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 201	8C0397				Report iled B		CAN	DII	DATE	\	со	MMITTEE		LOB	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:	:	El	DWARI	O THO	DMAS	SAN	NDERS	III							
Street Address:																		
City:								State	1				Zip Code	e: 17	'815			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR		PRE-	2. X	30 DA PRIMA		P	OST-	3.		AMENDME REPORT?	NT	Yes	N	lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTION		PRE-	5.	30 DA		P	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	١	lo	\
report type)	ANNUAL REPORT	7.	Year 20	018				IG MET					PAPER		V	DISK	ETTE	
Name of Office S	ought by Candida	ate:	•					DATE	0	F ELE	CTIC	ON	District Number	Office Code	Par	ty Cod	e Coui	
DEDDECEMENT	VE IN THE CENE	DAL ACC	EMBLV					МО		DAY	Y	EAR	109	STH	DE	1	•	
REPRESENTATI	VE IN THE GENE	KAL ASS	EMBLY						11		6	2018		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of		МО	DAY		YEAR			МО		DAY	Y	'EAR	FOF	OFFI	E USE	ONLY	7	
Expenditures	s trom:		3	27	201	18 T	0		4	()	30	2018						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (F	rom	Sched	ule I)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Scl	nedule II	I)				\$					550.00						
E. Ending Cash	Balance (Subtra	t Line D	From Li	ine C)		\$				(5	50.00)						
F. Value Of In-	Kind Contribution	s Receiv	ed (Froi	m Sc	hedule	· II)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule	e IV))		\$					0.00			•			
					AFFII	DAVI	ΓSE	CTIO	N									
PART I - If this is												_						
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attache	d sch	edules f	iled on p	paper	or by el	ectr	onic me	ediun	n, are to t	he best of	my knov	wledge	and be	lief , tr	rue
Sworn to and subs	cribed before me th day of	is	20						•		:	Signature	of Person	Submit	ing Re	ort		_
	Signat						-		-				Printe	ed Name	<u>, </u>			_
My Commission Ex	-								-				Email					-
	мо	D	AY		YR					Are	ea Co	de	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authori	zed (Commi	ttee, Ca	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and	belie	f this p	olitical	comm	ittee ha	s no	ot violat	ted a	ny provisi	ions of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc		i										Si	ignature of	Candid	ate			-
	day of		_ 20 				-						Printed	Name				-
My Commission Exp	Signature						-		-				Email					- $ $
, commission exp							_											_
	мо	D.	AY		YR					Area	Code		Day	time T	elephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
EDWARD THOMAS SANDERS III	From:	3/27/201	<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
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

Name of Filing Committee	or Candidate		Reporting	Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contributing C	ommittee		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 of	or Candidate		Rep Fro	oorting P	eriod	To):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Froi	m:		To):	
				D	ATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	5 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 S	Summary Page,	Section	on 3.			PA:	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.

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 Perio	d	
EDWARD THOMAS SANDERS III	From:	3/27/2018 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	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 Candidate					Reporting	Period			
					From:		То:		
						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 Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	te		Reporti	ng Period			
EDWARD THOMAS SANDERS III			From	<u>3/2</u>	7/2018	То:	4/30/2018
				DATE			AMOUNT
To Whom Paid COMMITTEE TO ELECT ED SANDERS	III		мо	DAY	YEAR		
Mailing Address 207 OMAN ROAD			1	12	2018	\$	250.00
City BLOOMSBURG	State PA	Zip Code (Plus 4) 17815		otion of Exp			
To Whom Paid FACEBOOK	мо	DAY	YEAR				
Mailing Address 1 HACKER WAY				16	2018	\$	15.00
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Descrip CAMPA	otion of Exp	penditure		
To Whom Paid COMMITTEE TO ELECT ED SANDERS	III		МО	DAY	YEAR		
Mailing Address 207 OMAN ROAD			1	18	2018	\$	200.00
City BLOOMSBURG	State PA	Zip Code (Plus 4) 17815		otion of Exp			
To Whom Paid COMMITTEE TO ELECT ED SANDERS	III		МО	DAY	YEAR		
Mailing Address 207 OMAN ROAD			1	18	2018	\$	50.00
City BLOOMSBURG	State PA	Zip Code (Plus 4) 17815		otion of Exp			
To Whom Paid FACEBOOK		_	МО	DAY	YEAR		

Zip Code (Plus 4)

94025

Mailing Address

MENLO PARK

City

1 HACKER WAY

State

CA

18.00

2018

Description of Expenditure

CAMPAIGN AD

To Whom Paid FACEBOOK			МО	DAY	YEAR		
Mailing Address 1 HACKER WAY			3	12	2018	\$	17.00
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Description of Expenditure CAMPAIGN AD				
Enter Grand Total of Expen	ditures on Page 1, Re	port Cover Page, Item D				\$	PAGE TOTAL 550.00