Campaign Finance Report

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

Filer Identification	er identification 2016C0122								со	MMITTEE		LOBE	BYIST				
Name of Filing C	Committee, Candi	date or L	obbyist:	М	1IKE S	TACK				-							
Street Address:																	
City:							State:					Zip Code	19	116			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PI PRIMARY				AY IARY	РО	POST- 3. X			AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PELECTION	D FRIDAY PRE- 5. 30 ELE			AY TION	РО	POST- 6.			TERMINAT REPORT?	ION	Yes	No		\checkmark
report type)	ANNUAL REPORT	7.	Year 2018				NG MET CHECK					PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by Candida	ate:					DATE	OF	ELEC	CTION		District Number	Office Code	Par	ty Code	Coun	
							МО	D	DAY	YEAR		-1 LTG DEM			1		
LIEUTENANT G	OVERNOR						1	11		6 20)18	(SEE INSTRUCTIONS FOR COD				CODES	,—
	Receipts and	МО	DAY YE	AR			МО	С	DAY	YEAR		FOR	E USE	ONLY			
Expenditures	from:		5 1	201	18 1	ГО		6		4 20)18						
A. Amount Bro	ught Forward Fro	m Last R	leport			\$				0.	.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hed	ule I)	\$;			15,000	.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$;			15,000	.00						
D. Total Expend	ditures (From Sch	nedule II	.I) 			\$;			48,000.	00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)			\$			(3	33,000.0	00)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dule	ıI)	\$;			0.	00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$;			0.	.00						
			А	FFI	DAVI	IT SE	CTIO	N									
	s a Committee rep		=					-	•		_						
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached schedu	ıles f	filed on	paper	or by ele	ectro	nic me	edium, are	to t	he best of r	my know	/ledge	and belie	ef , trı	ıe
Sworn to and subs	cribed before me th day of	is	20					_		Signa	ture	of Person	Submitti	ing Rep	ort		_
	Signat			_		_		_				Printe	d Name				-
My Commission Ex	_	ле						_				Email					- [
	мо	D	PAY Y	YR				_	Are	a Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a can	ididate's	authorized Cor	mmi	ttee, C	Candid	late sha	ıll si	gn he	ere.				_			
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief t	his p	olitical	comm	nittee has	s not	violat	ed any pr	ovisi	ons of the a	act of Ju	ne 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this	;						-			Si	gnature of	Candida	te			-
	day of					_		-				Printed	Name				-
	Signature			_		_		_									
My Commission Exp	_											Email					
	МО	D	PAY	YR		-		_	Area (Code		Day	time Te	lephon	ne Numbe	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
MIKE STACK	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)	\$	15,000.00
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			\$	15,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use	this Part to itemize onl with an aggregate valu											
Name of Filing Comm	Name of Filing Committee or Candidate				Reporting Period							
			Fre	om:		То	:					
		'			DATE			AMOUNT				
Full Name of Contribut	ting Committee			МО	DAY	YEAR						
Mailing Address							\$	0.00				
City	State	Zip Code (Plus 4))									
	·	· · · · · · · · · · · · · · · · · · ·						DAGE 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 Candidate				Reporting Period						
			From: T			o:				
					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		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.)

nme of Filing Committee or Candidate			Rep	Reporting Period						
			Froi	m:		To) :			
				D	ATE		А	MOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name		•		Occupa	tion		•			
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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	d			
MIKE STACK			From:		5/1/201	<u>8</u> To:		6/4/2018
				D	ATE			AMOUNT
Full Name THE COMMITTEE TO ELECT N	1IKE STACK			мо	DAY	YEAR		
Mailing Address PO BOX 2	92						\$	15,000.00
City NEWTOWN	State PA	Zip Code (18940	Plus 4)	5	29	2018	3	
Receipt Description LOA	N REPAYMENT							
Enter Grand Total of Part E	on Schedule I. Detailed	d Summary Page.	Section	4.				PAGE TOTAL
		, . ugu,					\$	15,000.00

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		
MIKE STACK	From:	<u>5/1/2018</u> To:	6/4/2018
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 Candidate				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 Sche	dule II. In-Kind C	Contributions Deta	iled Sum	marv Pac	ıe.		PAGE TOTAL		
Section 2.	,			, , ,		\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$ \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ındidate		Reporti	ng Period			
MIKE STACK			From	<u>5/:</u>	1/2018	То:	6/4/2018
				DATE			AMOUNT
To Whom Paid BUYING TIME LLC			МО	DAY	YEAR		
Mailing Address 650 MASSA	CHUSETTS AVE NW		5	3	2018	\$	33,000.00
City WASHINGTON State DC Zip Code (Plus 4) 20001				ption of Exp	enditure		
To Whom Paid BUYING TIME MEDIA			МО	DAY	YEAR		
Mailing Address 650 MASSA	CHUSETTS AVE NW		5	7	2018	\$	15,000.00
City WASHINGTON	State DC	Zip Code (Plus 4) 20001	Descri MEDIA	ption of Exp	penditure		
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item [).).				PAGE TOTAL

48,000.00