Campaign Finance Report

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

Filer Identificat Number :	ion 2	2018C01	19		_	Repo Filed		CAND	IDATE	V	/ C	OMMITTE	E	LOB	BYIST	
Name of Filing	Committee, Ca	ndidate	or Lobi	byist:		MARK	-	LEN								
Street Address:																
City:								State:				Zip Cod	Zip Code: 19508			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		ND FRIDAY RIMARY	Y PRE	- 2.	30 D. PRIM		POST-	ost- 3. X			AMENDMENT REPORT?		No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		ND FRIDAY LECTION	y pre	- 5.	30 DA		POST-	POST- 6.			TERMINATION REPORT?		No	\checkmark
report type)	ANNUAL REP	ORT 7.	Ye	ear 2018				NG METH CHECK (PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by Can	didate:						DATE	OF EL	ECT	ION	District Number	Office Code	Par	ty Code	County Code
DEDDECENTAT								мо	DAY	,	YEAR	128	STH	REP	•	
REPRESENTAL	REPRESENTATIVE IN THE GENERAL ASSEMBLY							1	1	6	201	8	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Receipts and MO DAY YEAR								мо	DAY	,	YEAR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		5	1	2	018	то		5	4	201	8				
A. Amount Bro	ought Forward	From La	ist Rep	ort			\$				0.0	D				
B. Total Monet	ary Contributi	ons And	Receip	ots (From	Sche	dule I)	\$	\$ 0.00								
C. Total Funds	Available (Su	m Of Lin	es A an	nd B)			\$;			0.0	D				
D. Total Expen	ditures (From	Schedu	le III)				\$;			(811.03)				
E. Ending Cash	n Balance (Sub	tract Lin	ne D Fro	om Line (C)		\$				0.00)				
F. Value Of In-	Kind Contribut	tions Re	ceived	(From So	chedu	le II)	\$	5			0.00)				
G. Unpaid Deb	ts And Obligat	ions (Fr	om Sch	edule IV)		\$	5			0.00)				
					AFF	IDAV	IT SE	CTION								
PART I - If this i				-								-				
I swear (or affirm correct and compl		, includin	ig the at	tached sch	nedules	s filed o	n paper	or by elec	tronic	medi	um, are to	the best of	my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before m day of	e this	20	0							Signatu	re of Persor	Submitt	ing Rep	oort	
	Sig	nature					_					Print	ed Name			
My Commission E	xpires											Emai	I			
	мо		DAY		YR					Area (Code	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a	candida	te's au	thorized	Comn	nittee,	Candid	late shal	l sign	here						
I swear (or affirm) No 320) as amend		t of my kı	nowledg	e and beli	ef this	politica	l comn	nittee has	not vio	lated	any prov	isions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subse	cribed before me day of	this	~	0								Signature o	f Candida	ite		
			2				_					Printe	d Name			
My Commission Exp	Signat	ture					_					Emai	1			
							_									
	MC	,	DAY		YR				Are	a Co	de	Da	ytime Te	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MARK M GILLEN From: <u>5/1/2018</u> **To:** 6/4/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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				rting l	Period			
F				From: To:				
		·			DATE			AMOUNT
Full Name of Contributing Committe	e		M	чо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus o	4)					
							Γ	PAGE TOTAL

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

0.00

\$

PART B 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			orting P	eriod	_				
	From: To:									
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)								
PAGE TOTAL										
Enter Grand Total of Part A on S	Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 Candid	ate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	0.00

PART D 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	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

PART E **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	ing 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 Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ſAL	
		iiai y i uge,	Section				\$		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		
MARK M GILLEN	From:	<u>5/1/2018</u> то:	<u>6/4/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
			From:			То:	
				DATE		АМО	UNT
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 Schedule II, In-Kind Contributions Detaile Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Rep	oorting P	eriod			
					From: To:					
					DATE AMO					AMOUNT
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Place of City State Business				Zip 4)	Code(Plus	Descri	ption o	f Contribution		

		1		
Enter Grand Total of Part G on Schedule I	I. In-Kind Contril	butions Detail	ed	PAGE TOTAL
Summary Page, Section 3.	_,			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
MARK M GILLEN			From	<u>5/:</u>	<u>1/2018</u>	То:	<u>6/4/2018</u>
				DATE			AMOUNT
To Whom Paid POLITICAL SUPERSTORE				DAY	YEAR		
Mailing Address 2211 N. FIRST ST	5	14	2018	\$	496.55		
CitySAN JOSEStateZip Code (Plus 4)CA95131				otion of Exp IGN DATA	penditure		
To Whom Paid CEA			мо	DAY	YEAR		
Mailing Address 2611 INTERNET BLV	/D SUITE 120		5	14	2018	\$	314.48
City FRISCO	State TX	Zip Code (Plus 4) 75034	-	otion of Exp CAL OUTRE		1	
Fater Crand Total of Funanditures	- Dana 1. Damant C	Sever Dese Them I	 \				PAGE TOTAL
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item I	J.			\$	811.03