Re	porting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Comm	nittee			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.

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		Rep Fro	oorting P m:	eriod	To	o:		
					DATE		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0	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 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			
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla Business	ce of	City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE 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.

Name of Filing Committee or	Candidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE		АМС	DUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		•		•	•	•	•	
Enter Grand Total of Part E	on Schedule T. Detailer	d Summary Page	Section	4			PAG	E TOTAL
	on concadio 1, betanet	a cammur, ruge,	200.011	••			\$	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 Perio	d	
DOYLE, MICHAEL FRANCIS JR	From:	<u>1/24/2018</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 Candid	ate		Reporting	g 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	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 P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	(ind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	ndidate		Reporti	ng Period			
DOYLE, MICHAEL FRANCIS JR			From	1/24	4/2018	То:	4/30/2018
				DATE			AMOUNT
To Whom Paid CAMPAIGN PARTNER			МО	DAY	YEAR		
Mailing Address 16 DUDLEY S	T.		1	24	2018	\$	54.00
City FITCHBURG	State MA	Zip Code (Plus 4) 01420		ption of Exp			
To Whom Paid KEYSTONE PROGRESS EB			МО	DAY	YEAR		
Mailing Address 155 5TH ST.			1	28	2018	\$	64.29
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103		ption of Exp ne Progres			ate Training
To Whom Paid HILTON HARRISBURG	·		мо	DAY	YEAR		
Mailing Address 1 NORTH 2nd	l ST.		2	4	2018	\$	170.79
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	1 .	ption of Exp NG FOR KE			
To Whom Paid CAMPAIGN PARTNER			мо	DAY	YEAR		
Mailing Address 16 DUDLEY S	т.		2	24	2018	\$	49.00
City FITCHBURG	State MA	Zip Code (Plus 4) 01420	1	ption of Exp		1	

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

338.08