Campaign Finance Report

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

| Filer Identification | on | 2018 | C0471 | | | | port ed B | | CAND | NDIDATE COMMITTEE LOBBYI | | | | | BYIST | | | |
|---|-----------------------|-------------|-----------|-----------------------|---------|----------|--------------|----------------|--------------------|--------------------------|-------|--------------|----------------------------|----------------|----------|-----------|----------|-----|
| Name of Filing C | ommittee | , Candida | ate or Lo | obbyist: | | HEL | _EN | ГАІ | | | _ | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | Zip Code | : 18 | 938 | | | |
| TYPE OF REPORT | 6TH TUES PRE-PRIM | | 1. | 2ND FRIDAY PRIMARY | / PRE | - | 2. X | 30 DA PRIMA | | POST- | - 3. | | AMENDMENT REPORT? | | Yes | No | • | / |
| (place X to the right of | 6TH TUES PRE-ELEC | | 4. | 2ND FRIDAY | / PRE | ≣- | 5. | 30 DA ELECT | | POST- | 6. | | TERMINAT REPORT? | ION | Yes | No | • | / |
| report type) | ANNUAL | REPORT | 7 | Year 2018 | | | | | IG METH CHECK C | | | | PAPER | | √ | DISKE | TTE | |
| Name of Office S | ought by | Candidat | te: | | | | | | DATE (| OF ELI | СТІ | ION | District Number | Office Code | Par | ty Code | Coun | |
| | | | | | | | | | мо | DAY | | YEAR | 178 | STH | DEN | 1 | ••• | |
| REPRESENTATI | VE IN IH | E GENEK | AL ASS | EMBLY | | | | | 1: | L | 6 | 2018 | 2018 (SEE INSTRUCTIONS FOR | | | | | |
| Summary of l | | and | МО | DAY | YEAR | R | | - 1 | МО | DAY | , | YEAR | FOR | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 3 27 | 2 | 018 | Т | 0 | 4 | 1 | 30 | 2018 | | | | | | |
| A. Amount Bro | ught Forw | vard From | 1 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 | edule II | I) | | | | \$ | | | 1 | ,350.00 | | | | | | |
| E. Ending Cash | Balance (| (Subtract | Line D | From Line (| 2) | | | \$ | | | | 0.00 | | | | | | |
| F. Value Of In-l | Kind Cont | ributions | Receive | ed (From So | hedu | le I | I) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | chedule IV |) | | | \$ | | | | 0.00 | | • | | | | |
| | | | | | AFF | ID | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | a Commi | ittee repo | ort, trea | surer sign h | nere. | If th | nis is | a Can | didate r | eport, | can | didate sig | gn here. | | | | | |
| I swear (or affirm) correct and comple | that this rete. | eport, incl | uding the | : attached sch | iedules | s file | ed on | paper o | or by elec | tronic n | nediu | ım, are to t | the best of I | my know | /ledge | and belie | ef , tru | ıe. |
| Sworn to and subs | cribed befo day of | re me this | : | 20 | | | | | | | | Signature | e of Person | Submitti | ing Rep | ort | | - |
| - | | Signatur | | | | | | - - | | | | | Printe | d Name | | | | - |
| My Commission Ex | pires | Signatui | - | | | | | | | | | | Email | | | | | - |
| | Ī | мо | D/ | AY | YR | | | | | А | rea C | Code | Daytime | Telepho | one Nu | mber | | |
| Part II- If this is | a report | of a cand | lidate's | authorized | Comn | nitte | ee, C | andida | ate shall | sign h | nere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | e best of m | ıy knowle | edge and belie | ef this | poli | itical | commi | ittee has | not viol | ated | any provis | ions of the | act of Ju | ine 3,1 | 937 (P.L | . 1333 | ۱, |
| Sworn to and subsc | | e me this | | | | | | | | | | s | ignature of | Candida | te | | | - |
| | day of — | | | | | | | - | | | | | Printed | Name | | | | - |
| | S | Signature | | | | | | - | | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | Email | | | | | |
| | | мо | Di | AY | YR | l | | - | | Area | a Cod | le | Day | rtime Te | lephon | e Numb | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Period | | | | | | |
|--|------------------|----------|--------------|-----------|--|--|--|
| HELEN TAI | 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 | 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 | g 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 | g 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 | | | |
| | | | T | _ | | | |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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 value | | \$2 | 250.00 |) in the | | | |
|------------------------|---|---------------------------|-----|--------|----------|------|----|------------|
| | | Reporting Period From: To | | | То: | | | |
| | | <u> </u> | | | DATE | | | AMOUNT |
| Full Name of Contribut | ing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) |) | | | | | |
| | _ | | | | <u> </u> | | | DAGE TOTAL |

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 or Candi | date | | | Rep | orting P | eriod | | | |
|-----------------------------------|-------|----|-----------------|-----|----------|-------|------|---------------|--------|
| | | | From: T | | | To | o: | | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus 4) | | | | | | |
| | | | | | | | | $\overline{}$ | |

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 | me of Filing Committee or Candidate | | Rep | orting Pe | riod | | | | |
|---|-------------------------------------|---------------|---------|-----------|-------|------|---------|--------------------|--|
| | | | Froi | m: | | To | То: | | |
| | | | | D | ATE | | А | MOUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plu | s 4) | | | | | | |
| Employer Name | | • | | Occupa | tion | | • | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | • | State | | Zip Cod | de (Plus 4) | |
| Enter Grand Total of Part C on Sche | dule I, Detailed S | ummary Page | , Secti | on 3. | | | P \$ | 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 | | Report | ing Perio | od | | | | |
|-----------------------------|-------------------------|-----------------|---------|-----------|-----|------|----|---------|------|
| | | | From: | | | To: | | | |
| | | | | D | ATE | | | AMOUNT | |
| Full Name | | | | мо | DAY | YEAR | 1 | | |
| Mailing Address | | | | | | | \$ | | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | | |
| Receipt Description | · | · | | • | | | • | | |
| Enter Grand Total of Part E | on Schedule I. Detailer | l Summary Page. | Section | 4. | | | | PAGE TO | ΓAL |
| - Communication of the Ex | Januara 1/ Betained | . Jaai y 1 ago, | 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 Per | iod | |
|---|----------------|----------------------|-----------|
| HELEN TAI | From: | 3/27/2018 To: | 4/30/2018 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTO | R | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | TF) | | |
| 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: | |
| | | | | 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 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 Candida | te | | | | Re | porting | Period | | | | | |
|--|---------------|---------|------------|---------|----------|-----------|-----------|------|--------|----------|-------------|------|
| | | | | | Fro | m: | | То | : | | | |
| | | | | | <u> </u> | | DATE | | | | AMOUNT | |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | 1 | | | |
| Mailing Address | | | | | | | | | | \$ | | 0.00 |
| City | State | | Zip Code(F | Plus 4) | | | | | | | | |
| Employer of Contributor | • | | • | | | Occupa | ation | | | | | |
| Employer Mailing Address/Principal P Business | lace of | City | | State | | Zip 4) | Code(Plus | Desc | cripti | ion of (| Contributio | on |
| Enter Grand Total of Part G on S | chedule II, I | In-Kind | Contributi | ons De | taile | ed | | | | | PAGE TOT | ΓAL |
| Summary Page, Section 3. | | | | | | | | | | | | 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or | Candidate | | Reporti | ng Period | | | |
|--|--------------------|-------------------|---------|--|--------|-----|------------|
| HELEN TAI | | | From | <u>3/2</u> | 7/2018 | То: | 4/30/2018 |
| | | _ | | DATE | | | AMOUNT |
| To Whom Paid STEVE SANTARSIERO FOR PE | NNSYLVANIA SENATE | | МО | DAY | YEAR | | |
| Mailing Address PO BOX 63 | 71 | | 4 | 21 | 2018 | \$ | 250.00 |
| City NEWTOWN State PA 18940 | | | | Description of Expenditure CAMPAIGN CONTRIBUTION | | | |
| To Whom Paid TEAM FETTERMAN | | | МО | DAY | YEAR | | |
| Mailing Address | | | 1 | 27 | 2018 | \$ | 100.00 |
| City BRADDOCK | State PA | Zip Code (Plus 4) | | otion of Exp | | | |
| To Whom Paid COMMITTEE TO ELECT HELEN | I TAI | | МО | DAY | YEAR | | |
| Mailing Address 2827 RIVER RD | | | 1 | 27 | 2018 | \$ | 1,000.00 |
| City NEW HOPE State Zip Code (Plus 4) PA 18938 | | | | otion of Exp | | | |
| | l | | | | | | PAGE TOTAL |

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

1,350.00