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	20180	259				port ed B		CANI	DID	ATE		COMN	ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee,	Candida	te or Lo	bbyist:		DON	NAHI	ER, D	EAN FR	IEN	NDS C)F							
Street Address:	710 WE	EDGEWO	OOD RE)															
City:	BETHLE -	HEM							State:		PA			Zip Cod	ie: 18	017			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRID PRIMARY	AY PRE	:-	2.	30 DA		PC	OST-	3. X		AMENDM REPORT		Yes	N	0	\
(place X to the right of	6TH TUESDA PRE-ELECTI		4.	2ND FRID. ELECTION		E	5.	30 DA		PC	OST-	6.		TERMINA REPORT		Yes	N)	√
report type)	ANNUAL R	EPORT	7.	Year 2018	3				NG METI CHECK					PAPER		\	DISK	TTE	
Name of Office S	- Sought by C	andidate	e:						DATE	OF	ELE	СТІО	N	District Number	Office Code	Pai	ty Code	Cour	
									МО	ا	DAY	YE	AR	138	STH	DEI	М	48	
REPRESENTATI	VE IN THE	GENERA	AL ASS	EMBLY					1	.1		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	•	and	МО	DAY	YEAR	ł			МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:			5	1 2	018	Т	0		6		4	2018						
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$		-		7,2	244.44						
B. Total Moneta	ary Contribu	utions A	nd Rec	eipts (Fro	m Sche	dule	ı)	\$				3,6	575.00						
C. Total Funds	Available (S	Sum Of I	Lines A	and B)				\$				10,9	919.44						
D. Total Expend	ditures (Fro	m Sche	dule II	[)				\$				3,4	15.47						
E. Ending Cash	Balance (S	ubtract	Line D	From Line	C)			\$				7,5	03.97						
F. Value Of In-	Kind Contri	butions	Receive	ed (From	Schedu	le II	:)	\$					0.00						
G. Unpaid Debt	s And Oblig	jations (From S	chedule I	V)			\$				2	200.00						
					AFF	ID/	١٧٢	ΓSE	CTIO	V									
PART I - If this is		-	•	_						-	•								
I swear (or affirm) correct and comple		ort, inclu	ding the	attached s	chedule	s file	d on	paper	or by ele	ctro	onic me	edium	, are to t	he best o	f my knov	vledge	and bel	ief , tr	ue,
Sworn to and subs	cribed before day of	me this		20						-		S	ignature	of Perso	n Submitt	ing Re	oort		_
		Signature						-		-				Prin	ted Name				-
My Commission Ex		o.g.i.atai t								-				Ema	il				-
	мс)	DA	ΛΥ	YR			_		-	Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	f a candi	date's	authorize	d Comr	nitte	e, C	andid	ate sha	ll s	ign he	ere.							
I swear (or affirm) No 320) as amende		est of my	/ knowle	dge and be	lief this	polit	tical	comm	ittee has	no	t violat	ed an	y provisi	ions of th	e act of Ju	ıne 3,1	937 (P.	L. 133	3,
Sworn to and subsc		me this								•			Si	ignature o	of Candida	ite			-
	day of —— —							-		-				Printa	d Name				-
	Siq	nature						-		_									_
My Commission Exp	_													Ema	il				
		мо	D#	λΥ	YR	ł		•		•	Area	Code		Da	aytime Te	lephor	ne Numi	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DONAHER, DEAN FRIENDS OF	From:	5/1/201	<u>8</u> To:	6/4/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	275.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	250.00
All Other Contributions (Part B)			\$	350.00
TOTAL for the Reporting	Period	(2)	\$	600.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	2,500.00
All Other Contributions (Part D)			\$	300.00
TOTAL for the Reporting	Period	(3)	\$	2,800.00
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			\$	3,675.00

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 Candidate	Reporting	Period		
DONAHER, DEAN FRIENDS OF	From:	5/1/2018	То:	6/4/2018
		DATE		AMOUNT

Full Name of Contributing Committee

Friends of Mike Schlossberg

MO

DAY

YEAR

 Mailing Address
 944 N 19th St
 \$ 250.00

 City
 Allentown
 State
 Zip Code (Plus 4)
 5
 23
 2018

 PA
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104
 18104

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

PAGE TOTAL \$ 250.00

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	ame of Filing Committee or Candidate			Reporting Period						
DONAHER, DEAN FRIENDS OF			Fror	m:	<u>5/1/2</u>	2018 To):	6/4/2018		
					DATE			AMOUNT		
Full Name of Contributor Rob Baker				мо	DAY	YEAR				
Mailing Address 3200 Farmersville F	Rd			٦	20	2010	\$	250.00		
City Bethlehem	State PA	Zip Code (Plus 4) 18020		5	30	2018				
Full Name of Contributor Daniel Gordon				МО	DAY	YEAR				
Mailing Address 1021 West Hortter	Street						\$	100.00		
City Philadelphia	State PA	Zip Code (Plus 4) 19119		5	1	2018				
			- 1							

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

PAGE TOTAL \$ 350.00

PART C

Contributions Received From Political Committees

OVER \$250.00

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

Name of Filing Committee or Candidate			Reporting	g Period			
DONAHER, DEAN FRIENDS OF			From:	<u>5</u> /	<u>/1/2018</u>	То:	6/4/2018
				DA	TE		AMOUNT
Full Name of Contributing Committee NORTHEAST REGIONAL COUNCIL OF	CARPENTERS PEC-PA			мо	DAY	YEAR	
Mailing Address 91 FIELDCREST AV	E RARITAN PLAZA II			_	2	2010	\$ 1,000.00
City EDISON	State NJ	Zip Code 08837	e (Plus 4)	5	2	2018	
Full Name of Contributing Committee NORTHEAST REGIONAL COUNCIL OF	CARPENTERS PEC-PA			МО	DAY	YEAR	
Mailing Address 91 FIELDCREST AV	E RARITAN PLAZA II			_			\$ 1,500.00
City EDISON	State NJ	Zip Code 08837	e (Plus 4)	6	1	2018	
							PAGE TOTAL

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

2,500.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

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

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

Name of Filing Committee or Candidate			Reporting Period						
DONAHER, DEAN FRIENDS OF			Fron	n:	<u>5/1/2</u>	<u>018</u> To	:	<u>6/4/2018</u>	
				D.A	ATE		AMOL	JNT	
Full Name of Contributor				мо	DAY	YEAR			
Ned Bolcar				МО	DAY	YEAK			
Mailing 9 Beechwood Ct				_			\$	300.00	
City Warren	State	Zip Code (Plus	5 4)	5	29	2018			
	NJ	07059							
Employer Name Business Owner				Occupat	i on	Self Emp	loyeed		
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (F	Plus 4)	
1260 Springfield Avenue		New Prov	/idence		ΙΝJ		07974		
Enter Grand Total of Part C on Sche	dule I. Detailed Տւ	ımmarv Page.	Section	on 3.			PAGE	TOTAL	
	, =	,					\$	300.00	

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 Perio	od						
DONAHER, DEAN FRIENDS OF	From:	<u>5/1/2018</u> To:	6/4/2018					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)							
TOTAL for the Reporting Pe	eriod (2)	\$	0.00					
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)								
TOTAL for the Reporting Pe	eriod (3)	\$	0.00					
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candi	Name of Filing Committee or Candidate Re			Reporting Period					
			From:			To:			
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on S	Schedule 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 Candidat	e				Re	porting F	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 Candida	te		Reportir	ng Period				
DONAHER, DEAN FRIENDS OF			From	<u>5/:</u>	1/2018	То:	6/4/2018	
				DATE			AMOUNT	
To Whom Paid Advantage Pep			мо	DAY	YEAR			
Mailing Address 2285 Schoenersv	ille Rd., STE 207		6	4	2018	<u> </u>	295.00	
City Bethlehem State Zip Code (Plus 4) PA 18017			Expens	Description of Expenditure Expense Reimbursement, robo, printing, travel, postage				
To Whom Paid Advantage Pep			мо	DAY	YEAR			
Mailing Address 2285 Schoenersville Rd., STE 207			6	4	2018	\$	1,500.00	
City Bethlehem	State PA	Zip Code (Plus 4) 18017	1	otion of Exp	penditure			
To Whom Paid Lehigh Valley Young Democrats			мо	DAY	YEAR			
Mailing Address P.O. Box 1784			5	3	2018	\$	50.00	
City Bethlehem	State PA	Zip Code (Plus 4) 18016	Descrip Donatio	otion of Exp	penditure			
To Whom Paid Northampton County Revenue Office	•	•	мо	DAY	YEAR			
Mailing Address 2801 Emrick Blvd. 1st Floor			5	4	2018	\$	30.00	
City Bethlehem State PA Zip Code (Plus 4) 18020			1	otion of Exp Moore Park			ion	
To Whom Paid Progressive Consulting Strategies, Ir				DAY	YEAR			

5

Description of Expenditure

Zip Code (Plus 4)

18002

2018

Website payments and Facebook ad buy

Mailing Address

Bethlehem

City

PO Box 21703

State

PΑ

350.00

							PAGE 12	
To Whom Paid Progressive Consulting Strategies	, Inc.		мо	DAY	YEAR			
Mailing Address PO Box 21703			6	4	2018	\$	1,000.00	
City Bethlehem	State PA	Zip Code (Plus 4) 18002	1	otion of Exp	penditure			
To Whom Paid LV Print Center			МО	DAY	YEAR			
Mailing Address 1701 Union BI	vd. Ste 114		5	8	2018	\$	173.10	
City Allentown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	nditure		
	PA	18109	1	postcards			e, permit	
To Whom Paid ActBlue		-	мо	DAY	YEAR			
Mailing Address 366 Summer St			6	4	2018	\$	8.63	
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure Service Fee					
To Whom Paid ActBlue	·		мо	DAY	YEAR			
Mailing Address 366 Summer 9	St		5	3	2018	\$	2.26	
City Somerville	State MA	Zip Code (Plus 4) 02144	Descrip Service	otion of Exp	penditure			
To Whom Paid Vantiv eCommerce	·		МО	DAY	YEAR			
Mailing Address 8500 Governors Hill Drive			5	9	2018	\$	6.48	
City Symmes Township	State	Zip Code (Plus 4)	Descrin	tion of Exp	enditure	I		
<i>5</i> , <i>6</i>	ОН	45249		Service F				
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL	
Linter Granu Total Of Expendit	uies oli raye 1, Ke	port Cover Page, Item D	•			\$	3,415.47	

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period					
DONAHER, DEAN FRIENDS OF			From:		<u>5/1/2018</u> To:			6/4/2018
					DATE			Outstanding Balance of Debt
Name of Creditor Dean Donaher				мо	DAY	YEAR		
Mailing Address 710 Wedgewood Rd				1	3	2018	\$	200.00
City Bethlehem	State	Zip Code (Pl	Description of Debt					
	PA	18017		Loan				
								PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	200.00
								·