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	2018	Filer Identification 2018C0470 Number :				eport led B		CAND	IDA	ATE	✓	со	MMITTEE	EE LOBBYIST				
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:		CO	ZZE,	AMY											
Street Address:																			
City:									State:					Zip Code	: 18	064			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDAY PRE- PRIMARY 2.X 30 DAY PRIMARY					PO	POST- 3.			AMENDME REPORT?	NT	Yes	√ No)	_ -	
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDAY ELECTION	Y PRE	≘-	5.	30 DA ELECT		РО	ST-	6.		TERMINAT REPORT?	ION	Yes	No	,	\
report type)	ANNUAL	REPORT	7.	Year 2018					FILING METHOD () CHECK ONE					PAPER		\	DISKE	TTE	
Name of Office S	ought by	Candidat	te:						DATE	OF	ELEC	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО	D	PAY	YEAR		137	STH	DEN	1	48	
REPRESENTATI	VE IN 1H	E GENEK	AL ASS	EMBLY					1	1		6 20)18		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Receipts and MO DAY YEAR MO DAY YEAR									FOR	OFFIC	E USE	ONLY							
Expenditures	from:			1 1	2	018	3 T	0		4	3	0 20)18						
A. Amount Bro	ught Forw	vard From	n Last R	eport				\$	-			0	.00						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 1,958.00																			
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				1,958	.00						
D. Total Expenditures (From Schedule III) \$ 6,887.17																			
E. Ending Cash	Balance ((Subtract	Line D	From Line (2)			\$			((4,929.1	7)						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From Sc	chedu	le I	I)	\$				150.	00						
G. Unpaid Debt	s And Obl	ligations	(From S	chedule IV)			\$				0.	.00		'				
					AFF	·ID	AVI	T SE	CTION	I									
PART I - If this is		•	•	-						-	•								
I swear (or affirm) correct and comple		eport, incl	uding the	: attached sch	redules	s file	ed on	paper o	or by elec	ctro	nic me	dium, are	to t	he best of ı	my know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed befo day of	re me this		20						_		Signa	ture	of Person	Submitt	ing Rep	oort		_
		Signatur	ra					- -		_				Printe	d Name				-[
My Commission Ex	cpires	J.g								_				Email					-[
		мо	D/	AY	YR						Are	a Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andida	ate shal	ll si	gn he	re.							
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and belie	ef this	poli	itical	commi	ittee has	not	violat	ed any pr	ovisi	ions of the	act of Ju	ne 3,1	937 (P.L	1333	3,
Sworn to and subsc		e me this								-			Si	ignature of	Candida	te			-
	day of ——			_ 20				_		_				Printed	Name				-
	s	Signature						-						riiiteu	Name				_
My Commission Exp														Email					
	_	мо	Di	AY	YR	l .		•		_	Area C	Code		Day	time Te	lephor	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period							
COZZE, AMY	From:	1/1/201	<u>8</u> To:	4/30/2018					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor									
TOTAL for the Reporting) Period	(1)	\$	1,958.00					
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)									
Contributions Received From Political Committees (Part A)			\$	0.00					
All Other Contributions (Part B)	\$	0.00							
TOTAL for the Reporting	Period	(2)	\$	0.00					
3. Contributions Received Over \$250.00 (From Part C and Part D)									
Contributions Received From Political Committees (Part C)			\$	0.00					
All Other Contributions (Part D)			\$	0.00					
TOTAL for the Reporting	Period	(3)	\$	0.00					
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)									
TOTAL for the Reporting) Period	(4)	\$	0.00					
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,958.00					

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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

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

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee of Canadate				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	ame of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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 Candida	ame of Filing Committee or Candidate			Reporting Period						
				Froi	n:		То			
					D	ATE		AN	MOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address								\$	0.00	
City	State	Zi	p Code (Plus	i 4)						
Employer Name	•	•			Occupa	tion	•	•		
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE 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				
			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 Period	I							
COZZE, AMY	From:	<u>1/1/2018</u> To:	4/30/2018						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	150.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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,	•	\$	150.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part E on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
nter Grand Total of Part F on Schedule II, In-Kind Contributions Detailection 2.				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 Candidat	e		me of Filing Committee or Candidate				Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
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 Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Rep	eportin				
COZZE, AMY	Fro	om	<u>1/1</u>	<u>/2018</u>	То:	4/30/2018
			DATE			AMOUNT
To Whom Paid Citro Digital	М	10	DAY	YEAR		
Mailing Address 4125 Independence Drive Suite 5		2	23	2018	\$	3,400.00

To Whom Paid Divine Catering				МО	DAY	YEAR		
Mailing Address 4200 William Penn Hgwy.				3	5	2018	\$	500.00
City Easton		State PA	Zip Code (Plus 4) 18045	Description of Expenditure Catering				

18078

Zip Code (Plus 4)

Description of Expenditure

Website Design

Business Card Design

State

PA

PA

City

Schnecksville

To Whom Paid			мо	DAY	YEAR		
Steel Wire Creative							
Mailing Address 729 Linden St.			4	9	2018	\$	350.00
City Bethlehem	State Zip Code (Plus 4) Description of Expenditure						

18018

To Whom Paid Labor Council Awards Dinner				DAY	YEAR	
Mailing Address 3031 Walton Road #C300				18	2018	\$ 250.00
City	State	Zin Code (Plus 4)				

Plymouth Meeting	PA	19462	Event Entry			
To Whom Paid Citro Digital			мо	DAY	YEAR	

Mailing Address 4125 Independence Drive Suite 5			4	20	2018	\$	200.00	
City Schnecksv	City Schnecksville		Zip Code (Plus 4)	Description of Expenditure				
		PA	18078	digital s	support			

								PAGE		
To Whom Paid ActBlue					DAY	YEAR				
Mailing Address 366	Summer St.			2	3	2018	\$		77.65	
City Somerville	nerville State Zip Code (Plus 4) MA 2144				Description of Expenditure Service Fee					
To Whom Paid ActBlue					DAY	YEAR				
Mailing Address 366 Summer St.				3	3	2018	\$		42.47	
City Somerville State Zip Code (Plus 4) MA 2144			Description of Expenditure Service Fee							
To Whom Paid ActBlue				МО	DAY	YEAR				
Mailing Address 366	Summer St.			4 4 2018					5.26	
City Somerville		State MA	Zip Code (Plus 4) 2144	Description of Expenditure Service Fee						
To Whom Paid ActBlue				МО	DAY	YEAR				
Mailing Address 366	Summer St.			2	8	2018	\$		1.25	
City Somerville State Zip Code (Plus 4) MA 2144										
		MA	2144	Descrip Service	rtion of Exp Fee	enditure				
To Whom Paid ActBlue		MA	2144			YEAR				
ActBlue	Summer St.	МА	2144	Service	Fee		\$		69.23	
ActBlue		MA State MA	2144 Zip Code (Plus 4) 2144	MO 3	DAY 9 tion of Exp	YEAR 2018	\$		69.23	
ActBlue Mailing Address 366		State	Zip Code (Plus 4)	MO 3 Descrip	DAY 9 tion of Exp	YEAR 2018	\$		69.23	
ActBlue Mailing Address 366 City Somerville To Whom Paid GRUBHUB		State MA	Zip Code (Plus 4)	MO 3 Descrip Service	DAY 9 tion of Exp	YEAR 2018 penditure	\$		69.23 57.16	

								17.02 13		
To Whom Paid HAMPTON INN OF	EASTON			мо	DAY	YEAR				
Mailing Address	3723 Nazareth Road	I		2	22	2018	\$	318.00		
City Easton		State	Zip Code (Plus 4)	Description of Expenditure						
PA 18045					Room Rental					
To Whom Paid HAMPTON INN OF EASTON					DAY	YEAR				
Mailing Address 3723 Nazareth Road					1	2018	\$	249.00		
City Faston State Zip Code (Plus 4)					tion of Exp	enditure				
City Easton PA 18045				Room F						
To Whom Paid USPS				МО	DAY	YEAR				
Mailing Address 650 S. Greenwood Ave.				3	20	2018	\$	100.00		
City Easton		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	18045	Postage						
To Whom Paid USPS				МО	DAY	YEAR				
Mailing Address	650 S. Greenwood A	Ave.		4	11	2018	\$	100.00		
City Easton		State	Zip Code (Plus 4)	Description of Expenditure						
		PA	18045	Postage						
To Whom Paid Cash Withdrawl				МО	DAY	YEAR				
Mailing Address				3	2	2018	\$	101.00		
City	City State Zip Code (Plus 4)				Description of Expenditure Petition Filing Fee					
To Whom Paid				мо	DAY	YEAR				
Payne Printing										
Mailing Address 3235 Memorial Highway				2	9	2018	\$	1,066.15		
City Dallas State Zip Code (Plus 4)				Descrip	tion of Exp	enditure				
		PA	18612-	Literatu	ıre					
Enter Grand Tot	al of Expenditures (on Page 1, Re	eport Cover Page, Item D.					PAGE TOTAL		
	-						\$	6,887.17		