### **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	8C0741				port ed B		CAI	NDIDATE COMMITTEE LOBBYIST								•	
Name of Filing C	Committee, Candi	date or L	obbyist:		RAY	MON	ND SC	DSA										
Street Address:																		
City:								State	e:				Zip Cod	<b>e:</b> 19	9095			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2. <b>X</b>	30 DA		Р	OST-	3.		AMENDMI REPORT?	ENT	Yes		lo	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?	TION	Yes	<b>1</b> [	lo	<b>\</b>
report type)	ANNUAL REPOR	Г 7.	<b>Year</b> 2018					NG ME					PAPER		<b>V</b>	DISI	ETTE	
Name of Office S	Sought by Candid	ate:			-			DAT	ΕO	F ELE	СТІ	ON	District Number	Office Code	Pai	rty Cod	e Cou	
LIFELITENIANT O	OVERNOR							МО		DAY	,	YEAR	-1	LTG	DEI	М		
LIEUTENANT G	OVERNOR								11		6	2018		(SEE IN	STRUCTI	ONS FO	R CODES	5)
	Receipts and	МО	DAY	YEAR	ł			МО		DAY	,	YEAR	FO	R OFFI	CE USE	ONL	′	
Expenditures	s trom:		3 27	2	018	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 (Fron	n Sche	dule	e I)	\$					0.00						
C. Total Funds	Available (Sum C	f Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Sc	nedule II	I)				\$				(2,	144.82)						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$					0.00	-					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedule I\	/)			\$					0.00			1			
				AFF	ID	AVI	ΓSE	CTIC	NC									
PART I - If this is			_										_					
correct and comple	) that this report, in ete.	cluding the	e attached sc	hedule	s file	d on	paper	or by e	electr	ronic m	ediu	m, are to	the best of	my kno	wledge	and be	elief , ti	rue
Sworn to and subs	cribed before me th day of	is	20									Signatur	e of Person	Submit	ting Re	port		
	— Signat	ure					-						Print	ed Name	•			_
My Commission Ex	cpires						_		•				Email					_
	МО	D	AY	YR						Ar	ea C	ode	Daytime	Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report of a car	didate's	authorized	Comr	nitte	ee, C	andid	ate sł	nall s	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and bel	ief this	poli	itical	comm	ittee h	as no	ot viola	ted	any provis	sions of the	act of J	une 3,1	937 (F	.L. 133	3,
Sworn to and subsc	ribed before me this	•	20									5	Signature of	f Candid	ate			_
							-						Printed	i Name				-
My Commission Exp	Signature						-						Emai	I				-
							-											_
	МО	D	AY	YR	ł					Area	Cod	e	Da	ytime T	elephor	ne Nun	ber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
RAYMOND SOSA	From:	<u>3/27/201</u>	<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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•				-		DAGE 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 Candidate					Reporting Period					
			Fro	m:		To	):			
					DATE			AMOUNT		
Full Name of Contributor				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

#### **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					Reporting Period						
						From: To:					
					D	ATE		AN	MOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								\$	0.00		
City	State	Zip Cod	de (Plus	s <b>4</b> )							
Employer Name	•				Occupa	tion					
Employer Mailing Address/Principal Pla Business	ice of	Ci	ty			State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summary	Page,	Section	on 3.			P <i>i</i>	<b>AGE TOTAL</b> 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		AM	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. Detailer	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	
RAYMOND SOSA	From:	3/27/2018 <b>To</b> :	<u>4/30/2018</u>
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 Candidat	:e		Reporting	g Period					
			From:			То:	То:		
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						<b>\$</b>	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL		
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL		
						\$	0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					porting l	Period				
					From:			To:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						МО	DAY	YEAR			
Mailing Address									\$ \$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupa	ition				
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00	

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period							
RAYMOND SOSA F				From <u>3/27/2018</u> To: <u>4/30</u>									
	DATE AMO												
To Whom Paid RAYMOND SOSA			мо	DAY	YEAR								
Mailing Address 8123 HEACOCK LANE				1	2018	\$	1,104.82						
City WYNCOTE	State PA	<b>Zip Code (Plus 4)</b> 19095		otion of Exp OAN TO C									
To Whom Paid NICOLE SOSA			МО	DAY	YEAR								
Mailing Address 8123 HEACOCK LANE			4	1	2018	\$	1,040.00						
City WYNCOTE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19095		otion of Exp									