#### **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 8400	397			Rep File			CAND	IDATE		СОМ	<b>ITTEE</b>	<b>✓</b>	LOBE	YIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		CITI	ZEN	IS FO	R GREE	NLEAF								
Street Address:	1555 TERWO	DD ROA	D														
City:	HUNTINGDON	VALLE	<b>(</b>					State:	PA			Zip Cod	de: 19	9006			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	- 2	2.	30 DA		POST-	3. <b>X</b>		AMENDMENT REPORT?		Yes	No	Y	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	Y PRE	Ē- 5	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018					NG METH CHECK C				PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE (	)F ELE	CTIC	)N	District Number	Office Code	Par	y Code	County	,
	,							МО	DAY	Y	EAR	12	STS	REP		46	
SENATOR IN T	HE GENERAL ASSE	EMBLY						11		6	2018	8 (SEE INSTRUCTIONS FOR			NS FOR C	ODES)	
Summary of	Receipts and	МО	DAY	YEAR	R			МО	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		5 1	2	018	Т	0	6	5	4	2018						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$	\$ 71,172.18									
B. Total Monet	ary Contributions A	And Rec	eipts (From	Sche	dule	I)	\$	\$ 2,229.81									
C. Total Funds	Available (Sum Of	Lines A	and B)				\$ 73,401.99										
D. Total Expen	ditures (From Sch	edule II	I)				\$		5,685.80								
E. Ending Cash	Balance (Subtract	Line D	From Line (	C)			\$			67,7	16.19	]					
F. Value Of In-	Kind Contributions	Receive	ed (From So	chedu	le II	)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	)			\$		0.00								
				AFF	IDA	VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere. :	If thi	is is	a Car	ndidate r	eport,	candi	date sig	jn here.					
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sch	nedule	s filed	l on	paper	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge a	nd belie	ef , true	3,
Sworn to and subs	cribed before me this day of	:	20							5	Signature	of Perso	n Submit	ting Rep	ort		•
			-				<u>-</u>					Prin	ted Name	e			-
My Commission Ex	Signatu kpires	re										Ema	il				.
	мо	D/	AY	YR			-		Ar	ea Co	de		ne Teleph	none Nui	nber		•
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has i	not viola	ited ar	y provis	ions of th	e act of J	une 3,19	37 (P.L.	. 1333,	1
Sworn to and subsc	ribed before me this										s	ignature (	of Candid	ate			.
	day of		_ 20				_					<b>.</b>					.
	S:						-					Printe	ed Name				
My Commission Exp	Signature pires											Ema	il				•
	МО	D/	AY	YR	l		-		Area	Code		D	aytime T	elephon	e Numbe	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
CITIZENS FOR GREENLEAF	From:	<u>5/1/201</u>	<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)	\$	2,229.81
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			\$	2,229.81

#### **PART A**

### CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Comm	nittee or Candidate		Reporti	ng Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing Committee		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	

## 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 C	andidate		Rep Fro	oorting P m:	eriod	To	<b>)</b> :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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	date		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			Rep	orting Pe	riod			
			Fror	n:		To	<b>)</b> :	
				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 Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	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 Candidat	e		Report	ing Perio	d			
CITIZENS FOR GREENLEAF			From:		5/1/201	<u>8</u> To:	<u>6/4/2</u>	018
				D	ATE		AMOUNT	
Full Name					DAY	VEAD		
KEYBANK				МО	DAY	YEAR		
Mailing Address PO BOX 93885							<b>\$</b>	7.81
City CLEVELAND	State	Zip Code (	Plus 4)	5	31	2018		
CLL VLL IIIO	ОН	4410158	35					
Receipt Description INTEREST	•	•		•				
Full Name								
STEWART GREENLEAF				МО	DAY	YEAR		
Mailing Address 1555 TERWOOD F	ROAD						<b>\$</b>	2,222.00
City HUNTINGDON VALLEY	State	Zip Code (	Plus 4)	5	18	2018		
	PA	19006						
Receipt Description REIMBURSEN	1ENT	•		•			•	
						Г	PAGE TO	TA1

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

\$ 2,229.81

#### **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 Peri	od	
CITIZENS FOR GREENLEAF	From:	<u>5/1/2018</u> <b>To:</b>	6/4/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	R	
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 (	Contributions Deta	iled Sum	marv Pac	ıe.		PAGE TOTAL
Section 2.	<b>,</b>			<b>,</b>		\$	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				<b>PAGE TOTAL</b> 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

		T					
Name of Filing Committee or Cand	idate		Reportii	ng Period			
CITIZENS FOR GREENLEAF			From	<u>5/:</u>	1/2018	То:	6/4/2018
				DATE			AMOUNT
To Whom Paid INTERNAL REVENUE SERVICE			мо	DAY	YEAR		
Mailing Address PO BOX 1000			5	1	2018	\$	2,222.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19111	REIMBI				
To Whom Paid UPPER MORELAND HISTORICAL A	SSOCIATION		мо	DAY	YEAR		
Mailing Address 117 PARK AVE	NUE SUITE 500		5	1	2018	\$	54.00
City WILLOW GROVE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19090	TICKET				
<b>To Whom Paid</b> PATRICIA CAWTHORNE			МО	DAY	YEAR		
Mailing Address 268 BLOOMFIE	LD ROAD		5	17	2018	\$	488.70
City WARMINSTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18974		CES/MILEA			
<b>To Whom Paid</b> PATRICIA CAWTHORNE	·		мо	DAY	YEAR		
Mailing Address 268 BLOOMFIE	LD ROAD		5	17	2018	\$	16.70
	State	Zip Code (Plus 4)	Descrin	tion of Exp	enditure	•	
City WARMINSTER		<b>I</b>		•			
City WARMINSTER	PA	18974	OUT OF	POCKET I	EXPENSE	S	
City WARMINSTER  To Whom Paid  STEWART GREENLEAF	PA	18974	OUT OF	DAY	YEAR	S	
To Whom Paid		18974				\$	271.82

19006

OUT OF POCKET EXPENSES

PΑ

To Whom Paid ACE SIGN CO.	МО	DAY	YEAR				
Mailing Address 402 NORTH 4TH STREET	5	17	2018	\$		308.95	
City SPRINGFIELD  State  IL  62702	Descrip	Description of Expenditure SUPPLIES					
To Whom Paid COMPLETE PACKAGING	мо	DAY	YEAR				
Mailing Address 1380 WELSH ROAD	5	17	2018	\$		408.93	
City MONTGOMERYVILLE PA Zip Code (Plus 4) 18936	Descri	Description of Expenditure SUPPLIES					
To Whom Paid PROJECT BASED LEARNING INC.	МО	DAY	YEAR				
Mailing Address 7501 FOWLER STREET	5	5 20 2018				25.00	
City PHILADELPHIA State Zip Code (Plus 4) PA 19128	Descri	Description of Expenditure DONATION					
To Whom Paid ROYAL ENTERPRISES	МО	DAY	YEAR				
			<b>YEAR</b> 2018	\$		1,389.70	
ROYAL ENTERPRISES	<b>MO</b> 5	DAY 21 ption of Exp	2018	\$		1,389.70	
ROYAL ENTERPRISES  Mailing Address 27 ROLAND AVENUE  City MOUNT LAUREL State Zip Code (Plus 4)	MO 5	DAY 21 ption of Exp	2018	\$		1,389.70	
ROYAL ENTERPRISES  Mailing Address 27 ROLAND AVENUE  City MOUNT LAUREL State Zip Code (Plus 4) 08054  To Whom Paid	MO 5  Description SUPPLI	DAY  21  ption of Exp	2018 penditure	\$		1,389.70	
Mailing Address 27 ROLAND AVENUE  City MOUNT LAUREL  To Whom Paid PATRICK BEDARA  Mailing Address	MO 5 Descrip SUPPLI	DAY  21  ption of Exp  ES  DAY  27  ption of Exp	2018  penditure  YEAR  2018				
Mailing Address 27 ROLAND AVENUE  City MOUNT LAUREL State NJ 08054  To Whom Paid PATRICK BEDARA  Mailing Address 606 AINTREE ROAD  City HATBORO State Zip Code (Plus 4)	MO  5  Descrip SUPPLI  MO  5  Descrip	DAY  21  ption of Exp  ES  DAY  27  ption of Exp	2018  penditure  YEAR  2018				
Mailing Address 27 ROLAND AVENUE  City MOUNT LAUREL State NJ 08054  To Whom Paid PATRICK BEDARA  Mailing Address 606 AINTREE ROAD  City HATBORO State PA 19040  To Whom Paid	MO  5  Description MO  5  Description MO	DAY  21  Ption of Exp  (ES)  DAY  27  Ption of Exp  CES	2018  Penditure  YEAR  2018  Penditure				

To Whom Paid DYLAN SANTOS			мо	DAY	YEAR		
Mailing Address 622 AINTREE ROAD		5	27	2018	\$	150.00	
City HATBORO	State PA	<b>Zip Code (Plus 4)</b> 19040	Description of Expenditure SERVICES				
To Whom Paid MICHELLE SANTOS			МО	DAY	YEAR		
Mailing Address 622 AINTREE ROAD		5	29	2018	\$	100.00	
City HATBORO	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19040	<b>Descrip</b> SERVIO	otion of Exp	penditure		
Enter Grand Total of Expenditures	on Page 1 Report C	over Page Item D					PAGE TOTAL
	on age 1/ Nepolt e	ore. I age, Item D	•			\$	5,685.80