

Campaign Finance Report

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

Filer Identification Number : 20180197		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF LAUREN LAREAU											
Street Address: 5 FORSYTHIA DRIVE EAST											
City: LEVITTOWN					State: PA		Zip Code: 19056				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	30 DAY PRIMARY	POST-PRIMARY	3.	AMENDMENT REPORT?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2018	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR	DEM			
					11	6	2018	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		3	27	2018		4	30	2018			
A. Amount Brought Forward From Last Report					\$ 712.80						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 3,850.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 4,562.80						
D. Total Expenditures (From Schedule III)					\$ 896.62						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 3,666.18						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 109.84						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 5.41						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF LAUREN LAREAU	From: <u>3/27/2018</u> To: <u>4/30/2018</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 470.00

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)	\$ 1,130.00
TOTAL for the Reporting Period (2)	\$ 1,130.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,250.00
All Other Contributions (Part D)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 2,250.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,850.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	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 Candidate	Reporting Period
FRIENDS OF LAUREN LAREAU	From: <u>3/27/2018</u> To: <u>4/30/2018</u>

DATE	AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$ 80.00
ALICIA GASPAROVIC						
Mailing Address			4	28	2018	
406 STATION AVENUE						
City	State	Zip Code (Plus 4)				
LANGHORNE	PA	19047				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
JUDITH H HENRY						
Mailing Address 81 OAK RIDGE DRIVE			3	30	2018	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
STAN JAMES							
Mailing Address 303 ELLIS ROAD				4	10	2018	
City	LANGHORNE	State	Zip Code (Plus 4)				
		PA	19047				

Full Name of Contributor				MO	DAY	YEAR	\$ 40.00
STAN JAMES							
Mailing Address 303 ELLIS ROAD				4	28	2018	
City	LANGHORNE	State	Zip Code (Plus 4)				
		PA	19047				

Full Name of Contributor MARTIN MCWILLIAMS				MO	DAY	YEAR	\$ 60.00
Mailing Address 398 OLD MILL ROAD				4	19	2018	
City	LANGHORNE	State	Zip Code (Plus 4)				
		PA	19047				

Full Name of Contributor ANNETTE SMITH				MO	DAY	YEAR	\$ 150.00
Mailing Address 4933 PINE STREET				4	22	2018	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19143					

Full Name of Contributor AMY STROUSE				MO	DAY	YEAR	\$ 200.00
Mailing Address 257 NORSAM DRIVE				4	28	2018	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047					

Full Name of Contributor KEITH DEVORE				MO	DAY	YEAR	\$ 80.00
Mailing Address 111 FLOWERS AVE				4	28	2018	
City LANGHORNE	State PA	Zip Code (Plus 4) 19047					

Full Name of Contributor DEBBIE SPAULDING				MO	DAY	YEAR	\$ 140.00
Mailing Address 1921 BRIDGETOWN PIKE				4	28	2018	
City FEASTERVILLE	State PA	Zip Code (Plus 4) 19053					

Full Name of Contributor SASKIA AMADON				MO	DAY	YEAR	\$ 100.00
Mailing Address 1562 BUD LANE				4	28	2018	
City YADLEY	State PA	Zip Code (Plus 4) 19067					

Full Name of Contributor ANNA MATHESON				MO	DAY	YEAR	\$ 80.00
Mailing Address 234 NORRISTOWN RD				4	28	2018	
City BLUE BELL	State PA	Zip Code (Plus 4) 19422					

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

PAGE TOTAL

\$ 1,130.00

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
FRIENDS OF LAUREN LAREAU	From: <u>3/27/2018</u> To: <u>4/30/2018</u>

				DATE		AMOUNT	
Full Name of Contributing Committee TURN PA BLUE				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 635 FARISTON DRIVE							
City	WYNNEWOOD	State	Zip Code (Plus 4)	4	21	2018	
		PA	19096				
Full Name of Contributing Committee FRIENDS OF TINA DAVIS				MO	DAY	YEAR	\$ 250.00
Mailing Address 102 KINGSFIELD ROAD							
City	PHILADELPHIA	State	Zip Code (Plus 4)	4	28	2018	
		PA	19115				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 1,250.00

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 FRIENDS OF LAUREN LAREAU	Reporting Period From: <u>3/27/2018</u> To: <u>4/30/2018</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
WILLIAM B. CARR JR.							
Mailing Address 115 VERNON LANE				3	30	2018	\$ 500.00
City ROSE VALLEY	State PA	Zip Code (Plus 4) 19063					
Employer Name RETIRED				Occupation			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

Full Name of Contributor				MO	DAY	YEAR	
MARQUERITE CHANDLER							
Mailing Address 1382 NEWTOWN LANGHORNE RD N-112				4	28	2018	\$ 500.00
City NEWTOWN	State PA	Zip Code (Plus 4) 18940					
Employer Name RETIRED				Occupation			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 1,000.00

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	Reporting Period From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

PAGE TOTAL
\$ 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	
FRIENDS OF LAUREN LAREAU		From: <u>3/27/2018</u> To: <u>4/30/2018</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 16.69
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 93.15
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 109.84

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate FRIENDS OF LAUREN LAREAU	Reporting Period From: <u>3/27/2018</u> To: <u>4/30/2018</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
LAUREN LAREAU							
Mailing Address 101 SUMMIT TRACE RD				4	27	2018	\$ 93.15
City LANGHORNE	State PA	Zip Code (Plus 4) 19047					
Description of Contribution: COPIES AT STAPLES FOR WALK LISTS, TABLE CLOTHES FOR FUND RAISER							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL \$ 93.15

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF LAUREN LAREAU	From <u>3/27/2018</u> To: <u>4/30/2018</u>

DATE				AMOUNT
To Whom Paid OLD NESHAMINY INN	MO	DAY	YEAR	
Mailing Address 1558 W. MAPLE AVE	4	6	2018	\$ 100.00
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure DOWN PAYMENT FOR FUND RAISER	
To Whom Paid BUCKS COUNTY DEMOCRATIC COMMITTEE	MO	DAY	YEAR	
Mailing Address 123 NORTH BROAD STREET SUITE B	4	23	2018	\$ 138.62
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18901	Description of Expenditure POSTAGE FOR THANK YOU CARDS	
To Whom Paid OLD NESHAMINY INN	MO	DAY	YEAR	
Mailing Address 1558 W. MAPLE AVE	4	27	2018	\$ 656.00
City LANGHORNE	State PA	Zip Code (Plus 4) 19047	Description of Expenditure FUND RAISER-FOOD & BEVERAGES	
To Whom Paid CITIZENS BANK	MO	DAY	YEAR	
Mailing Address 471 SOUTH OXFORD VALLEY ROAD	4	30	2018	\$ 2.00
City FAIRLESS HILLS	State PA	Zip Code (Plus 4) 19030	Description of Expenditure BANK SERVICE CHARGE	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 896.62

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

Name of Filing Committee or Candidate FRIENDS OF LAUREN LAREAU				Reporting Period From: <u>3/27/2018</u> To: <u>4/30/2018</u>			
							Outstanding Balance of Debt
							DATE
Name of Creditor ACT BLUE				MO	DAY	YEAR	
Mailing Address P.O. BOX 441146				4	18	2018	\$ 5.41
City SOMERVILLE	State MA		Zip Code (Plus 4) 02144		Description of Debt FEES TO ACT BLUE		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 5.41