Campaign Finance Report

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

Filer Identificati Number :	on 20	160125	5				Rep File			CAI	NDI	DATE		COMN	1ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Can	didate o	r Lo	bbyist	t:		FRIE	ND	S OF	INDE	R BA	AINS		<u> </u>						
Street Address:	230 NORTH	H MONR	OE S	STREE	ET															
City:	MEDIA									State	e:	PA			Zip Cod	le: 19	063			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FI PRIMA		PRE-	2	2. X	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FI ELECT		PRE	- 5	j.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	√
report type)	ANNUAL REPO	RT 7.	1	Year 2	2018					NG ME					PAPER		√	DISK	ETTE	
Name of Office S	ought by Candi	date:	-				-			DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	Par	ty Cod	Code	
REPRESENTATI	VE IN THE GEN	ΙΕΡΔΙ Δ	SSF	MRIY	,					МО		DAY	Y	EAR	164	STH	REP	1	23	
REFRESENTATI	VE IN THE GEN		1336	.PIDET							11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		МО)	DAY		YEAR		_	_	МО		DAY	Υ	EAR	FO	R OFFIC	E USE	ONLY	,	
				3	27	20)18	Т	0		4	:	30	2018						
A. Amount Bro	ught Forward F	rom Las	t Re	port					\$				1,	490.12						
B. Total Moneta	ary Contribution	ns And F	Rece	ipts (From	Sched	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 1,490.12																				
D. Total Expenditures (From Schedule III) \$ 0.00																				
E. Ending Cash Balance (Subtract Line D From Line C)							\$				1,4	490.12								
F. Value Of In-	Kind Contributi	ons Rec	eive	d (Fro	om Sc	hedul	e II))	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (Fro	m So	chedu	le IV))			\$					0.00		,				
						AFF:	IDA	VI	T SE	CTIC	N									
PART I - If this is	a Committee r	eport, t	reas	urer s	sign h	ere. I	f thi	s is	a Car	ndidat	e re	port, o	candi	idate sig	ın here.					
I swear (or affirm) correct and comple		including	the i	attach	ed sch	edules	filed	on	paper	or by e	electr	onic m	ediun	ı, are to t	he best o	f my knov	/ledge	and be	lief , tr	ue
Sworn to and subs	cribed before me day of	this		20							,		:	Signature	of Perso	1 Submitt	ing Rep	ort		_
	Sign	ature		_					-						Prin	ted Name				_
My Commission Ex	pires										•				Emai	il				
	мо		DA	Y		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a c	andidate	e's a	uthor	ized (Comm	ittee	e, C	andid	ate sh	nall	sign he	ere.							
I swear (or affirm) No 320) as amende		of my kno	owled	dge and	d belie	f this	politi	ical	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of the	e act of Ju	ne 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed before me t day of	nis		20										Si	ignature o	of Candida	te			_
	— ——			20 .					-						Printe	d Name				-
	Signatu	re							-						_					
My Commission Exp	ires														Emai	II.				
	МО		DA	Y		YR			•			Area	Code		Da	ytime Te	lephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period						
FRIENDS OF INDER BAINS	From:	<u>3/27/201</u>	<u>8</u> To:	4/30/2018				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting) Period	(1)	\$	0.00				
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)								
Contributions Received From Political Committees (Part A)	-		\$	0.00				
All Other Contributions (Part B)	\$	0.00						
TOTAL for the Reporting	(2)	\$	0.00					
3. Contributions Received Over \$250.00 (From Part C and Part D)								
Contributions Received From Political Committees (Part C)			\$	0.00				
All Other Contributions (Part D)			\$	0.00				
TOTAL for the Reporting	Period	(3)	\$	0.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting	J Period	(4)	\$	0.00				
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00				

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Re					
			rom: To			:		
					DATE			AMOUNT
Full Name of Contributing	g Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					

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

PAGE TOTAL
\$ 0.00

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 Filling Committee of Candidate					Reporting Period From: To:					
			l		DATE			AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)								

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

PAGE TOTAL \$0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	me of Filing Committee or Candidate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	me of Filing Committee or Candidate		Rep	orting Pe	riod					
			Fron	n:		To) :			
				D	ATE		ı	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address City State Zip Code (Plus 4)							\$	0.00		
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL		
							\$	0.00		

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	
FRIENDS OF INDER BAINS	From:	3/27/2018 To :	4/30/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	me of Filing Committee or Candidate				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Deta Summary Page, Section 3.				etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Candidate	ame of Filing Committee or Candidate						
			From			То:		
				DATE			AMOUNT	
To Whom Paid	МО	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
							PAGE TOTAL	
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item).			\$	0.00	