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	20180	20720			Repo Filed		:	CANDI	DATE	\checkmark	co	OMMITTE	E	LOBI	BYIST		
Name of Filing (Committee,	Candida	ite or L	obbyist:		SUSA	NNA	HL	NNE WA	ALKER								
Street Address:																		
City:									State:				Zip Cod	e: 19	350-1	520		
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE	- 2.) da Rima		POST-	3. X		AMENDMENT REPORT?		Yes	Ν	0	\checkmark
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRIDA ELECTION	y pre	≣- 5.) da Lect		POST-	POST- 6.		TERMINATION REPORT?		Yes	N	0	\checkmark
report type)	report type) ANNUAL REPORT 7. Year 2018 FILING METHOD () CHECK ONE						PAPER		\checkmark	DISK	ETTE							
Name of Office S	Sought by C	Candidat	e:			-	-		DATE O				District Number	Office Code		ty Cod	Cod	
REPRESENTAT	IVE IN THE	GENER	AL ASS	EMBLY					мо	DAY	YEA	R	13	STH	DEN	1	15	
		-							11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		and	мо	DAY	YEAR	2			мо	DAY	YEA	R	FO	R OFFIC	E USE	ONLY	,	
Expenditures	s from:			5 1	2	018	то		6		4	2018						
A. Amount Bro	ught Forwa	ard From	Last R	eport				\$			(2,000).00)						
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedule I							\$		0.00								
C. Total Funds Available (Sum Of Lines A and B) \$ (2,000.00)																		
D. Total Expen	ditures (Fr	om Sche	dule II	I)				\$			37	0.78						
E. Ending Cash	Balance (S	Subtract	Line D	From Line	C)			\$			(2,370	.78)						
F. Value Of In-	Kind Contr	ibutions	Receiv	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obli	gations	(From S	Schedule IV	')			\$				0.00						
					AFF	IDA	/IT	SE	CTION									
PART I - If this i																		
I swear (or affirm correct and compl		port, inclu	iding the	e attached sc	hedule	s filed o	on paj	per c	r by elect	ronic m	edium, a	are to	the best of	my know	vledge	and be	lief , tr	ue
Sworn to and subs	scribed befor day of	e me this		20							Sig	natur	e of Persor	Submitt	ing Rep	oort		-
		Signatur	e				_						Print	ed Name				-
My Commission E	xpires												Emai	I				_
	м	0	D	AY	YR					Ar	ea Code		Daytim	e Telepho	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's	authorized	Comn	nittee,	Can	dida	te shall	sign h	ere.							
I swear (or affirm) No 320) as amend		best of m	y knowle	edge and beli	ef this	politic	al co	mmi	ttee has n	ot viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P	L. 133	з,
Sworn to and subso	cribed before day of	me this		20								s	ignature o	f Candida	ite			-
													Printe	d Name				-
My Commission Exp	-	gnature											Emai	1				-
																		_
		мо	D	AY .	YR	2				Area	Code		Da	ytime Te	elephor	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SUSANNAH LYNNE WALKER 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.)

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			
				From: To:			
		·		DATE			AMOUNT
Full Name of Contributing Com	nittee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)				
						Г	PAGE TOTAL

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

PAGE 3

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 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 Cand	lidate		Reporting Period						
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Commit	ttee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C on	Schedule I, Detail	ed 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		AMO	UNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Employer Name			Occupa	tion		•	
Employer Mailing Address/ Business	Principal Place of	City	•	State		Zip Code (Plus 4)
Enter Grand Total of Par	t C on Schedule I, Detail	ed Summary Page, Sect	ion 3.			PAG	E TOTAL
						\$	0.00

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	Ī	
Full Name				мо	DAY	YEAR				
Mailing Address							4	5	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description						•	•			
Enter Grand Total of Part E on Schedu	le T. Detailed Summ	nary Page	Section	Д				PAGE TO	TAL	
		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		
SUSANNAH LYNNE WALKER	From:	<u>5/1/2018</u> To:	<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 PART	ΓF)		
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, I		\$	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

0.00

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

Name of Filing Committee or Candi	date				Rep	porting P	eriod			
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(Plus 4)						
Employer of Contributor	I					Occupat	tion			
Employer Mailing Address/Principal Place of City Business			State		Zip Code(Plus Descr 4)			cription of Contribution		
										PAGE TOTAL

		1		
Enter Grand Total of Part G Summary Page, Section 3.	on Schedule II, In-Kind C	ontributions Deta	ailed	PAGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
SUSANNAH LYNNE WALKER			From	<u>5/:</u>	<u>1/2018</u>	То:	<u>6/4/2018</u>
				DATE			AMOUNT
To Whom Paid LITTLE NEST STUDIOS				DAY	YEAR		
Mailing Address 589 WILMINGTON PIKE			5	2	2018	\$	312.70
City GLEN MILLS State Zip Code (Plus 4)				tion of Exp	Denditure		
	PA 19342			GRAPHY			
To Whom Paid TWO STONES PUB			мо	DAY	YEAR		
Mailing Address 49 JENNERS VILLAG	βE		5	8	2018	\$	58.08
City WEST GROVE	State	Zip Code (Plus 4)	Descrip	otion of Exp	Denditure		
	PA	19390	EVENT	FOOD			
	•						PAGE TOTAL
Enter Grand Total of Expenditures of	on Page 1, Report (Cover Page, Item I) .			\$	370.78