### **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 :	84000	88				eport iled B		CAND	IDAT	ΓE	cc	тімм	TEE	<b>/</b>	LOBI	BYIST		
Name of Filing C	Committee, Ca	ndida	te or Lo	obbyist:		VO	DLUNT	EERS	FOR A	RGAL	L.								
Street Address:	P.O. BOX	( 241																	
City:	TAMAQUA	А							State:	PA			Zi	ip Code	e: 18	252			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FR PRIMAR		RE-	2. <b>X</b>	30 DA PRIMA		POST	Γ- 3.	i		AMENDMENT Yes REPORT?				0	<b>√</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FR		PRE-	5.	30 DA		POST	Г- 6.			RMINAT PORT?	ION	Yes	٨	0	<b>√</b>
report type)	ANNUAL REP	PORT	7.	Year 20	018				IG METH CHECK (				PA	PER		<b>√</b>	DISK	ETTE	
Name of Office S	Sought by Can	ndidate	e:						DATE	OF E	LECT	ION		strict ımber	Office Code	Par	ty Cod	e Cour	
SENATOR IN TH	HE GENERAL	ASSEI	MBLY						МО	DA	Y	YEAR	29		STS	REP	•	54	
									1	<u> </u>	6		18		(SEE INS				)
Summary of Expenditures		nd	МО	<b>DAY</b>	27 YE	<b>AR</b> 2018	8 <b>T</b>	0	МО	DA	30	YEAR	10	FOR	OFFIC	E USE	ONLY		
A. Amount Bro	ught Forward	From	Last R		2/	2010	0 •	<b>5</b>   \$		4		6,141.	18 na						
B. Total Moneta				•	rom Sc	hedu	le I)	\$				435.	_						
C. Total Funds	Available (Su	ım Of I	Lines A	and B)				\$			39	6,576.	26						
D. Total Expenditures (From Schedule III) \$ 28,536.15																			
E. Ending Cash	Balance (Sub	otract	Line D	From Li	ne C)			\$			36	8,040.:	1						
F. Value Of In-	Kind Contribu	ıtions	Receive	ed (Fror	n Sche	dule 1	II)	\$				0.0	00						
G. Unpaid Debt	ts And Obligat	tions (	From S	chedule	e IV)			\$				0.	00		,				
					A	FFID	OAVI	ΓSE	CTION										
PART I - If this is	s a Committee	e repo	rt, trea	surer si	gn her	e. If t	this is	a Car	ididate i	repor	rt, car	ndidate	sign h	nere.					
I swear (or affirm) correct and comple		t, inclu	ding the	attached	d sched	ıles fil	led on	paper	or by elec	troni	c medi	um, are	to the I	best of	my know	/ledge	and be	lief , tr	ue
Sworn to and subs	cribed before m	ne this		20								Signa	ture of	Person	Submitt	ing Rep	ort		
	Si	gnature	•	_				-						Printe	d Name				
My Commission Ex	cpires							_						Email					
	МО		DA	¥Υ		YR					Area	Code	D	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	candi	date's	authoriz	zed Co	mmitt	tee, C	andid	ate shal	l sigr	n here	e.							
I swear (or affirm) No 320) as amende		st of my	/ knowle	edge and	belief t	his po	litical	comm	ittee has	not vi	iolated	l any pro	visions	of the	act of Ju	ine 3,1	937 (P	.L. 133	з,
Sworn to and subsc		e this		26						_			Signa	ature of	Candida	te			_
	day of 			- <u>-</u>				-						Printed	Name				-
My Commission Exp	Signa	iture						-						Email					-
•								•		_									-
	Mo	O	DA	AY		YR				Aı	rea Co	de		Day	time Te	lephor	ie Num	ber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
VOLUNTEERS FOR ARGALL	From:	<u>3/27/201</u>	8 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)	\$	435.17
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			\$	435.17

#### **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 o	Repo	Reporting Period						
			Fron	m:		То	:	
					DATE			AMOUNT
Full Name of Contributing Con	mmittee			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

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 Committ	tee or Candidate		Rep	orting P	eriod			
			Froi	m:		To	):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL

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

#### **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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	AMOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							<b>-</b>   \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d 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			
			Fror	n:		To	<b>o</b> :	
				D	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule 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	Reporting Peri	iod	
VOLUNTEERS FOR ARGALL	From:	3/27/2018 <b>To</b> :	4/30/2018

	D	ATE		AMOUNT						
Full Name	МО	DAY	VEAD	105.4						
SANTANDER BANK	МО	DAY	YEAR	\$ 435.17						
Mailing Address E BROAD STREET	3	30	2018							
City TAMAQUA State Zip Code (Plus 4)	J	30	2010							
PA 18252										
Receipt Description 2018 INTEREST TO DATE OF RECEIPT										

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL \$** 435.17

#### **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	
VOLUNTEERS FOR ARGALL	From:	3/27/2018 <b>To:</b>	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 Car	lame of Filing Committee or Candidate R							
	F						:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$		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 Sun	ımary 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	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
VOLUNTEERS FOR ARGALL	From	3/27/2018	То:	4/30/2018

				DATE			AMOUNT			
To Whom Paid			Мо	DAY	YEAR					
BERKS FUTURE FUND			МО	DAY	TEAK					
Mailing Address 308 WINDSOR PLACE			3	27	2018	\$	1,000.00			
City MACUNGIE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	18062	DONATION							
To Whom Paid TAMAQUA REMEMBERS			МО	DAY	YEAR					
Mailing Address 502 ARLINGTON STREET			3	27	2018	\$	500.00			
City TAMAQUA	State	Zip Code (Plus 4)	Description of Expenditure							
PA 18252				DONATIN						
To Whom Paid MARY BETH DOUGHERTY			МО	DAY	YEAR					
Mailing Address 355 E. MAIN STREE	Т		4	6	2018	\$	25.00			
City GIRARDVILLE	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	17935	REIMBU	RSEMENT						
To Whom Paid										
CHRISTINE VERDIER			МО	DAY	YEAR					
	OX 74		<b>MO</b> 4	<b>DAY</b> 6	<b>YEAR</b> 2018	\$	121.00			
CHRISTINE VERDIER	OX 74	Zip Code (Plus 4)	4		2018	\$	121.00			
CHRISTINE VERDIER  Mailing Address 69 SUNNY DR PO B	_	<b>Zip Code (Plus 4)</b> 17952	4  Descript	6	2018	\$	121.00			
CHRISTINE VERDIER  Mailing Address 69 SUNNY DR PO B	State		4  Descript	6 tion of Exp	2018	\$	121.00			
CHRISTINE VERDIER  Mailing Address 69 SUNNY DR PO B  City MARY D  To Whom Paid	State PA		4  Descript REIMBU	6 tion of Exp	2018 enditure	\$	50.00			
CHRISTINE VERDIER  Mailing Address 69 SUNNY DR PO B  City MARY D  To Whom Paid  LITTLE SCHUYLKILL LIONS CLUB	State PA		4  Descript REIMBU  MO	6 RSEMENT	2018 enditure YEAR 2018					
CHRISTINE VERDIER  Mailing Address 69 SUNNY DR PO B  City MARY D  To Whom Paid  LITTLE SCHUYLKILL LIONS CLUB  Mailing Address 803 SUMMER VALLE	State PA  EY ROAD	17952	4  Descript REIMBU  MO	6 RSEMENT DAY 6 tion of Exp	2018 enditure YEAR 2018					
CHRISTINE VERDIER  Mailing Address 69 SUNNY DR PO B  City MARY D  To Whom Paid  LITTLE SCHUYLKILL LIONS CLUB  Mailing Address 803 SUMMER VALLE	State PA  EY ROAD  State	17952  Zip Code (Plus 4)	Description 4  Description 4  Description 4	6 RSEMENT DAY 6 tion of Exp	2018 enditure YEAR 2018					
CHRISTINE VERDIER  Mailing Address 69 SUNNY DR PO B  City MARY D  To Whom Paid  LITTLE SCHUYLKILL LIONS CLUB  Mailing Address 803 SUMMER VALLE  City NEW RINGGOLD  To Whom Paid	State PA  EY ROAD  State	17952  Zip Code (Plus 4)	Descript REIMBU MO 4 Descript DONATI	6 RSEMENT DAY 6 tion of Exp	2018 enditure YEAR 2018 enditure					
CHRISTINE VERDIER  Mailing Address 69 SUNNY DR PO B  City MARY D  To Whom Paid  LITTLE SCHUYLKILL LIONS CLUB  Mailing Address 803 SUMMER VALLE  City NEW RINGGOLD  To Whom Paid  POSTMASTER	State PA  EY ROAD  State	17952  Zip Code (Plus 4)	Description ADDITIONATION ADDITIONATIONAL ADDITIONATION ADDITIONATION ADDITIONATION ADDITIONATION ADDITIONATION ADDITIONATION ADDITIONATION ADDITIONATION ADDITIONATIONAL ADDITIONATION ADDITIONATION ADDITIONATION ADDITIONATION ADDITIONATION ADDITIONATIONAL ADDITIONATIONAL ADDITIONATIONAL ADDITIONAL ADDI	6 RSEMENT DAY 6 tion of Exp	2018  enditure  YEAR  2018  enditure  YEAR  2018	\$	50.00			

							12
To Whom Paid			МО	DAY	YEAR		
VISA			MO	DAT	TEAR		
Mailing Address P.O. BOX 8	32519		4	6	2018	\$	468.15
City LINCOLN	State	Zip Code (Plus 4)	Description of Expenditure				
	NE	68501	CAMPAIGN EXPENSES				
To Whom Paid			мо	DAY	YEAR		
POTTSVILLE AREA DEVELOPM	ENT CORP.		MO	DAT	TEAR		
Mailing Address PORGRESS AVENUE			4	18	2018	\$	500.00
City POTTSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı	
	PA	17901	DONATION				
To Whom Paid  TAMAQUA AREA CHAMBER OF COMMERCE			мо	DAY	YEAR		
Mailing Address 37 W. BROAD STREET		4	18	2018	\$	60.00	
City TAMAQUA	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	18252	DINNER TICKETS				
To Whom Paid US POSTMASTER			МО	DAY	YEAR		
Mailing Address 399 EAST BROAD STREET			4	18	2018	\$	62.00
City TAMAQUA	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	18252	ANNUAL BOX RENTAL				
To Whom Paid FRIENDS OF RANDY VULAKOVICH			МО	DAY	YEAR		
Mailing Address PO BOX 23156			4	30	2018	\$	25,000.00
City PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	15222	DONAT	ION			
							PAGE TOTAL
Enter Grand Total of Expen	ditures on Page 1, Re	port Cover Page, Item D	) <b>.</b>			\$	28,536.15