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	3C0760			Rep File			CANE)ID	ATE	√	cc	MMITTEE		LOB	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:	•	WER	TZ,	TRIC	IA L										
Street Address:																		
City:								State:					Zip Code: 19608					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2		30 DA PRIMA		PO	ST-	3. X		AMENDMENT REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA ELECT		РО	POST- 6.			TERMINATION REPORT?		Yes	N	0	\
report type)	ANNUAL REPORT	7.	Year 2018					IG METI CHECK				PAPER		V	DISK	ETTE		
Name of Office S	Sought by Candida		•					DATE	OF	ELEC	СТІС	DN .	District Number	Office Code	Par	ty Cod	Code	
	• .							МО	0	DAY	Y	EAR	129	STH	DEN	1	06	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY					1	1		6	2018		(SEE IN	STRUCTI	ONS FOR	CODES	5)
,	Receipts and	МО	DAY	YEAR	l			МО	[DAY	Y	EAR	FOF	OFFIC	E USE	ONLY	,	
Expenditures	from:		5 1	2	018	T	0		6		4	2018						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Monetary Contributions And Receipts (From Schedule I												0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$					0.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$					285.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				(2	85.00)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II))	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	')			\$					0.00			•			
				AFF	IDA	VI	ΓSE	CTION	I									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	If this	s is	a Car	ndidate	rep	ort, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sc	hedules	filed	on	paper	or by ele	ctro	nic me	edium	ı, are to t	he best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before me thi	s	20						-			Signature	of Person	Submitt	ing Re	ort		_
	Signati		_				-		-				Printe	ed Name	1			_
My Commission Ex	-								_				Email					-
	мо	D	AY	YR			-			Are	ea Co	de	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee	, C	andid	ate sha	II si	ign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ef this	politi	cal	comm	ittee has	not	t violat	ted ar	ny provis	ions of the	act of Ju	ıne 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed before me this								-			s	ignature of	Candida	ate			- $ $
	day of —— ————						-		-				Printed	Name				- J
	Signature						-		_									_
My Commission Exp	ires												Email					
	МО	D	AY	YR			•		-	Area	Code		Day	time To	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
WERTZ, TRICIA L	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)	\$	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	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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re					
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

PAGE TOTAL \$0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

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

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidat	e		Rep					
			Fro	m:		To):	
					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 Candi	me of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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			Reporting Period						
			Fron	n:		То	То:			
				D/	ATE		ı	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Place of Business City					State		Zip Co	de (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section								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	Reporting Period						
			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	GE 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	d							
WERTZ, TRICIA L	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 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,		\$	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 Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	me of Filing Committee or Candidate			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 Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.								PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Report	ing Period			
WERTZ, TRICIA L	From	<u>5/:</u>	1/2018	То:	6/4/2018
		DATE			AMOUNT
To Whom Paid Berks County Democratic Committee	мо	DAY	YEAR		
				7	

To Whom Paid Park Harrisburg			мо	DAY	YEAR		
Mailing Address 223 Walnut Street			6	4	2018	\$ 30	0.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17101	Parking	for trainin	ng		

19601

Zip Code (Plus 4)

Description of Expenditure

Pins for campaign

State

PΑ

City

Reading

To Whom Paid United Labor Council		МО	DAY	YEAR		
Mailing Address	251 N Front Street		5	11	2018	\$ 100.00
City Reading	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	

	177 Trogram du loi gon courtament							
To Whom Paid Berks County Democratic Committee			мо	DAY	YEAR			
			l					

Mailin	g Address	1251 N Front Street			5	11	2018	\$	50.00	
City	Reading		State	Zip Code (Plus 4) Description of Expenditure						
			PA	19601	Hole Sp					

To Whom Paid Walmart		МО	DAY	YEAR		
Mailing Address 1135 Berkshire Blv	d		5	22	2018	\$ 50.00

1135 Berkshire Blvd			3	22	2018	→	50.00
City Wyomissing	PA	Zip Code (Plus 4) 19610	-	tion of Exp upplies for			

			-			170	JL 12
To Whom Paid Commonwealth Auto Tags	мо	DAY	YEAR				
Mailing Address 743 Penn Avenue				29	2018	\$	30.00
City West Reading	Description of Expenditure						
-	Notary to submit campaign financials						
		l				Р	AGE TOTAL
Enter Grand Total of Exper	nditures on Page 1, Re	port Cover Page, Item D.	•			\$	285.00