### **Campaign Finance Report**

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

| Filer Identificati<br>Number :            | on 2017                         | '0364      |                        |           | Repo<br>Filed |         | CAN        | DID    | ATE     | СО          | MMITTEE           | <b>✓</b>    | LOB                   | BYIST     |                |  |
|---|---------------------------------|------------|------------------------|-----------|---------------|---------|------------|--------|---------|-------------|-------------------|-------------|-----------------------|-----------|----------------|--|
| Name of Filing C                          | Committee, Candid               | ate or L   | obbyist:               |           | MARIA         | FORP    | Α          |        |         |             |                   |             |                       |           |                |  |
| Street Address:                           | PO BOX 1006                     |            |                        |           |               |         |            |        |         |             |                   |             |                       |           |                |  |
| City:                                     | SPRING HOUS                     | SE         |                        |           |               |         | State:     | Р      | PA      |             | Zip Co            | de: 1       | 9477                  | _         |                |  |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY      | 1.         | 2ND FRIDAY<br>PRIMARY  | / PRE-    | 2. <b>X</b>   |         | AY<br>1ARY | РО     | ST- 3   | 3.          | AMEND<br>REPOR    |             | Yes                   | No        | ~              |  |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION     | 4.         | 2ND FRIDAY<br>ELECTION | / PRE     | - 5.          | 30 D    | AY         | РО     | ST- 6   | 5.          | TERMIN<br>REPOR   |             | Yes                   | No        | ~              |  |
| report type)                              | ANNUAL REPORT                   | 7.         | <b>Year</b> 2018       |           |               |         | NG MET     |        |         |             | PAPER             |             | <b>/</b>              | DISKE     | TTE            |  |
| Name of Office S                          | -<br>Sought by Candida          | te:        |                        |           | -             | -       | DATE       | OF     | ELEC.   | TION        | District<br>Numbe |             | Pai                   | ty Code   | County<br>Code |  |
|   |                                 |            |                        |           |               |         | МО         | D      | PAY     | YEAR        |                   |             | DE                    | И         |                |  |
|   |                                 |            |                        |           |               |         |            | 11     | 6       | 5 20:       | .8                | (SEE II     | NSTRUCTI              | ONS FOR C | ODES)          |  |
|   | Receipts and                    | МО         | DAY                    | YEAR      |               |         | МО         | C      | DAY     | YEAR        | F                 | OR OFFI     | CE USE                | ONLY      |                |  |
| Expenditures                              | irom:                           |            | 3 27                   | 20        | 018           | ГО      |            | 4      | 30      | 20:         | 18                |             |                       |           |                |  |
| A. Amount Bro                             | ught Forward Fron               | n Last R   | eport                  |           |               | \$      | 5          |        |         | 10,548.9    | 6                 |             |                       |           |                |  |
| B. Total Monet                            | ary Contributions               | And Rec    | eipts (From            | Sche      | dule I)       |         | \$         |        | 4       | 40,661.1    | .0                |             |                       |           |                |  |
| C. Total Funds                            | Available (Sum Of               | f Lines A  | and B)                 |           |               |         | \$         |        | !       | 51,210.0    | 16                |             |                       |           |                |  |
| D. Total Expen                            | ditures (From Sch               | edule II   | I)                     |           |               |         | \$         |        | 1       | 19,502.7    | 9                 |             |                       |           |                |  |
| E. Ending Cash                            | Balance (Subtrac                | t Line D   | From Line C            | <b>E)</b> |               |         | 5          |        | 3       | 31,707.2    | 7                 |             |                       |           |                |  |
| F. Value Of In-                           | Kind Contributions              | s Receiv   | ed (From So            | hedul     | e II)         |         | \$         |        |         | 3,004.9     | 2                 |             |                       |           |                |  |
| G. Unpaid Debt                            | ts And Obligations              | (From S    | Schedule IV            | )         |               | 9       | \$         |        |         | 0.0         | 0                 |             | •                     |           |                |  |
|   |                                 |            |                        | AFF       | IDAV          | IT SI   | ECTIO      | N      |         |             |                   |             |                       |           |                |  |
|   | s a Committee rep               | -          | _                      |           |               |         |            | =      | -       |             | _                 |             |                       |           |                |  |
| I swear (or affirm)<br>correct and comple | ) that this report, inc<br>ete. | luding the | e attached sch         | nedules   | filed o       | 1 papei | or by el   | ectro  | nic med | lium, are 1 | o the best        | of my kno   | wledge                | and belie | ef , true      |  |
| Sworn to and subs                         | cribed before me this<br>day of | 5          | 20                     |           |               |         |            | _      |         | Signat      | ure of Pers       | on Submi    | tting Re <sub>l</sub> | oort      |                |  |
|   | Signatu                         | re         |                        |           |               | _       |            | -      |         |             | Pri               | nted Nam    | e                     |           |                |  |
| My Commission Ex                          | _                               |            |                        |           |               |         |            | _      |         |             | Em                | ail         |                       |           |                |  |
|   | мо                              | D          | AY                     | YR        |               |         |            |        | Area    | Code        | Dayti             | me Telep    | hone Nu               | mber      |                |  |
| Part II- If this is                       | a report of a can               | didate's   | authorized             | Comm      | ittee,        | Candi   | date sha   | all si | gn her  | e.          |                   |             |                       |           |                |  |
| I swear (or affirm)<br>No 320) as amende  | that to the best of r           | ny knowle  | edge and belie         | ef this   | politica      | l comr  | nittee ha  | s not  | violate | d any pro   | isions of t       | he act of : | June 3,1              | 937 (P.L. | 1333,          |  |
| Sworn to and subsc                        | ribed before me this            |            |                        |           |               |         |            | -      |         |             | Signature         | of Candid   | late                  |           |                |  |
|   | day of                          |            |                        |           |               | _       |            | _      |         |             | Print             | ed Name     |                       |           |                |  |
| My Commission Exp                         | Signature                       |            |                        |           |               | _       |            | _      |         |             | Em                | ail         |                       |           |                |  |
| , commission exp                          |                                 |            |                        |           |               | _       |            | _      |         |             |                   |             |                       |           |                |  |
|   | МО                              | D          | AY                     | YR        |               |         |            |        | Area Co | ode         | ı                 | Daytime 1   | Γelephor              | ne Numbe  | er             |  |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | Period  |               |           |
|--|-----------|---------|---------------|-----------|
| MARIAFORPA   | From:     | 3/27/20 | <u>l8</u> To: | 4/30/2018 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |         |               |           |
| TOTAL for the Reporting  | Period    | (1)     | \$            | 3,401.18  |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |         |               |           |
| Contributions Received From Political Committees (Part A)  |           |         | \$            | 550.00    |
| All Other Contributions (Part B)   |           |         | \$            | 6,044.92  |
| TOTAL for the Reporting  | Period    | (2)     | \$            | 6,594.92  |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |         |               |           |
| Contributions Received From Political Committees (Part C)  |           |         | \$            | 16,000.00 |
| All Other Contributions (Part D)   |           |         | \$            | 14,665.00 |
| TOTAL for the Reporting  | Period    | (3)     | \$            | 30,665.00 |
| 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 Page 1 |           |         | \$            | 40,661.10 |

#### **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 Candidat | e      |                | Re | porting F | Period  |                 |    |            |
|--------------------------------------|--------|----------------|----|-----------|---------|-----------------|----|------------|
| MARIAFORPA                           |        |                | Fr | om:       | 3/27/20 | ) <u>18</u> To: | ŀ  | 4/30/2018  |
|                                      |        |                |    |           | DATE    |                 |    | AMOUNT     |
| Full Name of Contributing Committee  |        |                |    | мо        | DAY     | YEAR            |    |            |
| DOUG FOR 53                          |        |                |    | МО        | אמ      | ILAK            |    |            |
| Mailing Address                      |        |                |    |           |         |                 | \$ | 100.00     |
| City                                 | State  | Zip Code (Plus | 4) | 2         | 8       | 2018            |    |            |
|                                      |        |                |    |           |         |                 |    |            |
| Full Name of Contributing Committee  |        |                |    | мо        | DAY     | YEAR            |    |            |
| FRIENDS OF JASON SALUS               |        |                |    | МО        | אמ      | ILAK            |    |            |
| Mailing Address PO BOX 1214          |        |                |    |           |         |                 | \$ | 100.00     |
| City NORRISTOWN                      | State  | Zip Code (Plus | 4) | 1         | 22      | 2018            |    |            |
|                                      | PA     | 194041214      |    |           |         |                 |    |            |
| Full Name of Contributing Committee  | •      | •              |    | мо        | DAY     | YEAR            |    |            |
| FRIENDS OF MADELEINE DEAN COMMI      | TTEE   |                |    |           |         |                 |    |            |
| Mailing Address 795 GLEN RD          |        |                |    |           |         |                 | \$ | 100.00     |
| City JENKINTOWN                      | State  | Zip Code (Plus | 4) | 2         | 22      | 2018            |    |            |
|                                      | PA     | 190461528      |    |           |         |                 |    |            |
| Full Name of Contributing Committee  | •      | -              |    | мо        | DAY     | YEAR            |    |            |
| FRIENDS OF MARY JO DALEY             |        |                |    |           |         |                 |    |            |
| Mailing Address 1294 MONTGOME        | RY AVE |                |    |           |         |                 | \$ | 250.00     |
| City NARBERTH                        | State  | Zip Code (Plus | 4) | 3         | 12      | 2018            |    |            |
|                                      | PA     | 190721750      |    |           |         |                 |    |            |
|                                      | •      |                |    |           | -       | -               | Г  | DACE TOTAL |

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

**PAGE TOTAL**\$ 550.00

### 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 Candidat       | e                  |                                       | Rep  | orting Pe | eriod  |                 |    |           |
|--|--------------------|---------------------------------------|------|-----------|--------|-----------------|----|-----------|
| MARIAFORPA                                 |                    |                                       | Froi | m:        | 3/27/2 | 2 <u>018</u> To | ): | 4/30/2018 |
|  |                    | •                                     |      |           | DATE   |                 | P  | MOUNT     |
| Full Name of Contributor EILEEN ALBILLAR   |                    |                                       |      | МО        | DAY    | YEAR            |    |           |
| Mailing Address 116 GOLDFINCH CT           | -                  |                                       |      |           |        |                 | \$ | 50.00     |
| <b>City</b> WARRINGTON                     | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>189763010 |      | 1         | 12     | 2018            |    |           |
| Full Name of Contributor ELIEEN ALBILLAR   |                    |                                       |      | МО        | DAY    | YEAR            |    |           |
| Mailing Address 116 GOLDFINCH CT           | -                  |                                       |      |           |        |                 | \$ | 50.00     |
| City WARRINGTON                            | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>189763010 |      | 4         | 29     | 2018            |    |           |
| Full Name of Contributor ROSEANN ANTENOZZI |                    |                                       |      | МО        | DAY    | YEAR            |    |           |
| Mailing Address 621 ROSLYN AVE             |                    |                                       |      |           |        |                 | \$ | 100.00    |
| City GLENSIDE                              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>190383802 |      | 2         | 10     | 2018            |    |           |
| Full Name of Contributor CHRIS AUTH        |                    |                                       |      | МО        | DAY    | YEAR            |    |           |
| Mailing Address 705 BURBRIDGE RE           |                    |                                       |      | 4         | 29     | 2018            | \$ | 100.00    |
| City HATBORO                               | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>190404523 |      | 7         | 29     | 2010            |    |           |
| Full Name of Contributor TANYA BAMFORD     |                    |                                       |      | МО        | DAY    | YEAR            |    |           |
| Mailing Address 235 TWINING RD             |                    |                                       |      |           |        | 26:5            | \$ | 60.00     |
| City LANSDALE                              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>194466326 |      | 1         | 12     | 2018            |    |           |

| Full Name of Contributor DOUGLAS BESHORE  Mailing Address 1429 EVANS RD  City AMBLER  State PA 190021203  Full Name of Contributor DARYL BOLING  Mo DAY YEAR  \$ 100.0   |
|--|
| Mailing Address 1429 EVANS RD  City AMBLER  State PA 190021203  Full Name of Contributor DARYL BOLING  Mailing Address 1606 TWINING RD  \$ 100.0   |
| City AMBLER  State PA 190021203  Full Name of Contributor DARYL BOLING  Mailing Address 1606 TWINING RD  \$ 100.0  |
| Full Name of Contributor DARYL BOLING  Mailing Address 1606 TWINING RD  State PA 190021203  MO DAY YEAR  \$ 50.0   |
| Full Name of Contributor DARYL BOLING  Mo DAY YEAR  Mailing Address 1606 TWINING RD  \$ 50.0   |
| DARYL BOLING  MO DAY YEAR  Mailing Address 1606 TWINING RD  \$ 50.0  |
| Mailing Address 1606 TWINING RD \$ 50.0  |
| \$ 50.0  |
| 1 11 2018  |
| City WILLOW GROVE State Zip Code (Plus 4)  |
| PA 190904229   |
| Full Name of Contributor DARYL BOLING  MO DAY YEAR   |
| Mailing Address 1606 TWINING RD \$ 50.0  |
| City WILLOW GROVE State Zip Code (Plus 4) 1 12 2018  |
| PA 190904229   |
| Full Name of Contributor  JOE BOYCE  MO DAY YEAR   |
| Mailing Address 74 JUNIPER DR  |
| \$ 100.0   |
| State  |
| 1 28 2018  |
| City LEVITTOWN State Zip Code (Plus 4)   |
| City LEVITTOWN  State PA 190562731  Full Name of Contributor MARGARET BURKE  Mailing Address 714 ALDRIN AVE  State PA 190562731  MO DAY YEAR  \$ 100.0   |
| City LEVITTOWN  State   Zip Code (Plus 4)   1   28   2018   5   100.0    Full Name of Contributor   MO   DAY   YEAR    Mailing Address   714 ALDRIN AVE   5   2018   2018 |
| City LEVITTOWN  State PA 190562731  Full Name of Contributor MARGARET BURKE  Mailing Address 714 ALDRIN AVE  \$ 100.0  |
| City   LEVITTOWN   State   Zip Code (Plus 4)   1   28   2018   |
| City         LEVITTOWN         State PA         Zip Code (Plus 4) 190562731         1         28         2018         2018         2018         3         100.0         3         4         100.0         4         1         28         2018         2018         4         100.0         2018         4         100.0         2018         4         100.0         <   |
| State  |

| Full Name of Contributor SUZANNE BUSH  Mailing Address PO BOX 266  City GWYNEDD VALLEY  State PA 194370266  Full Name of Contributor SUZANNE BUSH  Mo DAY YEAR  \$ 50.00  City GWYNEDD VALLEY  State Zip Code (Plus 4) 194370266  Full Name of Contributor SUZANNE BUSH  Mo DAY YEAR  \$ 50.00  City GWYNEDD VALLEY  State Zip Code (Plus 4) 4 25 2018   |
|--|
| SUZANNE BUSH   |
| City GWYNEDD VALLEY  State PA 194370266  Full Name of Contributor SUZANNE BUSH  Mailing Address PO BOX 266  State PA 194370266  ### 50.00  |
| Full Name of Contributor SUZANNE BUSH  Mailing Address PO BOX 266  State PA 194370266  MO DAY YEAR  4 25 2018  |
| Full Name of Contributor SUZANNE BUSH  Mailing Address PO BOX 266  State   Zin Code (Plus 4)   4   25   2018   |
| SUZANNE BUSH  Mo DAY YEAR  Mailing Address PO BOX 266 \$ 50.00   |
| \$ 50.00   |
|  |
|  |
| PA 194370266   |
| Full Name of Contributor BONNIE CHANG  MO DAY YEAR   |
| Mailing Address 6064 STONEY HILL RD \$ 250.00  |
| City         NEW HOPE         State         Zip Code (Plus 4)         3         27         2018  |
| PA 189389601   |
|  |
| Full Name of Contributor MICHAEL CHOROST  MO DAY YEAR  |
| MICHAEL CHOROST  Mo DAY YEAR  Mailing Address 4701 CONNECTICUT AVE NW  \$ 50.00  |
| MICHAEL CHOROST  MO DAY YEAR  Mailing Address 4701 CONNECTICUT AVE NW  |
| MICHAEL CHOROST  Mo DAY YEAR  Mailing Address 4701 CONNECTICUT AVE NW  \$ 50.00  |
| MICHAEL CHOROST  Mo DAY YEAR  Mailing Address 4701 CONNECTICUT AVE NW  City WASHINGTON  State Zip Code (Plus 4)  3 30 2018   |
| MICHAEL CHOROST  Mailing Address 4701 CONNECTICUT AVE NW  City WASHINGTON  State DC 200085630  Full Name of Contributor MICHAEL CHOROST  Mailing Address 4701 CONNECTICUT AVE NW  \$ 125.00  |
| MICHAEL CHOROST  Mo DAY YEAR  Mailing Address 4701 CONNECTICUT AVE NW  City WASHINGTON  State Zip Code (Plus 4) DC 200085630  Full Name of Contributor MICHAEL CHOROST  Mo DAY YEAR  \$ 50.00  |
| MICHAEL CHOROST  Mailing Address 4701 CONNECTICUT AVE NW  City WASHINGTON  State DC 200085630  Full Name of Contributor MICHAEL CHOROST  Mo DAY YEAR  \$ 50.00  \$ 4701 CONNECTICUT AVE NW  Full Name of Contributor MO DAY YEAR  # 25 2018  |
| MICHAEL CHOROST  Mailing Address 4701 CONNECTICUT AVE NW  City WASHINGTON  State DC 2ip Code (Plus 4) 200085630  Full Name of Contributor MICHAEL CHOROST  Mailing Address 4701 CONNECTICUT AVE NW  City WASHINGTON  State Zip Code (Plus 4) 4 25 2018  \$ 125.00  |
| MICHAEL CHOROST  Mailing Address 4701 CONNECTICUT AVE NW  City WASHINGTON  State DC 200085630  Full Name of Contributor MICHAEL CHOROST  Mo DAY YEAR  \$ 50.00  Full Name of Contributor MICHAEL CHOROST  City WASHINGTON  State Zip Code (Plus 4) 4 25 2018  Full Name of Contributor MICHAEL CHOROST  Full Name of Contributor MICHAEL CHOROST  Full Name of Contributor MICHAEL CHOROST  Full Name of Contributor  Full Name of Contributor  MO DAY YEAR  * 125.00  |
| MICHAEL CHOROST  Mailing Address 4701 CONNECTICUT AVE NW  City WASHINGTON  State   Zip Code (Plus 4)   200085630  Full Name of Contributor   MO DAY   YEAR  Mailing Address 4701 CONNECTICUT AVE NW  City WASHINGTON  State   Zip Code (Plus 4)   25 2018  Full Name of Contributor   MO DAY   YEAR  Full Name of Contributor   YEAR   4 25 2018  Full Name of Contributor   AUX   YEAR   4 25 2018  Full Name of Contributor   FRANK CITERA   MO DAY   YEAR   YEA |

|   |  |                         |  |                |               |                  | FAGL |        |
|---|--|-------------------------|--|----------------|---------------|------------------|------|--------|
| Full Name of Cor  | ntributor  |                         |  |                |               |                  |      |        |
| JAMES H CLAIR   |  |                         |  | МО             | DAY           | YEAR             |      |        |
| Mailing Address   | 622 MELVINS RD                                       |                         |  |                |               |                  | \$   | 100.00 |
| City TELFORD  | )  | State                   | Zip Code (Plus 4)                      | 4              | 13            | 2018             |      |        |
|   |  | PA                      | 189692120                              |                |               |                  |      |        |
| Full Name of Cor  | ntributor  |                         |  | МО             | DAY           | YEAR             |      |        |
| Mailing Address   | 409 HARRIS AVE                                       |                         |  |                |               |                  | \$   | 250.00 |
| City CROYDO   | N  | State                   | Zip Code (Plus 4)                      | 4              | 30            | 2018             |      |        |
| , CROTOC  | IN   | PA                      | 190216828                              |                |               |                  |      |        |
| Full Name of Cor  |  |                         |  | МО             | DAY           | YEAR             |      |        |
| Mailing Address   | PO BOX 381   |                         |  |                |               |                  | \$   | 250.00 |
| City GLENSI   | )F   | State                   | Zip Code (Plus 4)                      | 4              | 30            | 2018             |      |        |
| GLINGIE   | , <u> </u>   | PA                      | 190380381                              |                |               |                  |      |        |
| Full Name of Cor<br>NELLIE DIPIETR  |  |                         |  | МО             | DAY           | YEAR             |      |        |
|   |  |                         |  |                |               |                  |      |        |
| Mailing Address   | 232 TRINITY AVE                                      |                         |  |                |               |                  | \$   | 100.00 |
|   | 232 TRINITY AVE                                      | State                   | Zip Code (Plus 4)                      | 4              | 20            | 2018             | \$   | 100.00 |
|   | 232 TRINITY AVE                                      | <b>State</b><br>PA      | <b>Zip Code (Plus 4)</b> 190024809     | 4              | 20            | 2018             | \$   | 100.00 |
|   |  |                         |  | 4<br><b>MO</b> | 20<br>DAY     | 2018<br>YEAR     | \$   | 100.00 |
| City AMBLER   |  | PA                      |  |                | DAY           | YEAR             | \$   | 100.00 |
| City AMBLER  Full Name of Cor ANDREI DUNCA  Mailing Address   | ntributor<br>680 MISSION ST A                        | PA                      |  |                |               |                  |      |        |
| City AMBLER  Full Name of Cor ANDREI DUNCA  Mailing Address   | ntributor<br>680 MISSION ST A                        | PA APT 10T              | 190024809                              | мо             | DAY           | YEAR             |      |        |
| City AMBLER  Full Name of Cor ANDREI DUNCA  Mailing Address   | 680 MISSION ST A                                     | PA APT 10T State        | 190024809  Zip Code (Plus 4)           | мо             | DAY           | YEAR             |      |        |
| Full Name of Cor ANDREI DUNCA Mailing Address City SAN FRA  Full Name of Cor                              | 680 MISSION ST A                                     | PA APT 10T State CA     | 190024809  Zip Code (Plus 4)           | MO 4           | DAY 28        | YEAR 2018        |      |        |
| Full Name of Cor ANDREI DUNCA Mailing Address City SAN FRA  Full Name of Cor LINDA FISHER Mailing Address | 680 MISSION ST A NCISCO  htributor  233 S 6TH ST APT | PA APT 10T State CA     | 190024809  Zip Code (Plus 4)           | <b>MO</b> 4    | <b>DAY</b> 28 | <b>YEAR</b> 2018 | \$   | 100.00 |
| Full Name of Cor ANDREI DUNCA Mailing Address City SAN FRA Full Name of Cor LINDA FISHER Mailing Address  | 680 MISSION ST A NCISCO  htributor  233 S 6TH ST APT | PA APT 10T State CA 309 | 190024809  Zip Code (Plus 4) 941054024 | MO 4           | DAY 28        | YEAR 2018        | \$   | 100.00 |

| Mailing Address   23500 NORWOOD OAK PARK   State   Zip Code (Plus 4)   48237   |                                    |                                      |          |                   |    |     |      | PAGE | O      |
|--|------------------------------------|--------------------------------------|----------|-------------------|----|-----|------|------|--------|
| Mailing Address  | Full Name of Cont                  | ributor                              |          |                   |    |     |      |      |        |
| State  | MARY FOERG                         |                                      |          |                   | МО | DAY | YEAR |      |        |
| Mil   A8237   Mo   | Mailing Address                    | 23500 NORWOOD                        | OAK PARK |                   |    |     |      | \$   | 100.00 |
| Full Name of Contributor   LYNNE GOLD-BIKIN  | City OAK PARK                      |                                      | State    | Zip Code (Plus 4) | 1  | 24  | 2018 |      |        |
| Mailing Address   307 HUGHES RD   3  | 27.11.17.11.1                      |                                      | MI       | 48237             |    |     |      |      |        |
| Mailing Address   307 HUGHES RD   307 HUGHES |                                    |                                      |          |                   | МО | DAY | YEAR |      |        |
| State   PA   | LYNNE GOLD-BIK                     | IN                                   |          |                   |    |     |      |      |        |
| Full Name of Contributor   John Hnatin   Mo   Day   Year   Mo   Day    | Mailing Address                    | 307 HUGHES RD                        |          |                   |    |     |      | \$   | 250.00 |
| PA   | City KING OF I                     | PRUSSIA                              | State    | Zip Code (Plus 4) | 3  | 6   | 2018 |      |        |
| Mailing Address   90 ALTON RD APT 3107   2018   331396889   30 ALTON RD APT 3107   331396889   30 ALTON RD APT 3109   30 ALTON RD AP |                                    |                                      | PA       | 194063713         |    |     |      |      |        |
| City   MIAMI BEACH   State   Zip Code (Plus 4)   331396889   | Full Name of Cont<br>JEFF GOLDBERG | ributor                              |          |                   | МО | DAY | YEAR |      |        |
| Full Name of Contributor   John HNATIN   | Mailing Address                    | 90 ALTON RD APT                      | 3107     |                   |    |     |      | \$   | 100.00 |
| Full Name of Contributor   JOHN HNATIN   | City MIAMI BE                      | ACH                                  | State    | Zip Code (Plus 4) | 4  | 30  | 2018 |      |        |
| Mo   |                                    |                                      | FL       | 331396889         |    |     |      |      |        |
| State   PA   194062521   2018   \$ 50.00   | Full Name of Cont                  | ributor                              |          |                   | МО | DAY | YEAR |      |        |
| Full Name of Contributor   | Mailing Address                    | 154 CROOKED LN                       |          |                   |    |     |      | \$   | 50.00  |
| PA   | City KING OF I                     | PRUSSIA                              | State    | Zip Code (Plus 4) | 2  | 21  | 2018 |      |        |
| Full Name of Contributor 3OHN HNATIN  Mo DAY YEAR  Moling Address 154 CROOKED LN  City KING OF PRUSSIA  State PA 194062521  Full Name of Contributor BONNY HODGES  17 S HILLCREST RD  City SPRINGFIELD  State  Zip Code (Plus 4) 194062521  Full Name of Contributor BONNY HODGES  2ip Code (Plus 4) 4 25 2018  **  Total Part Part Part Part Part Part Part Part  |                                    |                                      | PA       | 194062521         |    |     |      |      |        |
| State   Zip Code (Plus 4)   194062521  | Full Name of Cont                  | ributor                              |          |                   | МО |     |      |      |        |
| Full Name of Contributor BONNY HODGES  Mailing Address 17 S HILLCREST RD  City SPRINGFIELD  State PA 194062521  MO DAY YEAR  \$ 100.00   | Mailing Address                    | 154 CROOKED LN                       |          |                   |    |     |      | \$   | 50.00  |
| Full Name of Contributor<br>BONNY HODGES         MO         DAY         YEAR           Mailing Address         17 S HILLCREST RD         25         2018   | City KING OF I                     | PRUSSIA                              | State    | Zip Code (Plus 4) | 4  | 22  | 2018 |      |        |
| Mailing Address 17 S HILLCREST RD  City SPRINGFIELD  State Zip Code (Plus 4)  MO DAY YEAR  \$ 100.00   |                                    |                                      |          |                   |    |     |      | i    |        |
| City         SPRINGFIELD         State         Zip Code (Plus 4)         4         25         2018         \$ 100.00   |                                    |                                      | PA       | 194062521         |    |     |      |      |        |
| SPRINGFIELD State Zip Code (Fids 4)  |                                    |                                      | PA       | 194062521         | мо | DAY | YEAR |      |        |
| STRATES ALE  |                                    | ributor                              |          | 194062521         | мо | DAY | YEAR | \$   | 100.00 |
|  | BONNY HODGES  Mailing Address      | r <b>ibutor</b><br>17 S HILLCREST RI |          |                   |    |     |      | \$   | 100.00 |

| Full Name of Contributor   | МО      | DAY             | YEAR             |                      |
|--|---------|-----------------|------------------|----------------------|
| KATHLEEN HOFFMAN   |         |                 |                  |                      |
| Mailing Address 1325 MCAULEY CT  |         |                 |                  | \$ 60.00             |
| City LOWER GWYNEDD State Zip Code (Plus 4)   | 1       | 12              | 2018             |                      |
| PA 190021325   |         |                 |                  |                      |
| Full Name of Contributor   | МО      | DAY             | YEAR             |                      |
| CARLA KING   | 1.10    |                 |                  |                      |
| Mailing Address 300 RELAIS TRCE  |         |                 |                  | <b>\$</b> 100.00     |
| City ALPHARETTA State Zip Code (Plus 4)  | 2       | 9               | 2018             |                      |
| GA 300044226   |         |                 |                  |                      |
| Full Name of Contributor   | мо      | DAY             | YEAR             |                      |
| KAREN KINGMA   |         |                 |                  |                      |
| Mailing Address 501 MONTGOMERY RD  |         |                 | 2010             | <b>\$</b> 250.00     |
| City AMBLER State Zip Code (Plus 4)  | 1       | 28              | 2018             |                      |
| Da   | I       |                 |                  |                      |
| PA 190023532   |         |                 |                  |                      |
| Full Name of Contributor PHYLLIS KRAMER  | МО      | DAY             | YEAR             |                      |
| Full Name of Contributor   | МО      | DAY             | YEAR             | \$ 10.09             |
| Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  | мо 3    | <b>DAY</b> 30   | <b>YEAR</b> 2018 | \$ 10.09             |
| Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  |         |                 |                  | \$ 10.09             |
| Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  City WASHINGTON State Zip Code (Plus 4)   |         |                 |                  | \$ 10.09             |
| Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  City WASHINGTON State Zip Code (Plus 4) DC 200371900  Full Name of Contributor  | 3       | 30              | 2018             | \$ 10.09<br>\$ 50.00 |
| Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  City WASHINGTON  State DC 200371900  Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  | 3       | 30              | 2018             |                      |
| Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  City WASHINGTON  State Zip Code (Plus 4) 200371900  Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S   | мо      | 30<br>DAY       | 2018<br>YEAR     |                      |
| Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  City WASHINGTON  Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  City WASHINGTON  State Zip Code (Plus 4) 200371900  Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  City WASHINGTON  State Zip Code (Plus 4) 200371900  Full Name of Contributor | мо      | 30<br>DAY       | 2018<br>YEAR     |                      |
| Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  City WASHINGTON  Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  City WASHINGTON  State DC 200371900  City WASHINGTON  DC 200371900  | мо<br>4 | 30<br>DAY<br>30 | 2018  YEAR  2018 |                      |
| Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  City WASHINGTON  Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  City WASHINGTON  State Zip Code (Plus 4) 200371900  Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  City WASHINGTON  State Zip Code (Plus 4) 200371900  Full Name of Contributor | мо 4 мо | 30 DAY 30       | 2018  YEAR  2018 |                      |
| Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  City WASHINGTON  Full Name of Contributor PHYLLIS KRAMER  Mailing Address 2500 VIRGINIA AVE NW APT 217-S  City WASHINGTON  State Zip Code (Plus 4) 200371900  Full Name of Contributor DC 200371900  Full Name of Contributor TAMMY LEWIS   | мо<br>4 | 30<br>DAY<br>30 | 2018  YEAR  2018 | \$ 50.00             |

| Full Name of Contributor   |      | DAY                        | VEAD                 |                        |
|--|------|----------------------------|----------------------|------------------------|
| HOWARD MCELROY   | МО   | DAY                        | YEAR                 |                        |
| Mailing Address 31103 ANNS CHOICE WAY  |      |                            |                      | <b>\$</b> 100.00       |
| City WARMINSTER State Zip Code (Plus 4)  | 4    | 13                         | 2018                 |                        |
| PA 189743368   |      |                            |                      |                        |
| Full Name of Contributor  EVIE MCNIFF  | мо   | DAY                        | YEAR                 |                        |
| Mailing Address 332 STENTON AVE  |      |                            |                      | <b>\$</b> 100.00       |
| City PLYMOUTH MEETIN State Zip Code (Plus 4)   | 2    | 12                         | 2018                 |                        |
| PA 194621222   |      |                            |                      |                        |
| Full Name of Contributor STEPHANIE MILLER  | МО   | DAY                        | YEAR                 |                        |
| Mailing Address 2413 ALTA MONTE DR   |      |                            |                      | <b>\$</b> 150.00       |
|  |      |                            |                      |                        |
| City CEDAR PARK State Zip Code (Plus 4)  | 2    | 10                         | 2018                 |                        |
| City         CEDAR PARK         State         Zip Code (Plus 4)           TX         786131533   | 2    | 10                         | 2018                 |                        |
| CEDAR PARK   | 2 мо | DAY                        | YEAR                 |                        |
| TX 786131533  Full Name of Contributor   |      |                            |                      | <b>\$</b> 100.00       |
| Full Name of Contributor BETHANY MITCHELL  |      |                            |                      | <b>\$</b> 100.00       |
| Full Name of Contributor BETHANY MITCHELL  Mailing Address 6823 ALBANY BROOKE DR   | МО   | DAY                        | YEAR                 | \$ 100.00              |
| Full Name of Contributor BETHANY MITCHELL  Mailing Address 6823 ALBANY BROOKE DR  City WESTERVILLE State Zip Code (Plus 4)   | МО   | DAY                        | YEAR                 | \$ 100.00              |
| Full Name of Contributor BETHANY MITCHELL  Mailing Address 6823 ALBANY BROOKE DR  City WESTERVILLE  State OH 430817134  Full Name of Contributor   | MO 1 | DAY 24                     | YEAR 2018            | \$ 100.00<br>\$ 100.00 |
| Full Name of Contributor BETHANY MITCHELL  Mailing Address 6823 ALBANY BROOKE DR  City WESTERVILLE State OH 430817134  Full Name of Contributor KAREN NICHOLS  Mailing Address 4090 RIDGEVIEW RD   | MO 1 | <b>DAY</b> 24              | <b>YEAR</b> 2018     |                        |
| Full Name of Contributor BETHANY MITCHELL  Mailing Address 6823 ALBANY BROOKE DR  City WESTERVILLE  State OH 430817134  Full Name of Contributor KAREN NICHOLS  Mailing Address 4090 RIDGEVIEW RD  | MO 1 | DAY 24                     | YEAR 2018            |                        |
| Full Name of Contributor BETHANY MITCHELL  Mailing Address 6823 ALBANY BROOKE DR  City WESTERVILLE  Full Name of Contributor KAREN NICHOLS  Mailing Address 4090 RIDGEVIEW RD  City CLEVELAND  State Zip Code (Plus 4) 430817134   | MO 1 | DAY 24                     | YEAR 2018            |                        |
| Full Name of Contributor BETHANY MITCHELL  Mailing Address 6823 ALBANY BROOKE DR  City WESTERVILLE State OH 430817134  Full Name of Contributor KAREN NICHOLS  Mailing Address 4090 RIDGEVIEW RD  City CLEVELAND State OH 441441724  Full Name of Contributor                              | MO 1 | <b>DAY</b> 24 <b>DAY</b> 2 | YEAR 2018  YEAR 2018 |                        |
| Full Name of Contributor BETHANY MITCHELL  Mailing Address 6823 ALBANY BROOKE DR  City WESTERVILLE State OH 430817134  Full Name of Contributor KAREN NICHOLS  Mailing Address 4090 RIDGEVIEW RD  City CLEVELAND State Zip Code (Plus 4) 441441724  Full Name of Contributor ASHLEY NORRIS | MO 1 | <b>DAY</b> 24 <b>DAY</b> 2 | YEAR 2018  YEAR 2018 | \$ 100.00              |

|   |           |               |                  | FAGE II               |
|---|-----------|---------------|------------------|-----------------------|
| Full Name of Contributor  |           |               |                  |                       |
| CARRIE PARKS  | МО        | DAY           | YEAR             |                       |
| Mailing Address 1045 NEELEYS BND  |           |               |                  | <b>\$</b> 250.00      |
| City SPRING HILL State Zip Code (Plus 4)  | 2         | 11            | 2018             |                       |
| TN 371742970  |           |               |                  |                       |
| Full Name of Contributor  |           |               |                  |                       |
| VALERIE PIERCE  | МО        | DAY           | YEAR             |                       |
| Mailing Address 1570 SANCHEZ ST   |           |               |                  | <b>\$</b> 28.57       |
| City SAN FRANCISCO State Zip Code (Plus 4)  | 4         | 15            | 2018             |                       |
| CA 941312328  |           |               |                  |                       |
| Full Name of Contributor VALERIE PIERCE   | МО        | DAY           | YEAR             |                       |
| Mailing Address 1570 SANCHEZ ST   |           |               |                  | <b>\$</b> 28.57       |
| City SAN FRANCISCO State Zip Code (Plus 4)  | 4         | 15            | 2018             |                       |
|   |           |               |                  |                       |
| CA 941312328  |           |               |                  |                       |
|   | МО        | DAY           | YEAR             |                       |
| Full Name of Contributor  | МО        | DAY           | YEAR             | <b>\$</b> 100.00      |
| Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR   | <b>MO</b> | <b>DAY</b> 11 | <b>YEAR</b> 2018 | <b>\$</b> 100.00      |
| Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR   |           |               |                  | \$ 100.00             |
| Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR  City FOUNTAINVILLE  State Zip Code (Plus 4)  |           |               |                  | \$ 100.00             |
| Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR  City FOUNTAINVILLE  State Zip Code (Plus 4) PA 189239507  Full Name of Contributor   | 1         | DAY           | 2018<br>YEAR     | \$ 100.00<br>\$ 50.00 |
| Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR  City FOUNTAINVILLE  State Zip Code (Plus 4) 189239507  Full Name of Contributor RACHEL REDDICK   | 1         | 11            | 2018             |                       |
| Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR  City FOUNTAINVILLE  State   Zip Code (Plus 4)   189239507  Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR   | 1 MO      | DAY           | 2018<br>YEAR     |                       |
| Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR  City FOUNTAINVILLE  Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR  City FOUNTAINVILLE  State Zip Code (Plus 4) 189239507  Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR  City FOUNTAINVILLE  State Zip Code (Plus 4)   | 1 MO      | DAY           | 2018<br>YEAR     |                       |
| Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR  City FOUNTAINVILLE  State PA 189239507  Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR  City FOUNTAINVILLE  State PA 2ip Code (Plus 4) 189239507  Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR  City FOUNTAINVILLE  State PA 189239507                                 | мо<br>- 4 | 11 DAY 30     | 2018  YEAR  2018 |                       |
| Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR  City FOUNTAINVILLE  Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR  City FOUNTAINVILLE  State Zip Code (Plus 4) 189239507  Full Name of Contributor RACHEL REDDICK  Mailing Address 52 WILLIAMS DR  City FOUNTAINVILLE  State Zip Code (Plus 4) 189239507  Full Name of Contributor LORI RICHARDS | мо<br>- 4 | 11 DAY 30     | 2018  YEAR  2018 | \$ 50.00              |

|   |  |                        |  |           |               |                  | FAGL 12               |
|---|--|------------------------|--|-----------|---------------|------------------|-----------------------|
| Full Name of Con  | tributor   |                        |  | МО        | DAY           | YEAR             |                       |
| LORI RICHARDS   |  |                        |  | MO        |               | ILAK             |                       |
| Mailing Address   | 2327 NEBRASKA A  | VE NW                  |  | _         |               |                  | <b>\$</b> 7.69        |
| City WASHIN   | GTON   | State                  | Zip Code (Plus 4)                      | 4         | 11            | 2018             |                       |
|   |  | DC                     | 200163317                              |           |               |                  |                       |
| Full Name of Con  |  |                        |  | мо        | DAY           | YEAR             |                       |
| Mailing Address   | 2405 ROCK TERRA  | CE CIR                 |  |           |               |                  | \$ 250.00             |
| City AUSTIN   |  | State                  | Zip Code (Plus 4)                      | 2         | 2             | 2018             |                       |
|   |  | TX                     | 787043838                              |           |               |                  |                       |
| Full Name of Con  |  |                        |  | мо        | DAY           | YEAR             |                       |
| Mailing Address   | 175 BUSTLETON PI   | KE                     |  |           |               |                  | <b>\$</b> 100.00      |
| City FEASTER  | VILLE TR   | State                  | Zip Code (Plus 4)                      | 4         | 26            | 2018             |                       |
|   |  | PA                     | 190536456                              |           |               |                  |                       |
|   |  |                        |  |           |               |                  |                       |
| Full Name of Con<br>DEBRA SCHAEFF   |  |                        |  | мо        | DAY           | YEAR             |                       |
|   |  |                        |  | мо        | DAY           | YEAR             | <b>\$</b> 100.00      |
| DEBRA SCHAEFF   | ER   | State                  | Zip Code (Plus 4)                      | <b>MO</b> | <b>DAY</b> 28 | <b>YEAR</b> 2018 | \$ 100.00             |
| DEBRA SCHAEFF Mailing Address   | ER   |                        | <b>Zip Code (Plus 4)</b> 190022077     |           |               |                  | \$ 100.00             |
| DEBRA SCHAEFF Mailing Address   | 823 PENLLYN PIKE   | State                  |  |           |               |                  | \$ 100.00             |
| DEBRA SCHAEFF  Mailing Address  City AMBLER  Full Name of Con   | 823 PENLLYN PIKE   | State<br>PA            |  | 1         | 28<br>DAY     | 2018<br>YEAR     | \$ 100.00<br>\$ 25.00 |
| Mailing Address  City AMBLER  Full Name of Condense Schaeff   | 823 PENLLYN PIKE  823 PENLLYN PIKE   | State<br>PA            |  | 1         | 28            | 2018             |                       |
| DEBRA SCHAEFF  Mailing Address  City AMBLER  Full Name of Condense Schaeff  Mailing Address   | 823 PENLLYN PIKE  823 PENLLYN PIKE   | State<br>PA            | 190022077                              | 1 мо      | 28<br>DAY     | 2018<br>YEAR     |                       |
| DEBRA SCHAEFF  Mailing Address  City AMBLER  Full Name of Condense Schaeff  Mailing Address   | 823 PENLLYN PIKE  Stributor  EER  823 PENLLYN PIKE   | State PA State         | 190022077  Zip Code (Plus 4)           | 1 мо      | 28<br>DAY     | 2018<br>YEAR     |                       |
| DEBRA SCHAEFF  Mailing Address  City AMBLER  Full Name of Con DEBRA SCHAEFF  Mailing Address  City AMBLER   | 823 PENLLYN PIKE  Stributor  EER  823 PENLLYN PIKE   | State PA  State PA     | 190022077  Zip Code (Plus 4)           | MO 4      | 28 DAY 20     | 2018  YEAR  2018 |                       |
| DEBRA SCHAEFF  Mailing Address  City AMBLER  Full Name of Condense Schaeff  Mailing Address  City AMBLER  Full Name of Condense Schaeff  Mailing Address  City AMBLER                                 | 823 PENLLYN PIKE  Stributor  SER  823 PENLLYN PIKE  STRIBUTOR  STRIBUTOR  JNNINGHAM  4210 DAVISVILLE F | State PA  State PA     | 190022077  Zip Code (Plus 4)           | MO 4      | 28<br>DAY     | 2018  YEAR  2018 | \$ 25.00              |
| DEBRA SCHAEFF Mailing Address  City AMBLER  Full Name of Condense Schaeff Mailing Address  City AMBLER  Full Name of Condense Schaeff  Mailing Address  Full Name of Condense Schaeff Mailing Address | 823 PENLLYN PIKE  Stributor  SER  823 PENLLYN PIKE  STRIBUTOR  STRIBUTOR  JNNINGHAM  4210 DAVISVILLE F | State PA  State PA  RD | 190022077  Zip Code (Plus 4) 190022077 | мо<br>4   | 28 DAY 20     | 2018  YEAR  2018 | \$ 25.00              |

| Full Name of Contributor   |           |               |                  |                      |
|--|-----------|---------------|------------------|----------------------|
| CAMANTHA CEMANEZ   | МО        | DAY           | YEAR             |                      |
| SAMANTHA SEMANEK   |           |               |                  |                      |
| Mailing Address 926 IRVING ST  |           |               |                  | <b>\$</b> 50.00      |
| City PHILADELPHIA State Zip Code (Plus 4)  | 3         | 12            | 2018             |                      |
| PA 191075718   |           |               |                  |                      |
|  |           |               |                  |                      |
| Full Name of Contributor SAMANTHA SEMANEK  | МО        | DAY           | YEAR             |                      |
| Mailing Address 926 IRVING ST  |           |               |                  | <b>\$</b> 25.00      |
| City PHILADELPHIA State Zip Code (Plus 4)  | 4         | 29            | 2018             |                      |
| PHILADELPHIA PA 191075718  |           |               |                  |                      |
| 1910/3/16  |           |               |                  |                      |
| Full Name of Contributor SARAH STASNY  | МО        | DAY           | YEAR             |                      |
| Mailing Address 207 DEAN ST APT 1  |           |               |                  | <b>\$</b> 100.00     |
| City BROOKLYN State Zip Code (Plus 4)  | 3         | 29            | 2018             |                      |
|  |           | l             |                  |                      |
| NY 112172202   |           |               |                  |                      |
| Full Name of Contributor KEN SUROWITZ  | МО        | DAY           | YEAR             |                      |
| Full Name of Contributor   | мо        | DAY           |                  | <b>\$</b> 50.00      |
| Full Name of Contributor  KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR   | <b>MO</b> | <b>DAY</b> 28 | <b>YEAR</b> 2018 | \$ 50.00             |
| Full Name of Contributor  KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR   |           |               |                  | \$ 50.00             |
| Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  City BLUE BELL State Zip Code (Plus 4)  |           |               |                  | <b>\$</b> 50.00      |
| Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  City BLUE BELL State Zip Code (Plus 4)  |           |               |                  | \$ 50.00             |
| Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  City BLUE BELL State PA 194223210  Full Name of Contributor   | 1         | 28<br>DAY     | 2018<br>YEAR     | \$ 50.00<br>\$ 50.00 |
| Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  City BLUE BELL State PA 194223210  Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  | 1         | 28            | 2018             |                      |
| Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  City BLUE BELL State PA 194223210  Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  | 1         | 28<br>DAY     | 2018<br>YEAR     |                      |
| Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  City BLUE BELL State PA 194223210  Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  City BLUE BELL State PA 194223210   | 1         | 28<br>DAY     | 2018<br>YEAR     |                      |
| Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  City BLUE BELL State PA 194223210  Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  City BLUE BELL State PA 2ip Code (Plus 4) 194223210   | 1         | 28<br>DAY     | 2018<br>YEAR     |                      |
| Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  City BLUE BELL State PA 194223210  Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  City BLUE BELL State PA 194223210  Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  City BLUE BELL PA 194223210 | 1         | 28 DAY 30     | 2018  YEAR  2018 |                      |
| Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  City BLUE BELL State PA 194223210  Full Name of Contributor KEN SUROWITZ  Mailing Address 226 WINGED FOOT DR  City BLUE BELL State PA 194223210  Full Name of Contributor VINCE TULIO   | 1 MO 4    | 28<br>DAY     | 2018  YEAR  2018 | \$ 50.00             |

| Full Name of Contributor<br>ROCHELLE WALDMAN | мо                             | DAY                                   | YEAR |     |      |                  |
|--|--------------------------------|---------------------------------------|------|-----|------|------------------|
| Mailing Address 1710 DORHA                   | M CT                           |                                       |      |     |      | <b>\$</b> 100.00 |
| City BLUE BELL                               | <b>State</b><br>PA             | <b>Zip Code (Plus 4)</b><br>194222909 | 1    | 12  | 2018 |                  |
| Full Name of Contributor ROCHELLE WALDMAN    | МО                             | DAY                                   | YEAR |     |      |                  |
| Mailing Address 1710 DORHA                   | Mailing Address 1710 DORHAM CT |                                       |      |     |      | \$ 50.00         |
| City BLUE BELL                               | <b>State</b><br>PA             | <b>Zip Code (Plus 4)</b><br>194222909 | 4    | 30  | 2018 |                  |
| Full Name of Contributor KIM ZYSK-MCHUGH     |                                |                                       | МО   | DAY | YEAR |                  |
| Mailing Address 352 DALE RD                  |                                |                                       |      |     |      | <b>\$</b> 100.00 |
| City BETHEL PARK                             | <b>State</b><br>PA             | <b>Zip Code (Plus 4)</b><br>151021206 | 3    | 4   | 2018 |                  |

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

**PAGE TOTAL \$** 6,044.92

#### **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                                       | me of Filing Committee or Candidate Repo                                    |                          |                           |            | ting Period |      |                  |          |  |
|---|---|--------------------------|---------------------------|------------|-------------|------|------------------|----------|--|
| MARIAFORPA  |   |                          | From:                     | <u>3/2</u> | 7/2018      | То:  | 4/30/2018        |          |  |
|   |   |                          |                           | DA         | TE          |      | AMOUNT           |          |  |
| Full Name of Contributing Committee CITIZENS FOR HUGHES                     |   |                          |                           | МО         | DAY         | YEAR |                  |          |  |
| Mailing Address 4950 PARKSIDE AV  | /E # 106  |                          |                           |            |             |      | \$               | 5,000.00 |  |
| City PHILADELPHIA   | <b>State</b><br>PA  | <b>Zip Cod</b>           | <b>e (Plus 4)</b><br>1700 | 3          | 15          | 2018 |                  |          |  |
| Full Name of Contributing Committee  MONTGOMERY COUNTY DEMOCRATIC COMMITTEE |   |                          |                           |            | DAY         | YEAR |                  |          |  |
| Mailing Address PO BOX 857  City NORRISTOWN                                 | <b>State</b><br>PA  | <b>Zip Cod</b>           | <b>e (Plus 4)</b><br>0857 | 4 12       |             | 2018 | <b>\$</b> 500.00 |          |  |
| Full Name of Contributing Committee  MONTGOMERY COUNTY DEMOCRATIO           | Full Name of Contributing Committee  MONTGOMERY COUNTY DEMOCRATIC COMMITTEE |                          |                           |            | DAY         | YEAR |                  |          |  |
| Mailing Address PO BOX 857  |   |                          |                           |            |             |      | \$               | 2,000.00 |  |
| City NORRISTOWN   | <b>State</b><br>PA  | <b>Zip Cod</b><br>194040 | <b>e (Plus 4)</b><br>)857 | 4          | 24          | 2018 |                  |          |  |
| Full Name of Contributing Committee PLUMBER LOCAL #690                      |   | ·                        |                           | МО         | DAY         | YEAR |                  |          |  |
| Mailing Address 2791 SOUTHAMPTO   |   |                          |                           | 3          | 8           | 2018 | \$               | 3,000.00 |  |
| City PHILADELPHIA   | <b>State</b><br>PA  | <b>Zip Cod</b><br>191541 | e (Plus 4)                | 3          | 0           | 2010 |                  |          |  |
| Full Name of Contributing Committee PLUMBER LOCAL #690                      |   |                          |                           | мо         | DAY         | YEAR |                  |          |  |
| Mailing Address 2791 SOUTHAMPTON RD   |   |                          |                           |            |             |      | \$               | 2,000.00 |  |
| City PHILADELPHIA   | <b>State</b><br>PA  | <b>Zip Cod</b> 191541    | <b>e (Plus 4)</b><br>1211 | 3          | 22          | 2018 |                  |          |  |

| Full Name of Contributing Committee  REPRESENT PAC |       |                   | МО | DAY | YEAR |                    |
|--|-------|-------------------|----|-----|------|--------------------|
| Mailing Address PO BOX 58432                       |       |                   |    |     |      | <b>\$</b> 3,500.00 |
| City PHILADELPHIA                                  | State | Zip Code (Plus 4) | 4  | 15  | 2018 |                    |
|  | PA    | 191028432         |    |     |      |                    |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| PAGE TOTAL      |
|-----------------|
| \$<br>16,000.00 |

### 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 Co            | ommittee or Candidate  |       |          |                         | Rep    | orting Pe                 | riod          |               |                     |  |  |
|------------------------------|------------------------|-------|----------|-------------------------|--------|---------------------------|---------------|---------------|---------------------|--|--|
| MARIAFORPA                   |                        |       |          |                         | Fron   | n:                        | <u>3/27/2</u> | <u>018</u> To | o: <u>4/30/2018</u> |  |  |
|                              |                        |       |          |                         |        | DATE                      |               |               | AMOUNT              |  |  |
| Full Name of Con             | tributor               |       |          |                         |        |                           |               |               |                     |  |  |
| MARIA COLLETT                |                        |       |          |                         |        | МО                        | DAY           | YEAR          |                     |  |  |
| Mailing<br>Address           | 812 WARREN RD          |       |          |                         |        |                           |               |               | \$ 25.00            |  |  |
| City AMBLER                  |                        | State | Zip Code | (Plus                   | 4)     | 1                         | 4             | 2018          |                     |  |  |
| ALIBEEN                      |                        | PA    | 1900222  | 207                     |        |                           |               |               |                     |  |  |
| Employer Name AETNA          |                        |       |          | Occupat                 | tion N | IURSE E                   | EDUCATOR      |               |                     |  |  |
|                              | Address/Principal Plac | e of  | City     | ,                       |        | •                         | State         |               | Zip Code (Plus 4)   |  |  |
| Business                     |                        |       |          |                         |        |                           |               |               |                     |  |  |
|                              |                        |       |          |                         |        |                           |               |               |                     |  |  |
| Full Name of Con             | tributor               |       |          |                         |        |                           |               |               |                     |  |  |
| MARIA COLLETT                |                        |       |          |                         |        | МО                        | DAY           | YEAR          |                     |  |  |
| Mailing<br>Address           | 812 WARREN RD          |       |          |                         |        |                           |               |               | \$ 2,500.00         |  |  |
| City AMBLER                  |                        | State | Zip Code | (Plus                   | 4)     | 4                         | 28            | 2018          |                     |  |  |
|                              |                        | PA    | 1900222  | 207                     |        |                           |               |               |                     |  |  |
| Employer Name                | AETNA                  |       |          |                         |        | Occupation NURSE EDUCATOR |               |               |                     |  |  |
|                              | Address/Principal Plac | e of  | City     | ,                       |        | •                         | State         |               | Zip Code (Plus 4)   |  |  |
| Business                     |                        |       |          |                         |        |                           |               |               |                     |  |  |
| Full Name of Con             | tributor               |       |          |                         |        |                           |               |               |                     |  |  |
| MICHAEL F FINK               |                        |       |          |                         |        | МО                        | DAY           | YEAR          |                     |  |  |
| Mailing<br>Address           | 3439 BRAE BOURN DI     | ₹     |          |                         |        |                           |               |               | \$ 1,000.00         |  |  |
| City HUNTING                 | SDON VILL              | State | Zip Code | (Plus                   | 4)     | 3                         | 28            | 2018          |                     |  |  |
|                              |                        | PA    | 1900640  | 003                     |        |                           |               |               |                     |  |  |
| Employer Name NOT EMPLOYED   |                        |       |          | Occupation NOT EMPLOYED |        |                           |               |               |                     |  |  |
| Employer Mailing<br>Business | Address/Principal Plac | e of  | City     | ,                       |        |                           | State         |               | Zip Code (Plus 4)   |  |  |

|   |                 |                   |         |       |        | 1                  |
|---|-----------------|-------------------|---------|-------|--------|--------------------|
| Full Name of Contributor                                  |                 |                   | МО      | DAY   | YEAR   |                    |
| MICHAEL F FINK  |                 |                   | 1-10    |       |        |                    |
| Mailing Address 3439 BRAE BOURN DI                        | ₹               |                   |         |       |        | <b>\$</b> 1,500.00 |
| City HUNTINGDON VILL                                      | State           | Zip Code (Plus 4) | 4       | 27    | 2018   |                    |
| HONTINGDON VILL   | PA              | 190064003         |         |       |        |                    |
|   |                 |                   |         |       |        |                    |
| Employer Name   |                 |                   | Occupat | tion  |        |                    |
| Employer Mailing Address/Principal Plac                   | e of            | City              |         | State |        | Zip Code (Plus 4)  |
| Business  |                 |                   |         |       |        |                    |
|   |                 |                   |         |       |        |                    |
| Full Name of Contributor                                  |                 |                   |         |       |        |                    |
| CAROLE HAAS GRAVAGNO                                      |                 |                   | МО      | DAY   | YEAR   |                    |
|   |                 |                   |         |       |        | Ц                  |
| Mailing 560 MAPLEWOOD RD Address                          |                 |                   |         |       |        | \$ 1,000.00        |
|   | State           | Zip Code (Plus 4) | 2       | 15    | 2018   |                    |
| City WAYNE  |                 |                   |         |       |        |                    |
|   | PA              | 190874719         |         |       |        |                    |
| Employer Name   | Occupat         | tion              |         | 1450  |        |                    |
|   |                 |                   |         | F     | IOMEMA | KER                |
| Employer Mailing Address/Principal Plac                   | e of            | City              |         | State |        | Zip Code (Plus 4)  |
| Business  |                 | '                 |         |       |        |                    |
|   |                 |                   |         |       |        |                    |
| Full Name of Contributor                                  |                 |                   |         |       |        |                    |
| BEVERLY HAHN  |                 |                   | МО      | DAY   | YEAR   |                    |
|   |                 |                   |         |       |        | 4                  |
| Mailing 1621 WINCHESTER D                                 | R               |                   |         |       |        | \$ 500.00          |
| City RILIE RELL   | State           | Zip Code (Plus 4) | 1       | 11    | 2018   |                    |
| BLUE BELL   | PA              |                   |         |       |        |                    |
|   | I FA            | 194223527         |         |       |        |                    |
| Employer Name DEMOCRACY FOR AMI                           | -RICA           |                   | Occupat | tion  | O-CHAI | D                  |
|   |                 |                   |         |       | O CHAI | IX.                |
| Employer Mailing Address/Principal Plac<br>Business       | e of            | City              |         | State |        | Zip Code (Plus 4)  |
| business  |                 |                   |         |       |        |                    |
|   |                 |                   |         | l     |        |                    |
| Full Name of Contributor                                  |                 |                   |         |       |        |                    |
| BEVERLY HAHN  |                 |                   | МО      | DAY   | YEAR   |                    |
| Mailing   |                 |                   |         |       |        | 4                  |
| Mailing 1621 WINCHESTER D Address                         | R               |                   |         |       |        | \$ 40.00           |
| City BILLE BELL   | State           | Zip Code (Plus 4) | 1       | 28    | 2018   |                    |
| BLUE BELL   | l <sub>PA</sub> | 194223527         |         |       |        |                    |
| 17422327  |                 |                   |         |       |        |                    |
| Employer Name DEMOCRACY FOR AMERICA                       |                 |                   | Occupat | tion  | O-CHAI | R                  |
|   |                 |                   |         |       |        |                    |
| Employer Mailing Address/Principal Place of Business City |                 |                   |         | State |        | Zip Code (Plus 4)  |
| susiness  |                 |                   |         |       |        |                    |
|   |                 |                   |         | l     |        |                    |
|   |                 |                   |         |       |        |                    |

| Full Name of Cont  |                       |       |          |               | мо                      | DAY               | YEAR    |                   |  |  |
|--|-----------------------|-------|----------|---------------|-------------------------|-------------------|---------|-------------------|--|--|
| STEPHEN JOHNS  | ON .                  |       |          |               |                         |                   |         | 1                 |  |  |
| Mailing<br>Address   | 314 CRIMSON CT        |       |          |               |                         |                   |         | \$ 500.00         |  |  |
| City WARRING   | STON                  | State | Zip      | Code (Plus 4) | 1                       | 28                | 2018    |                   |  |  |
|  |                       | PA    | 18       | 9762462       |                         |                   |         |                   |  |  |
| Employer Name  | BRISTOL-MEYERS SO     | QUIBB |          |               | Occupation CHEMIST      |                   |         |                   |  |  |
|  | Address/Principal Pla | ce of |          | City          | l                       | Zip Code (Plus 4) |         |                   |  |  |
| Business   |                       |       |          |               |                         |                   |         |                   |  |  |
| Full Name of Cont  | ributor               |       |          |               | МО                      | DAY               | YEAR    |                   |  |  |
| GILBERT KERLIN   |                       |       |          |               | МО                      | DAY               | YEAR    |                   |  |  |
| Mailing<br>Address   | 719 S MARSHALL ST     |       |          |               |                         |                   |         | <b>\$</b> 250.00  |  |  |
| City PHILADEL  | PHIA                  | State | Zip      | Code (Plus 4) | 2                       | 22                | 2018    |                   |  |  |
|  |                       | PA    | 19       | 1472115       |                         |                   |         |                   |  |  |
| Employer Name NOT EMPLOYED                                 |                       |       |          |               | Occupat                 | ion N             | IOT EMP | LOYED             |  |  |
| Employer Mailing Address/Principal Place of Business  City |                       |       | l        | State         |                         | Zip Code (Plus 4) |         |                   |  |  |
|  |                       |       |          |               |                         |                   |         |                   |  |  |
| Full Name of Cont  | ributor               |       |          |               | мо                      | DAY               | YEAR    |                   |  |  |
| GILBERT KERLIN   |                       |       |          |               | 110                     |                   |         |                   |  |  |
| Mailing<br>Address   | 719 S MARSHALL ST     |       |          |               |                         |                   | 2018    | \$ 500.00         |  |  |
| City PHILADEL  | PHIA                  | State | Zip      | Code (Plus 4) | 4                       | 25                |         |                   |  |  |
|  |                       | PA    | 19       | 1472115       |                         |                   |         |                   |  |  |
| Employer Name  | NOT EMPLOYED          |       |          |               | Occupation NOT EMPLOYED |                   |         |                   |  |  |
| Employer Mailing<br>Business                               | Address/Principal Pla | ce of |          | City          |                         | State             |         | Zip Code (Plus 4) |  |  |
| business   |                       |       |          |               |                         |                   |         |                   |  |  |
| Full Name of Cont  |                       |       |          |               | мо                      | DAY               | YEAR    |                   |  |  |
| Mailing<br>Address   | PO BOX 311            |       |          |               |                         |                   |         | <b>\$</b> 500.00  |  |  |
| City NORRIST   | OWN                   | State | Zip      | Code (Plus 4) | 3                       | 22                | 2018    |                   |  |  |
|  |                       | PA    | 19       | 4040311       |                         |                   |         |                   |  |  |
| Employer Name MONTGOMERY COUNTY                            |                       |       |          | Occupat       | i <b>on</b> S           | HERIFF            | 1       |                   |  |  |
| Employer Mailing Address/Principal Place of City           |                       |       | <u> </u> | State         |                         | Zip Code (Plus 4) |         |                   |  |  |
| Business PO BOX 311  | ,                     |       |          |               | PA                      |                   | 19404   |                   |  |  |
| PO BOX 311 NORRISTOWN                                      |                       |       |          |               |                         | 1,                | l       | ==                |  |  |

| Full Name of Con                                 | tributor                                |       |                   |         |           |                   |                   |
|--|---|-------|-------------------|---------|-----------|-------------------|-------------------|
| EMMANUEL TZAN                                    | NAKIS                                   |       |                   | МО      | DAY       | YEAR              |                   |
| Mailing  | 012 WADDEN DD                           |       |                   |         |           |                   | 4                 |
| Address  | 812 WARREN RD                           |       |                   |         |           |                   | \$ 500.00         |
| City AMBLER                                      |   | State | Zip Code (Plus 4) | 2       | 16        | 2018              |                   |
|  |   | PA    | 190022207         |         |           |                   |                   |
|  |   |       |                   | -       | _         |                   |                   |
| Employer Name                                    | RETIRED                                 |       |                   | Occupat | rion<br>R | ETIRED            |                   |
| Employer Mailing                                 | Address/Principal Plac                  | e of  | City              |         | State     |                   | Zip Code (Plus 4) |
| Business   | -                                       |       |                   |         |           |                   |                   |
|  |   |       |                   |         |           |                   |                   |
| Full Name of Con                                 | tributor                                |       |                   |         |           |                   |                   |
| EMMANUEL TZAN                                    | NAKIS                                   |       |                   | МО      | DAY       | YEAR              |                   |
| Mailing 912 WARDEN DD                            |   |       |                   |         |           |                   | 4                 |
| Address  |   |       |                   |         |           |                   | \$ 1,000.00       |
| City AMBLER                                      |   | State | Zip Code (Plus 4) | 3       | 18        | 2018              |                   |
| ATIBLEIX   |   | PA    | 190022207         |         |           |                   |                   |
|  |   |       |                   |         | _         |                   |                   |
| Employer Name                                    | RETIRED                                 |       |                   | Occupat | ion<br>R  | ETIRED            |                   |
| Employer Mailing                                 | Address/Principal Plac                  | e of  | City              |         | State     |                   | Zip Code (Plus 4) |
| Business   | , |       | City              |         |           |                   | ,                 |
|  |   |       |                   |         |           |                   |                   |
| Full Name of Con                                 | tributor                                |       |                   |         |           |                   |                   |
| EMMANUEL TZAN                                    | NAKIS                                   |       |                   | МО      | DAY       | YEAR              |                   |
| Mailing  |   |       |                   |         |           |                   | 4                 |
| Address  | 812 WARREN RD                           |       |                   |         |           |                   | \$ 1,000.00       |
| City AMBLER                                      |   | State | Zip Code (Plus 4) | 4       | 2         | 2018              |                   |
| ANDLLIK  |   | PA    | 190022207         |         |           |                   |                   |
|  |   |       |                   |         |           |                   |                   |
| Employer Name                                    | RETIRED                                 |       |                   | Occupat | rion<br>R | ETIRED            |                   |
| Employer Mailing                                 | Address/Principal Plac                  | e of  | City              |         | State     |                   | Zip Code (Plus 4) |
| Business   | -                                       |       |                   |         |           |                   |                   |
|  |   |       |                   |         | 1         |                   |                   |
| Full Name of Con                                 | tributor                                |       |                   |         |           |                   |                   |
| EMMANUEL TZAN                                    | NAKIS                                   |       |                   | МО      | DAY       | YEAR              |                   |
| Mailing  | 012 WARREN SE                           |       |                   |         |           |                   | 4                 |
| Address  | 812 WARREN RD                           |       |                   |         |           |                   | <b>\$</b> 350.00  |
| City AMBLER                                      |   | State | Zip Code (Plus 4) | 4       | 9         | 2018              |                   |
|  |   | PA    | 190022207         |         |           |                   |                   |
| Empleyer Name                                    |   |       |                   | Occupat | ion       |                   | 1                 |
| Employer Name RETIRED                            |   |       |                   | Сссира  | R         | ETIRED            |                   |
| Employer Mailing Address/Principal Place of City |   |       | 1                 | State   |           | Zip Code (Plus 4) |                   |
| Business   |   |       |                   |         |           |                   |                   |
|  |   |       |                   |         | 1         |                   |                   |
|  |   |       |                   |         |           |                   |                   |

|   | Full Name of Contributor EMMANUEL TZANAKIS     |  |      |                    | DAY   | YEAR               |                   |  |  |
|---|--|--|------|--------------------|-------|--------------------|-------------------|--|--|
| Mailing Address 812 WARREN RD                           |  |  |      |                    |       | <b>\$</b> 3,500.00 |                   |  |  |
| City AMBLER   | AMBLER   State   Zip Code (Plus 4)   190022207 |  |      | 4                  | 28    | 2018               |                   |  |  |
| Employer Name   | RETIRED  |  |      | Occupation RETIRED |       |                    |                   |  |  |
| Employer Mailing Address/Principal Place of<br>Business |  |  | City |                    | State |                    | Zip Code (Plus 4) |  |  |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL \$** 14,665.00

### 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 | lame of Filing Committee or Candidate |                  | Report  | Reporting Period |     |      |    |          |
|--------------------------------|---------------------------------------|------------------|---------|------------------|-----|------|----|----------|
|                                |                                       |                  | From:   |                  |     | То:  |    |          |
|                                |                                       |                  |         | D                | ATE |      | AN | 10UNT    |
| Full Name                      |                                       |                  |         | мо               | DAY | YEAR |    |          |
| Mailing Address                | 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 Total 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 Per  | iod                  |           |
|---|----------------|----------------------|-----------|
| MARIAFORPA  | From:          | 3/27/2018 <b>To:</b> | 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)      | \$                   | 12.30     |
| 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)      | \$                   | 2,992.62  |
| 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, | •              | \$                   | 3,004.92  |

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candid | ame of Filing Committee or Candidate |                       |          |           |      | Reporting Period |            |  |  |  |
|------------------------------------|--------------------------------------|-----------------------|----------|-----------|------|------------------|------------|--|--|--|
|                                    |                                      |                       | From:    |           |      | 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 S   | chedule II, In-Kir                   | nd Contributions Deta | iled Sun | nmary Pag | 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

MARIAFORPA

Reporting Period

From: 3/27/2018 To: 4/30/2018

| MARIAFORPA   | ANIAFORFA |      |            |         |  |         | <u>3/27/20</u> | <u>18</u> Т <b>о</b> : | o: <u>4/30/2018</u>          |  |
|--|-----------|------|------------|---------|--|---------|----------------|------------------------|------------------------------|--|
|  |           |      |            |         |  |         | DATE           |                        | AMOUNT                       |  |
| Full Name of Contributor MARIA COLLETT             |           |      |            |         |  | мо      | DAY            | YEAR                   |                              |  |
| Mailing Address 812 WARREN RD                      |           |      |            |         |  |         |                |                        | <b>\$</b> 6.66               |  |
| City AMBLER  | State     |      | Zip Code(F | Plus 4) |  | 1       | 5              | 2018                   |                              |  |
|  | PA        |      | 1900222    | 07      |  |         |                |                        |                              |  |
| Employer of Contributor AETNA                      | -1        |      | 1          |         |  | Occupat | ion            | NURSE E                | DUCATOR                      |  |
| Employer Mailing Address/Principal Pla<br>Business | ice of    | City |            | State   |  | Zip (   | Code(Plus      | Descri                 | ption of Contribution        |  |
|  |           |      |            |         |  |         |                | STAPLI                 | ES SHEET COVERS              |  |
| Full Name of Contributor MARIA COLLETT             |           |      |            |         |  | мо      | DAY            | YEAR                   |                              |  |
| Mailing Address 812 WARREN RD                      |           |      |            |         |  |         |                |                        | \$ 24.00                     |  |
| City AMBLER  | State     |      | Zip Code(F | Plus 4) |  | 1       | 26             | 2018                   |                              |  |
|  | PA        |      | 1900222    | 07      |  |         |                |                        |                              |  |
| Employer of Contributor AETNA                      |           |      |            |         |  | Occupat | ion<br>I       | NURSE E                | DUCATOR                      |  |
| Employer Mailing Address/Principal Pla<br>Business | ice of    | City |            | State   |  | Zip (   | Code(Plus      | Descri                 | ption of Contribution        |  |
|  |           |      |            |         |  |         |                | ABM PA                 | ARKING                       |  |
| Full Name of Contributor MARIA COLLETT             |           |      |            |         |  | мо      | DAY            | YEAR                   |                              |  |
| Mailing Address 812 WARREN RD                      |           |      |            |         |  |         |                |                        | <b>\$</b> 159.00             |  |
| City AMBLER  | State     |      | Zip Code(F | Plus 4) |  | 2       | 16             | 2018                   |                              |  |
|  | PA        |      | 1900222    | 07      |  |         |                |                        |                              |  |
| Employer of Contributor AETNA                      |           |      |            |         |  | Occupat | ion<br>[       | NURSE E                | DUCATOR                      |  |
| Employer Mailing Address/Principal Pla<br>Business | ice of    | City |            | State   |  | Zip (   | Code(Plus      |                        | ption of Contribution        |  |
|  |           |      |            |         |  |         |                |                        | EMAN PRESS<br>NGN LITERATURE |  |

|  |       |      |            |         |            |             | ı               | I                      |
|--|-------|------|------------|---------|------------|-------------|-----------------|------------------------|
| Full Name of Contributor  MARIA COLLETT  |       |      |            |         | МО         | DAY         | YEAR            |                        |
| Mailing Address 812 WARREN RD  |       |      |            |         |            |             |                 | <b>\$</b> 35.00        |
| City AMRIED  | State |      | Zip Code(I | Plus 4) | <b>–</b> 2 | 21          | 2018            |                        |
| City AMBLER  | PA    |      | 1900222    | 07      |            |             |                 |                        |
| Employer of Contributor AETNA  | 1     |      | l          |         | Occup      | ation       | NURSE E         | DUCATOR                |
| Employer Mailing Address/Principal Plac<br>Business  | ce of | City |            | State   | Zi<br>(4)  | p Code(Plus | Descri          | ption of Contribution  |
| business   |       |      |            |         | '          |             | USPS F          | POSTAGE                |
| Full Name of Contributor MARIA COLLETT   |       |      |            |         | МО         | DAY         | YEAR            |                        |
| Mailing Address 812 WARREN RD  |       |      |            |         |            |             |                 | \$ 50.00               |
| City   | State |      | Zip Code(I | Plus 4) | <b>⊣</b> 2 | 2 22        | 2018            |                        |
| City AMBLER  | PA    |      | 1900222    |         |            |             |                 |                        |
| Employer of Contributor AETNA  | 1     |      | ı          |         | Occup      | ation       | NURSE ED        | DUCATOR                |
| Employer Mailing Address/Principal Plac<br>Business  | ce of | City |            | State   |            | p Code(Plus | Descri          | ption of Contribution  |
|  |       |      |            |         | '          |             |                 | SENT PA EVENT<br>DANCE |
| Full Name of Contributor MARIA COLLETT   |       |      |            |         | МО         | DAY         | YEAR            |                        |
| Mailing Address 812 WARREN RD  |       |      |            |         |            |             |                 | <b>\$</b> 13.99        |
| City AMBLER  | State |      | Zip Code(I | Plus 4) | <b>-</b> 2 | 25          | 2018            |                        |
| AMBLER   | PA    |      | 1900222    | 07      |            |             |                 |                        |
| Employer of Contributor AETNA  | •     |      |            |         | Occup      | ation       | NURSE ED        | DUCATOR                |
| Employer Mailing Address/Principal Plac<br>Business  | ce of | City |            | State   | Zi<br>4)   | p Code(Plus | Descri          | ption of Contribution  |
|  |       |      |            |         |            |             | AMAZO<br>LITERA | DBN CAMPAIGN<br>ATURE  |
| Full Name of Contributor MARIA COLLETT   |       |      |            |         | МО         | DAY         | YEAR            |                        |
| Mailing Address 812 WARREN RD  |       |      |            |         |            |             |                 | \$ 50.00               |
| City AMBLER  | State |      | Zip Code(I | Plus 4) | _ 2        | 27          | 2018            |                        |
| , with the same of | PA    |      | 1900222    | 07      |            |             |                 |                        |
| Employer of Contributor AETNA  |       |      | 1          |         | Occup      | ation       | NURSE ED        | DUCATOR                |
| Employer Mailing Address/Principal Plac<br>Business  | ce of | City |            | State   | Zi<br>4)   | p Code(Plus | Descri          | ption of Contribution  |
|  |       |      |            |         |            |             | USPS F          | POSTAGE                |
|  |       |      |            |         |            |             |                 |                        |

|   |       |      |           |          |            | _                   |          |                             | <u> </u>                |  |  |
|---|-------|------|-----------|----------|------------|---------------------|----------|-----------------------------|-------------------------|--|--|
| Full Name of Contributor  MARIA COLLETT             |       |      |           |          | мо         |                     | DAY      | YEAR                        |                         |  |  |
| MARIA COLLETT                                       |       |      |           |          |            |                     |          |                             |                         |  |  |
| Mailing Address 812 WARREN RD                       |       |      |           |          |            |                     |          |                             | \$ 49.28                |  |  |
| City AMBLER   | State |      | Zip Code( | Plus 4)  | 7          | 3                   | 5        | 2018                        |                         |  |  |
|   | PA    |      | 1900222   | 07       |            |                     |          |                             |                         |  |  |
| Employer of Contributor AETNA                       | l     |      | 1         |          | Occu       | patio               | on N     | IURSE ED                    | DUCATOR                 |  |  |
| Employer Mailing Address/Principal Plac             | e of  | City |           | State    | Z          |                     | ode(Plus | Descri                      | ption of Contribution   |  |  |
| Business  |       |      |           |          | ٦          | • ,                 |          |                             | S RIVERSIDE<br>IGN MEAL |  |  |
| Full Name of Contributor MARIA COLLETT              |       |      |           |          | мо         |                     | DAY      | YEAR                        |                         |  |  |
| Mailing Address 812 WARREN RD                       |       |      |           |          |            | T                   |          |                             | \$ 33.00                |  |  |
|   | State |      | Zip Code( | Diue 4)  | -  :       | 3                   | 5        | 2018                        | 33.00                   |  |  |
| City AMBLER   | PA    |      | 1900222   |          |            |                     |          |                             |                         |  |  |
|   |       |      | 1900222   | <u> </u> |            |                     |          |                             |                         |  |  |
| Employer of Contributor AETNA                       | NA    |      |           |          | Occupation |                     |          | NURSE EDUCATOR              |                         |  |  |
| Employer Mailing Address/Principal Plac<br>Business | e of  | City |           | State    |            | Zip Code(Plus<br>4) |          | Description of Contribution |                         |  |  |
| Dusiness  |       |      |           |          |            | ,                   |          | ON-ST<br>PARKIN             | REET HARRISBURG<br>NG   |  |  |
| Full Name of Contributor MARIA COLLETT              |       |      |           |          | мо         |                     | DAY      | YEAR                        |                         |  |  |
| Mailing Address 812 WARREN RD                       |       |      |           |          |            |                     |          |                             |                         |  |  |
| 012 W/WKEN 188                                      |       |      |           |          |            | 3                   | 8        | 2018                        | \$ 34.00                |  |  |
| City AMBLER   | State |      | Zip Code( |          |            | ٦                   | O        | 2010                        |                         |  |  |
|   | PA    |      | 1900222   | 07       |            |                     |          |                             |                         |  |  |
| Employer of Contributor AETNA                       |       |      |           |          | Occuj      | patio               | on N     | NURSE ED                    | DUCATOR                 |  |  |
| Employer Mailing Address/Principal Plac<br>Business | e of  | City |           | State    | Z<br>4     |                     | ode(Plus | Descri                      | ption of Contribution   |  |  |
| business  |       |      |           |          |            | • ,                 |          | 1700 M                      | 1ARKETPARKING           |  |  |
| Full Name of Contributor MARIA COLLETT              |       |      |           |          | мо         |                     | DAY      | YEAR                        |                         |  |  |
| Mailing Address 812 WARREN RD                       |       |      |           |          |            |                     |          |                             | <b>\$</b> 35.00         |  |  |
| City AMBLER   | State |      | Zip Code( | Plus 4)  |            | 3                   | 19       | 2018                        |                         |  |  |
| - AMBLEK  | PA    |      | 1900222   | 07       |            |                     |          |                             |                         |  |  |
| Employer of Contributor AETNA                       |       |      | 1         |          | Occu       | patio               | on N     | URSE ED                     | DUCATOR                 |  |  |
| Employer Mailing Address/Principal Plac<br>Business | e of  | City |           | State    | Z<br>  4   | ip C                | ode(Plus | Descri                      | ption of Contribution   |  |  |
|   |       |      |           |          |            | •                   |          | LIBERT                      | Y PLACEPARKING          |  |  |
|   |       | -    |           |          |            |                     |          |                             |                         |  |  |

| Full Name of Contributor MARIA COLLETT              |                    |      |            |         | мо       |       | DAY       | YEAR     |                      |           |
|---|--------------------|------|------------|---------|----------|-------|-----------|----------|----------------------|-----------|
| Mailing Address 812 WARREN RD                       |                    |      |            |         |          |       |           |          | _                    | 60.00     |
|   | lou-u-             |      | la:- 6-4-4 | N 4)    | 4        | 3     | 22        | 2018     | \$                   | 60.00     |
| City AMBLER   | <b>State</b><br>PA |      | Zip Code(I |         |          |       |           |          |                      |           |
|   | FA                 |      | 1900222    | 07      |          |       |           |          |                      |           |
| Employer of Contributor AETNA                       |                    |      |            |         | Оссі     | upat  | ion<br>N  | IURSE EC | DUCATOR              |           |
| Employer Mailing Address/Principal Plac<br>Business | e of               | City |            | State   |          | Zip ( | Code(Plus | Descrip  | ption of Con         | tribution |
|   |                    |      |            |         |          | •     |           |          | I GARDEN<br>DANCE FE | EVENT     |
| Full Name of Contributor MARIA COLLETT              |                    |      |            |         | мо       |       | DAY       | YEAR     |                      |           |
| Mailing Address 812 WARREN RD                       |                    |      |            |         | Т        |       |           |          | \$                   | 12.00     |
|   | State              |      | Zip Code(I | Plue 4) | 4        | 3     | 26        | 2018     | <b> </b>             | 12.00     |
| City AMBLER   | PA                 |      | 1900222    | -       |          |       |           |          |                      |           |
|   |                    |      | 1900222    |         |          |       |           |          |                      |           |
| Employer of Contributor AETNA                       |                    |      |            |         | Оссі     | upat  | ion<br>N  | IURSE EC | DUCATOR              |           |
| Employer Mailing Address/Principal Plac<br>Business | e of               | City |            | State   |          | Zip ( | Code(Plus | Descrip  | ption of Con         | tribution |
| business  |                    |      |            |         |          | -,    |           | SEPTA    | TRANSPOR             | TATION    |
|   |                    | ı    |            | 1       |          |       |           | 1        | <u> </u>             |           |
| Full Name of Contributor  MARIA COLLETT             |                    |      |            |         | МО       |       | DAY       | YEAR     |                      |           |
| Mailing Address 812 WARREN RD                       |                    |      |            |         |          |       |           |          | \$                   | 35.00     |
| City AMBLER   | State              |      | Zip Code(I | Plus 4) | $\dashv$ | 3     | 30        | 2018     |                      |           |
| ALIBELIA  | PA                 |      | 1900222    | 07      |          |       |           |          |                      |           |
| Employer of Contributor AETNA                       |                    |      |            |         | Оссі     | upat  | ion<br>N  | IURSE ED | DUCATOR              |           |
| Employer Mailing Address/Principal Plac             | e of               | City |            | State   |          |       | Code(Plus | Descrip  | ption of Con         | tribution |
| Business  |                    |      |            |         |          | 4)    |           | USPS F   | POSTAGE              |           |
| Full Name of Contributor MARIA COLLETT              |                    |      |            |         | МО       |       | DAY       | YEAR     |                      |           |
| Mailing Address 812 WARREN RD                       |                    |      |            |         |          |       |           |          | \$                   | 70.00     |
| City AMBLER   | State              |      | Zip Code(I | Plus 4) | $\dashv$ | 4     | 9         | 2018     |                      |           |
| APIDLER   | PA                 |      | 1900222    | 07      |          |       |           |          |                      |           |
| Employer of Contributor AETNA                       |                    |      |            |         | Оссі     | upat  | ion<br>N  | IURSE ED | DUCATOR              |           |
| Employer Mailing Address/Principal Plac             | e of               | City |            | State   |          |       | Code(Plus | Descrip  | ption of Con         | tribution |
| Business  |                    |      |            |         |          | 4)    |           | USPS     | -PO BOX RE           | NTAL      |
|   |                    | 1    |            | •       | <u>'</u> |       |           | •        |                      |           |

| Full Name of Contributor MARIA COLLETT  Mailing Address 812 WARREN RD  City AMBLER | State              |                        |                           |            | мо      | DAY       | YEAR     |  |
|--|--------------------|------------------------|---------------------------|------------|---------|-----------|----------|--|
| City AMBLER  |                    |                        |                           |            |         |           |          |  |
| ALIBEEN  |                    | State Zin Code(Plus 4) |                           |            |         |           |          | <b>\$</b> 12.09                                    |
|  | l DA               |                        | Zip Code(F                | Plus 4)    | 4       | 11        | 2018     |  |
|  | PA                 |                        | 1900222                   | 07         |         |           |          |  |
| Employer of Contributor AETNA  | •                  |                        | •                         |            | Occupat | ion<br>N  | NURSE ED | DUCATOR  |
| imployer Mailing Address/Principal Plac  | ce of              | City                   |                           | State      | Zip (   | Code(Plus | Descri   | otion of Contribution                              |
|  |                    |                        |                           |            |         |           | STAPLE   | ES COPYING   |
| Full Name of Contributor MARIA COLLETT   |                    |                        |                           |            | мо      | DAY       | YEAR     |  |
| Mailing Address 812 WARREN RD  |                    |                        |                           |            |         |           |          | <b>\$</b> 63.60                                    |
| City AMBLER  | <b>State</b><br>PA |                        | <b>Zip Code(F</b> 1900222 |            | 4       | 24        | 2018     |  |
| Employer of Contributor AETNA  |                    |                        | <u> </u>                  |            | Occupat | ion<br>N  | NURSE ED | DUCATOR  |
| mployer Mailing Address/Principal Plac<br>Business                                 | ce of              | City                   |                           | State      | Zip (   | Code(Plus | MINUT    | etion of Contribution  EMAN PRESS-  IGN LITERATURE |
| Full Name of Contributor CRAIG PETERS  |                    |                        |                           |            | мо      | DAY       | YEAR     |  |
| Mailing Address 226 OAK HILL DR  |                    |                        |                           |            |         |           |          | \$ 2,250.00  |
| City HATBORO   | <b>State</b><br>PA |                        | <b>Zip Code(F</b> 1904019 |            | 3       | 31        | 2018     |  |
| Employer of Contributor CKPCREAT   | IVE                |                        | •                         |            | Occupat | ion       | •        |  |
| mployer Mailing Address/Principal Plac<br>Business                                 | ce of              | City                   |                           | State      | Zip (   | Code(Plus | Descri   | otion of Contribution                              |
|  |                    |                        |                           |            |         |           | WEBSI    | TE ADMIN   |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3.                     | edule II, 1        | In-Kind                | Contributi                | ons Detail | led     |           |          | <b>PAGE TOTAL</b> 2,992.62                         |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |           |     |           |  |  |  |
|---------------------------------------|------------------|-----------|-----|-----------|--|--|--|
| MARIAFORPA                            | From             | 3/27/2018 | То: | 4/30/2018 |  |  |  |

|    |                                    |   | DATE                                  |  |  | AMOUNT |
|----|------------------------------------|---|---------------------------------------|--|--|--------|
|    |                                    | мо  | DAY                                   | YEAR   |  |        |
|    |                                    | 1   | 10                                    | 2018   | \$   | 1.91   |
| mA | <b>Zip Code (Plus 4)</b> 021440031 |   |                                       |  |  |        |
|    |                                    | МО  | DAY                                   | YEAR   |  |        |
|    |                                    | 2   | 9                                     | 2018   | \$   | 40.02  |
| MA | <b>Zip Code (Plus 4)</b> 021440031 |   |                                       |  |  |        |
|    |                                    | МО  | DAY                                   | YEAR   |  |        |
|    |                                    | 3   | 5                                     | 2018   | \$   | 29.56  |
| MA | <b>Zip Code (Plus 4)</b> 021440031 |   |                                       |  |  |        |
|    |                                    | МО  | DAY                                   | YEAR   |  |        |
|    |                                    | 4   | 4                                     | 2018   | \$   | 33.24  |
| mA | <b>Zip Code (Plus 4)</b> 021440031 | 1   |                                       |  | T FEE  |        |
| _  | _                                  | МО  | DAY                                   | YEAR   |  |        |
|    |                                    | 4   | 10                                    | 2018   | \$   | 25.37  |
| MA | <b>Zip Code (Plus 4)</b> 021440031 |   |                                       |  |  |        |
|    | ate MA  ate MA  ate MA  ate MA     | MA 021440031  ate Zip Code (Plus 4) 021440031  ate Zip Code (Plus 4) 021440031  ate Zip Code (Plus 4) 021440031 | 1   1   1   1   1   1   1   1   1   1 | MO DAY  ate Zip Code (Plus 4) Description of Exp DONATION DISBUTION DISBUTIO | MO DAY YEAR  1 10 2018  ate Zip Code (Plus 4) Description of Expenditure DONATION DISBURSEMEN  MO DAY YEAR  2 9 2018  ate Zip Code (Plus 4) Description of Expenditure DONATION DISBURSEMEN  MO DAY YEAR  AND DAY YEAR  3 5 2018  ate Zip Code (Plus 4) Description of Expenditure DONATION DISBURSEMEN  MO DAY YEAR  AND DAY YEAR  MO DAY YEAR  MO DAY YEAR  AND DAY YEAR  AN | MO     |

| To Whom Paid<br>CHELTENHAM PRINT:   | ING              |            |   | мо  | DAY  | YEAR   |           |          |
|---|------------------|------------|---|---|--|--|-----------|----------|
| Mailing Address 5   | 18 RYERS AVE     |            |   | 4   | 23   | 2018   | \$        | 1,038.80 |
| City CHELTENHAM   | 1                | State      | Zip Code (Plus 4)                                   | Descrip   | tion of Exp  | enditure   |           |          |
| G.,,_,,,,   |                  | PA         | 190122131   |   | IGN LITER  |  |           |          |
| To Whom Paid<br>EMERGE AMERICA  |                  |            |   | МО  | DAY  | YEAR   |           |          |
| Mailing Address 4   | 06 1ST ST SE STE | 3          |   | 1   | 17   | 2018   | \$        | 250.00   |
| City WASHINGTO  | <br>N            | State      | Zip Code (Plus 4)                                   | Descrip   | tion of Exp  | enditure   |           |          |
|   |                  | DC         | 200031856   |   | NG ATTEN   |  | E         |          |
| <b>To Whom Paid</b><br>EMERGE AMERICA   |                  |            |   | МО  | DAY  | YEAR   |           |          |
| Mailing Address 4   | 06 1ST ST SE STE | 3          |   | 2   | 20   | 2018   | \$        | 250.00   |
| City WASHINGTO  | N                | State      | Zip Code (Plus 4)                                   | Descrip   | tion of Exp  | enditure   |           |          |
| DC 200031856  |                  |            |   |   |  |  |           |          |
|   |                  | DC         | 200031856   | TRAINI  | NG ATTENI  | DANCE FE   | :E        |          |
| To Whom Paid<br>EMERGE AMERICA  |                  | DC         | 200031856   | MO  | DAY  | YEAR   | :E<br>    |          |
| EMERGE AMERICA  | 06 1ST ST SE STE |            | 200031856   |   |  |  | \$<br>\$  | 250.00   |
| EMERGE AMERICA  |                  |            | 200031856  Zip Code (Plus 4)                        | <b>MO</b> 3                                     | DAY  | <b>YEAR</b> 2018   |           | 250.00   |
| Mailing Address 4   |                  | 3          |   | MO 3  | <b>DAY</b> 20  | YEAR 2018 penditure  | \$        | 250.00   |
| Mailing Address 4   |                  | 3<br>State | Zip Code (Plus 4)                                   | MO 3  | DAY 20   | YEAR 2018 penditure  | \$        | 250.00   |
| Mailing Address 4  City WASHINGTON  To Whom Paid  FACEBOOK  |                  | 3<br>State | Zip Code (Plus 4)                                   | MO 3  Descrip                                   | 20 htion of Exp  | YEAR  2018  DEPARTMENT OF THE PROPERTY OF T  | \$        | 250.00   |
| Mailing Address 4.  City WASHINGTOI  To Whom Paid FACEBOOK  Mailing Address 1   | N<br>HACKER WAY  | 3<br>State | Zip Code (Plus 4)                                   | MO  3  Descrip TRAINI  MO                       | DAY  20  tion of Exp NG ATTENI  DAY                                | YEAR  2018  DENOTE TO THE PROPERTY OF THE PROP | <b>\$</b> |          |
| Mailing Address 4  City WASHINGTOR  To Whom Paid FACEBOOK  Mailing Address 1  | N<br>HACKER WAY  | 3 State DC | <b>Zip Code (Plus 4)</b> 200031856                  | MO  3  Descrip TRAINI  MO                       | DAY  20  Ition of Exp  NG ATTENI  DAY  12                          | YEAR  2018  DENOTE TO THE PROPERTY OF THE PROP | <b>\$</b> |          |
| Mailing Address 4.  City WASHINGTOI  To Whom Paid FACEBOOK  Mailing Address 1   | N<br>HACKER WAY  | 3 State DC | Zip Code (Plus 4)<br>200031856<br>Zip Code (Plus 4) | MO  3  Descrip TRAINI  MO  1  Descrip           | DAY  20  Ition of Exp  NG ATTENI  DAY  12                          | YEAR  2018  DENOTE TO THE PROPERTY OF THE PROP | <b>\$</b> |          |
| Mailing Address 4.  City WASHINGTON  To Whom Paid FACEBOOK  Mailing Address 1  City MENLO PARK  To Whom Paid FACEBOOK | N<br>HACKER WAY  | 3 State DC | Zip Code (Plus 4)<br>200031856<br>Zip Code (Plus 4) | MO  3  Descrip TRAINI  MO  1  Descrip ADVER     | DAY  20  Ition of Exp NG ATTENI  DAY  12  Ition of Exp TISING      | YEAR  2018  DANCE FE  YEAR  2018  Denditure  | <b>\$</b> |          |
| Mailing Address 4.  City WASHINGTON  To Whom Paid FACEBOOK  Mailing Address 1  City MENLO PARK  To Whom Paid FACEBOOK | HACKER WAY       | 3 State DC | Zip Code (Plus 4)<br>200031856<br>Zip Code (Plus 4) | MO  3  Descrip TRAINI  MO  1  Descrip ADVER  MO | DAY  20  Ition of Exp NG ATTENI  DAY  12  Ition of Exp TISING  DAY | YEAR  2018  DANCE FE  YEAR  2018  Denditure  YEAR  2018  | \$<br>\$  | 50.00    |

|  |  |                                       |                                     |                            |                     | PAG | -      |
|--|--|---------------------------------------|-------------------------------------|----------------------------|---------------------|-----|--------|
| To Whom Paid<br>LIBERTY PLAY   |  |                                       | МО                                  | DAY                        | YEAR                |     |        |
| Mailing Address 1625 CHESTNU   | IST ST   |                                       | 4                                   | 9                          | 2018                | \$  | 35.00  |
| City PHILADELPHIA  | <b>State</b><br>PA                               | <b>Zip Code (Plus 4)</b><br>191034205 | Descrip                             | otion of Exp               | enditure            |     |        |
| To Whom Paid<br>MONTGOMERY COUNTYDEMOCRAT  | TIC WOMEN'S LEADI                                | ERSHIP                                | МО                                  | DAY                        | YEAR                |     |        |
| Mailing Address 506 W HEATHE   | R RD   |                                       | 1                                   | 9                          | 2018                | \$  | 250.00 |
| City ORELAND   | <b>State</b><br>PA                               | <b>Zip Code (Plus 4)</b><br>190752334 | 1                                   | otion of Exp               |                     |     |        |
| To Whom Paid<br>NGP VAN  |  |                                       | мо                                  | DAY                        | YEAR                |     |        |
| Mailing Address 1445 NEW YOR   | K AVE NW STE 200                                 |                                       | 2                                   | 13                         | 2018                | \$  | 150.00 |
| City WASHINGTON  | <b>State</b> DC                                  | <b>Zip Code (Plus 4)</b> 200052158    | <b>Descrip</b><br>SYSTEN            | otion of Exp               | enditure            |     |        |
| <b>To Whom Paid</b><br>NGP VAN   |  |                                       | мо                                  | DAY                        | YEAR                |     |        |
|  |  |                                       |                                     |                            |                     |     |        |
| Mailing Address  | K AVE NW STE 200                                 |                                       | 3                                   | 2                          | 2018                | \$  | 150.00 |
| Mailing Address  | State DC   | <b>Zip Code (Plus 4)</b> 200052158    |                                     | otion of Exp               |                     |     | 150.00 |
| Mailing Address 1445 NEW YOR   | State  |                                       | Descrip                             | otion of Exp               |                     |     | 150.00 |
| Mailing Address 1445 NEW YOR  City WASHINGTON  To Whom Paid NGP VAN  | State  | 200052158                             | <b>Descrip</b><br>SYSTEN            | otion of Exp               | enditure            |     | 150.00 |
| Mailing Address 1445 NEW YOR  City WASHINGTON  To Whom Paid NGP VAN  | State<br>DC                                      | 200052158                             | Descrip<br>SYSTEM<br>MO             | DAY  2  ption of Exp       | YEAR 2018           | \$  |        |
| Mailing Address 1445 NEW YOR  City WASHINGTON  To Whom Paid NGP VAN  Mailing Address 1445 NEW YOR                                | State DC  EK AVE NW STE 200  State DC            | 200052158  Zip Code (Plus 4)          | Descrip<br>SYSTEN<br>MO  4  Descrip | DAY  2  ption of Exp       | YEAR 2018           | \$  |        |
| Mailing Address 1445 NEW YOR  City WASHINGTON  To Whom Paid NGP VAN  Mailing Address 1445 NEW YOR  City WASHINGTON  To Whom Paid | State DC  RK AVE NW STE 200  State DC  COMMITTEE | 200052158  Zip Code (Plus 4)          | MO  4  Descrip SYSTEN               | DAY  2  Stion of Exp 4 FEE | YEAR 2018 Denditure | \$  |        |

| To Whom Paid SENATE DEMOCRATIC CAMPAIG | N COMMITTEE        |                         | мо         | DAY               | YEAR           |          |            |
|--|--------------------|-------------------------|------------|-------------------|----------------|----------|------------|
| Mailing Address 1635 MARKE             | T ST STE 1600      |                         | 2          | 22                | 2018           | \$       | 4,432.35   |
| City PHILADELPHIA                      | State              | Zip Code (Plus 4)       | Descriu    | tion of Exp       | l<br>nenditure | l        |            |
| · IIIILADELIIIA                        | PA                 | 191032202               |            | RIBUTION          | penantai e     |          |            |
| To Whom Paid SENATE DEMOCRATIC CAMPAIG | N COMMITTEE        |                         | мо         | DAY               | YEAR           |          |            |
| Mailing Address 1635 MARKET            | T ST STE 1600      |                         | 3          | 22                | 2018           | \$       | 4,432.35   |
| City PHILADELPHIA                      | State              | Zip Code (Plus 4)       | Descrip    | l<br>ption of Exp | nenditure      | l        |            |
| , FIIILADELFIIIA                       | PA                 | 191032202               |            | RIBUTION          | penunture      |          |            |
| To Whom Paid SENATE DEMOCRATIC CAMPAIG | N COMMITTEE        |                         | МО         | DAY               | YEAR           |          |            |
| Mailing Address 1635 MARKE             | T ST STE 1600      |                         | 4          | 19                | 2018           | \$       | 4,432.35   |
| City PHILADELPHIA                      | State              | Zip Code (Plus 4)       | Descri     | l<br>ption of Exp | l<br>penditure | <u> </u> |            |
| · FILLADELFILA                         | PA                 | 191032202               |            | RIBUTION          | penareare      |          |            |
| To Whom Paid<br>WELLS FARGO            |                    |                         | МО         | DAY               | YEAR           |          |            |
| Mailing Address 420 MONTGO             | MERY ST            |                         | 3          | 8                 | 2018           | \$       | 16.00      |
| City SAN FRANCISCO                     | State              | Zip Code (Plus 4)       | Descrip    | ption of Exp      | penditure      | <u> </u> |            |
| <i>5</i> ,                             | CA                 | 941041207               |            | T PAY FEE         | •              |          |            |
| To Whom Paid<br>WELLS FARGO            |                    |                         | мо         | DAY               | YEAR           |          |            |
| Mailing Address 420 MONTGO             | MERY ST            |                         | 4          | 9                 | 2018           | \$       | 13.00      |
| City SAN FRANCISCO                     | State              | Zip Code (Plus 4)       | Descrip    | ption of Exp      | penditure      | <u> </u> |            |
| <i>5</i> ,                             | CA                 | 941041207               |            | T PAY FEE         | •              |          |            |
| To Whom Paid<br>WELLS FARGO            | ·                  |                         | МО         | DAY               | YEAR           |          |            |
| Mailing Address 420 MONTGO             | MERY ST            |                         | 4          | 30                | 2018           | \$       | 0.60       |
| City SAN FRANCISCO                     | State              | Zip Code (Plus 4)       | Descri     | l<br>ption of Exp | penditure      | I        |            |
| S, III TIMINGISCO                      | CA                 | 941041207               | ı          | JNT FEE           |                |          |            |
| <b>-</b> . <b>-</b>                    |                    |                         |            |                   |                |          | PAGE TOTAL |
| Enter Grand Total of Expendit          | ures on Page 1, Re | port Cover Page, Item D | ' <b>-</b> |                   |                | \$       | 19,895.79  |
|  |                    |                         |            |                   |                |          |            |