Campaign Finance Report

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

Filer Identification2018C0741ReportNumber :Filed By :							CANDI	DATE	✓	СС	OMMITTE		LOBE	BYIST					
	Committee, Candid	ate or L	obbyist:		RAYMO	-	DSA												
Street Address:																			
City:							State:				Zip Cod	e: 19	095						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2. X	30 DA PRIM		POST- 3.		AMENDMENT REPORT?		Yes	No	 ✓ 					
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA ELEC		POST-	6.		TERMINATION REPORT?		Yes	No	\checkmark				
report type)	ANNUAL REPORT	7.	Year 2018				NG METHO				PAPER		\checkmark	DISKE	TTE				
Name of Office S	bought by Candida	te:	•				DATE O	FELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code				
LIEUTENANT G							мо	DAY	YE	AR	-1	LTG	DEN	1					
	OVERNOR						11		6	2018		(SEE INS	TRUCTIO	ONS FOR	CODES)				
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FOI	R OFFIC	e use	E ONLY					
Expenditures	s from:		3 27	20	018 T	0	4	(-)	80	2018									
A. Amount Bro	ught Forward Fro	m Last R	eport			\$				0.00									
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																			
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																			
D. Total Expen	ditures (From Sch	edule II	1)			\$			(2,14	4.82)									
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$				0.00	-								
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	le II)	\$				0.00									
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		\$				0.00									
				AFF	IDAVI	T SE	CTION												
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	(f this is	a Car	ndidate re	eport, c	andid	ate sig	gn here.								
I swear (or affirm correct and compl) that this report, inc ete.	luding the	e attached scl	hedules	filed on	paper	or by elect	ronic me	dium,	are to	the best of	my know	ledge	and beli	ef , true				
Sworn to and subs	cribed before me this day of	S	20						Si	gnatur	e of Person	Submitt	ing Rep	ort					
	Signatu	ire				_					Print	ed Name							
My Commission E	-										Email								
	мо	D	AY	YR		-		Are	a Code		Daytime	e Telepho	one Nu	mber					
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee, C	andid	ate shall	sign he	re.										
I swear (or affirm) No 320) as amendo	that to the best of r ed.	ny knowle	edge and beli	ef this	political	comm	ittee has n	ot violat	ed any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	1333,				
Sworn to and subso	Sworn to and subscribed before me this Signature of Candidate day of 20																		
						-					Printed	Name							
My Commission Exp	Signature bires					-					Email								
	мо	D	AY	YR		-		Area	Code		Da	ytime Te	lephon	e Numb	er				

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** RAYMOND SOSA From: <u>3/27/2018</u> To: 4/30/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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						
				From: To:						
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

PART B 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 Period										
			From: 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 Candidate			Reporting Period							
				То:						
				DA	TE		A	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	0.00		

PART D 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:				m:			То:			
				D	ATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P#	AGE TOTAL 0.00		

PART E **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 Period						
			From:	m: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	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										
RAYMOND SOSA	From:	<u>3/27/2018</u> To:	<u>4/30/2018</u>								
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)										
TOTAL for the Reporting Pe	riod (2)	\$	0.00								
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)											
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00								

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
				From:			То:	
	DATE			AMOUNT				
Full Name of Contributor				DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							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:						
					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 Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	Name of Filing Committee or Candidate								
RAYMOND SOSA				<u>3/2</u>	7/2018	То:	<u>4/30/2018</u>		
				DATE AMOUNT					
To Whom Paid				DAY	YEAR				
RAYMOND SOSA			мо						
Mailing Address				1	2018	\$	1,104.82		
City WYNCOTE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	РА	19095	CASH L	OAN TO CA	AMPAIGN				
To Whom Paid			мо	DAY	YEAR				
NICOLE SOSA			no						
Mailing Address			4	1	2018	\$	1,040.00		
City WYNCOTE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	РА	19095	CASH L	OAN TO CA	AMPAIGN				
							PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	2,144.82			