# **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 :	ion 2018	0197			Repor Filed I		CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIEND	S OF	LAUREN	LAREA	U						
Street Address:	5 FORSYTHIA	DRIVE	EAST												
City:	LEVITTOWN						State:	PA			Zip Co	<b>de:</b> 19	056		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST- 3. <b>X</b>		AMENDMENT REPORT?		Yes	✓ No	1	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	Ξ- 5.	30 D ELEC	AY I TION	POST- 6.			TERMIN/ REPORT		Yes	Nc	<ul> <li>Image: A start of the start of</li></ul>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018				NG METH				PAPER		$\checkmark$	DISKE	TTE
Name of Office S	⊥ Sought by Candida	te:					DATE O	F ELE	стіо	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR			DEI	1	
							11		6	2018	]	(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		5 1	2	018 <b>T</b>	0	6		4	2018					
A. Amount Bro	ught Forward Fror	n Last R	eport			\$	5		3,6	66.18					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$	5		1,7	05.00					
C. Total Funds Available (Sum Of Lines A and B)						\$	5		5,3	71.18					
D. Total Expenditures (From Schedule III)						\$	5		1	27.24					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		4	5		5,2	43.94					
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)	4	5			66.90					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		4	5			6.68					
				AFF	IDAVI	T SE	ECTION								
	s a Committee rep	•	-								-				
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	attached sc	hedules	s filed on	paper	or by elect	ronic me	edium,	are to t	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20						S	ignature	e of Perso	n Submitt	ing Rej	oort	
	Signatu	re	_			_					Prin	ted Name			
My Commission E	-										Ema	il			
	мо	DA	AY	YR		_		Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee, C	Candio	date shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of n ed.	ny knowle	edge and beli	ef this	political	comn	nittee has n	ot viola	ted any	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	1333,
Sworn to and subso	ribed before me this day of		20							s	ignature (	of Candida	ite		
						_					Printe	ed Name			
My Commission Exp	Signature					_					Ema	il			
						_									
	МО	D/	AY.	YR	l			Area	Code		D	aytime Te	elephor	e Numb	er

#### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF LAUREN LAREAU From: <u>5/1/2018</u> **To:** 6/4/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 240.00 \$ **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)** 1,205.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 1,205.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 260.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 260.00 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 \$ 1,705.00 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 Commit	Name of Filing Committee or Candidate			Reporting Period							
			From:	i cirioù	То						
			From:		10	•					
				DATE			AMOUNT				
Full Name of Contributing	) Committee		мо	DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)									
						Г	PAGE TOTAL				
Enter Grand Total of Pa	art A on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	0.00				

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

\$

Use this Part to ite \$5	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		Repor	rting Pe	eriod						
FRIENDS OF LAUREN LAREAU			From:	:	<u>5/1/2</u>	: <u>6/4/2018</u>					
					AMOUNT						
Full Name of Contributor DEBBIE SPAULDING				мо	DAY	YEAR					
Mailing Address 1921 BRIDGETOW	N PIKE						<b>\$</b> 80.00				
City FEASTERVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19053		5	8	2018					
Full Name of Contributor GRETCHEN ORR				мо	DAY	YEAR					
Mailing Address 1650 WALTHAM RC	)AD						<b>\$</b> 100.00				
City COLUMBUS	State OH	Zip Code (Plus 4) 43221		5	9	2018					
Full Name of Contributor LEIGH BRESSLER				мо	DAY	YEAR					
Mailing Address 1779 WHISLERS P/	ARK ROAD						<b>\$</b> 100.00				
City ROSEBURY	<b>State</b> OR	<b>Zip Code (Plus 4)</b> 97470		5	10	2018					
Full Name of Contributor RICHARD SINGER				мо	DAY	YEAR					
Mailing Address 501 POPPY CT							<b>\$</b> 100.00				
City LANGHORNE	<b>State</b> PA	Zip Code (Plus 4) 19047		5	11	2018					
Full Name of Contributor BETH MURPHY				мо	DAY	YEAR					
Mailing Address 6205 LEONA STREE	T						<b>\$</b> 200.00				
City ST. LOUIS	<b>State</b> MO	Zip Code (Plus 4) 63116		5	13	2018					

Full Name of Contribut EDITH SHANKER	or			мо	DAY	YEAR	
Mailing Address 12	282 NEWTOWN-LA	NGHORNE R	OAD				<b>\$</b> 125.00
City NEWTOWN		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18940	5	14	2018	
Full Name of Contribut RONALD AQUINO	or			мо	DAY	YEAR	
Mailing Address 76 City OAKLAND	58 WALKER AVE#.	2 State CA	<b>Zip Code (Plus 4)</b> 94610	5	29	2018	\$ 100.00
Full Name of Contributor NANCY CULLETON				мо	DAY	YEAR	
Mailing Address 20 City LANGHORNE	)7 W RICHARDSO	N AVE State	Zip Code (Plus 4)	6	3	2018	<b>\$</b> 200.00
		РА	19047				
Full Name of Contribut JLP CLOETE	or			мо	DAY	YEAR	
Mailing Address PC	D BOX 572						<b>\$</b> 200.00
City HOLICONG		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18928	6	4	2018	
			1				PAGE TOTAL

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

PAGE TOTAL

1,205.00

\$

# 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	lame of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address	Mailing Address						\$	0.00		
City	State	Zip Cod	e (Plus 4)							
						ſ		PAGE TOTAL		
Enter Grand Total of Part C on	Schedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	0.00		

#### 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	me of Filing Committee or Candidate			Reporting Period					
FRIENDS OF LAUREN LAREAU				Fron	n:	<u>5/1/2</u>	<u>018</u> To	:	<u>6/4/2018</u>
					DA	TE		АМС	DUNT
Full Name of Contributor TODD IRISH					мо	DAY	YEAR		
Mailing 1449 6TH STREET Address								\$	250.00
City ALAMEDA	<b>State</b> CA	<b>Zip Co</b> 94503	ode (Plus 1	4)	5	29	2018		
Employer Name JACKSON SQUARE PR	OPERTIES				Occupat	ion R	REAL ES	TATE	
Employer Mailing Address/Principal Place of City Business					State		Zip Code	(Plus 4)	
655 MONTGOMERY STREET		9	SAN FRAN	CISCO	0	СА		94111	
Full Name of Contributor TODD IRISH					мо	DAY	YEAR		
Mailing 1449 6TH STREET Address							2010	\$	10.00
City ALAMEDA	<b>State</b> CA	<b>Zip Co</b> 94503	ode (Plus	4)	5	31	2018		
Employer Name JACKSON SQUARE PR	OPERTIES				Occupat	ion R	REAL ES	TATE	
Employer Mailing Address/Principal Plac Business	e of	0	City			State		Zip Code	(Plus 4)
655 MONTGOMERY STREET		9	SAN FRAN	CISCO	)	CA		94111	
Enter Grand Total of Part C on Sche	dule I. Detailed Su	ımmar	ry Page	Sectio	on 3.			PAG	E TOTAL
	,,,,,,		,					Þ	260.00

### 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	Name of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$		0.00	
City	State	Zip Code (	Plus 4)							
Receipt Description		I			1					
Enter Grand Total of Part E c	n Schodulo I. Dotailog		Section	4				PAGE TOT	AL	
	in Schedule I, Detailed	i Summaly Paye,	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									
FRIENDS OF LAUREN LAREAU	From:	<u>5/1/2018</u> <b>то:</b>	<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)	\$	66.90							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)										
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		\$	66.90							

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Reporting Period				
			From:			То:		
				DATE		ΑΜΟΙ	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 Scheo Section 2.	Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summar					PAGE	TOTAL	
					4	5	0.00	

#### PAGE 11

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

Name of Filing Committee or Candio	ame of Filing Committee or Candidate				Rej	porting F	Period			
					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			1			Occupa	tion		1	
Employer Mailing Address/Principal Place of Business		City		State		Zip 4)	Zip Code(Plus 4)		ption o	of Contribution
Enter Grand Total of Part G on	Schedule II, I	n-Kind	Contributi	ions De	taile	ed				PAGE TOTAL
Summary Page, Section 3.	<b>,</b> -					-				0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	lidate		Reporti	ng Period				
FRIENDS OF LAUREN LAREAU			From	<u>5/:</u>	<u>1/2018</u>	То:	<u>6/4/2018</u>	
				DATE			AMOUNT	
To Whom Paid ACT BLUE			мо	DAY	YEAR			
Mailing Address PO BOX 44114	46		5	18	2018	\$	8.88	
City SOMERVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 02144		ption of Exp		J		
To Whom Paid CITIZENS BANK			мо	DAY	YEAR			
Mailing Address 471 SOUTH 0	XFORD VALLEY ROAD	D	5	31	2018	\$	2.00	
City FAIRLESS HILLS	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19030		ption of Exp		} }		
To Whom Paid ACT BLUE			мо	DAY	YEAR			
Mailing Address PO BOX 44114	46		6	1	2018	\$	10.95	
City SOMERVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 02144	Description of Expenditure FEES TO ACT BLUE					
To Whom Paid MIDDLETOWN TOWNSHIP		i	мо	DAY	YEAR			
Mailing Address 3 MUNICIPAL	WAY		6	1	2018	\$	100.00	
City LANGHORNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19047		<b>ption of Exp</b> D IN 4TH O			воок	
To Whom Paid ACT BLUE			мо	DAY	YEAR			
Mailing Address PO BOX 44114	46		5	1	2018	\$	5.41	
City SOMERVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 02144		ption of Exp		<b>1</b>		
Enter Grand Total of Expenditu	ures on Page 1. Re						PAGE TOTAL	
	Jies on Page 1, Re	port cover rage, item i				\$	127.24	

## 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			Reporting Period						
FRIENDS OF LAUREN LAREAU			From:		<u>5/1/2018</u>	То:		<u>6/4/2018</u>	
					DATE			Outstanding Balance of Deb	bt
Name of Creditor ACT BLUE				мо	DAY	YEAR			
Mailing Address P.O. BOX 441146							\$	e	6.68
City SOMERVILLE	State	Zip Code (Plu	us 4)	Descrip	tion of De	bt			
	МА	02144		FEES TO ACT BLUE					
	•							PAGE TOTAL	L
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	6	5.68