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 201	10221				port		CANDI	DATE		СОМ	ITTEE	✓	LOBI	BYIST			
Name of Filing C	Committee, Candi	date or L	obbyist:		EQU	JALI	TY PA	PAC										
Street Address:	400 THIRD A	VE, STE	107															
City:	KINGSTON							State:	PA			Zip Cod	le: 18	3704-5	816			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT?	MENDMENT PORT?		No	~		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	≣- !	5.	30 DA ELECT		POST-	6.			TERMINATION YOR REPORT?		No	\		
report type)	ANNUAL REPORT	7.	Year 2018					IG METHO				PAPER		\	DISKE	TTE		
Name of Office S	- Sought by Candida	ate:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code		
								МО	DAY	YE	AR		10000					
								11		6	2018		ONS FOR O	CODES)				
Summary of Expenditures	Receipts and	МО	DAY	YEAR		_	_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
			3 27	2	018	ı	0	4	:	30	2018							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			1,3	32.58							
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	· I)	\$				5.00							
C. Total Funds	Available (Sum C	f Lines A	and B)				\$			1,3	37.58							
D. Total Expen	ditures (From Scl	nedule II	1)				\$				99.66							
E. Ending Cash	Balance (Subtra	ct Line D	From Line (C)			\$			1,2	37.92							
F. Value Of In-	Kind Contribution	s Receiv	ed (From So	chedu	le II	:)	\$				0.00							
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00			•				
				AFF	IDA	\VI	T SE	CTION										
PART I - If this is									-									
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached sch	nedule	s filed	d on	paper o	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , true		
Sworn to and subs	cribed before me th day of	is	20							S	ignature	of Perso	n Submit	ting Rep	ort			
	Signat						- -					Prin	ted Name	e				
My Commission Ex	-	uie										Ema	il					
	мо	D	AY	YR			-		Are	ea Cod	le	Daytim	e Telepi	none Nu	mber			
Part II- If this is	a report of a car	ididate's	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.								
I swear (or affirm) No 320) as amende		my knowl	edge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of the act of June 3,1937 (P.L. 1333,						
Sworn to and subsc	ribed before me this	5									s	Signature of Candidate						
	day of		_ 20				_					Printa	d Name					
	Signature						-						Hallie					
My Commission Exp	_										_	Ema	il					
	МО	D	AY	YR	!		-		Area	Code		Da	aytime T	elephor	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
EQUALITY PA PAC	From:	<u>3/27/20</u>	<u>18</u> To:	4/30/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	5.00
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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			\$	5.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contributi	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	1)					
	•	•	•		•			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 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			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 Candidate			Rep	orting Pe	riod			
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	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	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·			•	•	·	
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page	Section	4				PAGE TOTAL
The state of the s	on concedere 1, betained	. Janimary rage,	50000011	••			\$	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	
EQUALITY PA PAC	From:	3/27/2018 To:	4/30/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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			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 Candidate	е				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 Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Co	andidate		Reporti	ng Period			
EQUALITY PA PAC			From	<u>3/2</u>	7/2018	То:	4/30/2018
				DATE			AMOUNT
To Whom Paid Act Blue			МО	DAY	YEAR		
Mailing Address PO Box 441	FO BOX 441140				2018	\$	14.49
City Somerville	State	Zip Code (Plus 4)	Descrip	tion of Ex	enditure		
MA 02144-0031				int Gatewa	y Fees		
To Whom Paid Wix.com			мо	DAY	YEAR		
Mailing Address 2601 Mission	on Street		4	30	2018	\$	84.00
City San Francisco	State	Zip Code (Plus 4)	Descrip	tion of Ex	enditure		
	CA	94110	1	e Hosting			
To Whom Paid Wells Fargo	·		мо	DAY	YEAR		
Mailing Address PO Box 699	5		4	30	2018	\$	1.17
City Portland State Zip Code (Plus 4)) Description of Expenditure				
- Fortialiu	OR 97228			ees	- Indical C		
	I		<u>l</u>				PAGE TOTAL
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D).			_ ا	00.66

99.66