Campaign Finance Report

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

| | | | | | | port ed B | | CANDI | DATE | | СОМ | 4ITTEE | ✓ | LOBI | BYIST | | |
|--|---------------------------------|------------|---|--------|--------|--------------|----------------|-------------|---------------------------|--------|------------|--------------------|----------------|---------------|-----------|----------|----------|
| Name of Filing C | Committee, Candid | late or L | obbyist: | | VOL | UNT | EERS | FOR AR | GALL | | | | | | | | |
| Street Address: | PO BOX 241 | | | | | | | | | | | | | | | | |
| City: | TAMAQUA | | | | | | | | PA Zip Code: 18252 | | | | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE- PRIMARY 2. 30 DAY PRIMARY | | | | | | POST- 3. | | | AMENDM REPORT | | Yes | No | • | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | ≣- | 5. X | 30 DA ELECT | | POST- | 6. | | TERMINA REPORT | | Yes | No | • | \ |
| report type) | ANNUAL REPORT | 7. | Year 2018 | | | | | IG METHO | | | | PAPER | | $\overline{}$ | DISKE | TTE | |
| Name of Office S | Sought by Candida | ite: | _ | | | | | DATE 0 | F ELE | CTIC | N | District Number | Office Code | Par | ty Code | Coun | |
| | | | | | | | | МО | DAY | YI | AR | | 10000 | REP | | | |
| | | | | | | | | 11 | | 6 | 2018 | | (SEE IN | STRUCTI | ONS FOR C | ODES |) |
| , | Receipts and | МО | DAY | YEAR | 1 | | | МО | DAY | YI | EAR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | | | 9 18 | 2 | 018 | Т | 0 | 10 | | 22 | 2018 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | 413, | 143.86 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From | Sche | dule | eI) | \$ | | | 9,0 | 050.00 | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | | \$ | | | 422, | 193.86 | | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | 114,4 | 100.90 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C |) | | | \$ | | | 307,7 | 92.96 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Scl | hedu | le II | [) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV) | ١ | | | \$ | | | | 0.00 | | | 1 | | | |
| | | | | AFF | ID/ | ٩VI | ΓSE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign h | ere. | If th | is is | a Can | ididate r | eport, d | candi | date sig | ın here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | attached sch | edules | s file | d on | paper (| or by elect | ronic m | edium | , are to t | he best o | f my kno | wledge | and belie | ef , tru | ue |
| Sworn to and subs | cribed before me thi day of | s | 20 | | | | | | | S | Signature | of Perso | n Submit | ting Rep | ort | | _ |
| | Signati | ıre | | | | | - | | | | | Prin | ted Name | • | | | _ |
| My Commission Ex | cpires | | | | | | | | | | | Ema | il | | | | - |
| | мо | D | AY | YR | | | | | Ar | ea Cod | le | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized C | Comn | nitte | e, C | andida | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ed. | my knowl | edge and belie | f this | polit | tical | commi | ittee has n | ot viola | ted an | y provis | ions of th | e act of J | une 3,1 | 937 (P.L | . 1333 | 3, |
| Sworn to and subsc | ribed before me this | | | | | | | | | | s | ignature o | of Candid | ate | | | - |
| | day of | | | | | | - | | | | | Printe | d Name | | | | - |
| | Signature | | | | | | - | | | | | | | | | | _ |
| My Commission Exp | pires | | | | | | | | | | | Ema | il | | | | |
| | МО | D | AY | YR | | | • | | Area | Code | | Da | aytime T | elephon | e Numb | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|----------|--------------|------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| VOLUNTEERS FOR ARGALL | From: | 9/18/201 | <u>8</u> To: | 10/22/2018 |
| 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) | | | \$ | 1,550.00 |
| TOTAL for the Reporting |) Period | (2) | \$ | 1,550.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 500.00 |
| All Other Contributions (Part D) | | | \$ | 7,000.00 |
| TOTAL for the Reporting |) Period | (3) | \$ | 7,500.00 |
| 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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 9,050.00 |

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 | | | | | | |
|---------------------------------------|-------|-------------------|------|------------------|------|----|--------|--|--|--|
| | | Fi | rom: | | То | : | | | | |
| | | • | | DATE | | | AMOUNT | | | |
| Full Name of Contributing Comm | ittee | | МО | DAY | YEAR | | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | | |
| City | State | Zip Code (Plus 4) | | | | | | | | |

PAGE TOTAL
0.00

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

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 o | r Candidate | | Reporting P | eriod | | |
|----------------------------|--------------|-------------------|-------------|-------|------------|------------------|
| VOLUNTEERS FOR ARGALL | | | From: | 9/18/ | 10/22/2018 | |
| | | | | DATE | AMOUNT | |
| Full Name of Contributor | | | мо | DAY | YEAR | |
| JAMES GILMARTIN | | | | | | |
| Mailing Address 706 N. Ci | CRESCENT AVE | | | | | \$ 100.00 |
| City HAMBURG | State | Zip Code (Plus 4) | 10 | 10 | 2018 | |
| | PA | 19526 | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | |
| MICHAEL EHLERMAN | | | 140 | | IZAK | |
| Mailing Address 11 CARD | INAL PLACE | | | | | \$ 200.00 |
| City WYOMISSING | State | Zip Code (Plus 4) | 10 | 10 | 2018 | |
| | PA | 19610 | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | |
| EUGENE JANKAITIS | | | МО | DAT | TEAR | |
| Mailing Address 122 N NI | CE ST | | | | | \$ 250.00 |
| City FRACKVILLE | State | Zip Code (Plus 4) | 10 | 10 | 2018 | |
| | PA | 17931 | | | | |
| Full Name of Contributor | | | МО | DAY | VEAD | |
| DAN LANGDON | | | МО | DAY | YEAR | |
| Mailing Address 82 DOWN | NING DR | | | | | \$ 250.00 |
| City WYOMISSING | State | Zip Code (Plus 4) | 10 | 3 | 2018 | |
| | PA | 19610 | | | | |
| Full Name of Contributor | | • | | | | |
| SCOTT FAINOR | | | МО | DAY | YEAR | |
| | RFIELD DR | | | | | \$ 250.00 |
| City ALLENTOWN | State | Zip Code (Plus 4) | 10 | 3 | 2018 | |
| | PA | 18103 | | | | |
| Full Name of Contributor | • | | | | | |
| ANTHONY GRIMM | | | МО | DAY | YEAR | |
| Mailing Address 1148 OLD | O MILL LN | | | | | \$ 250.00 |
| City WYOMISSING | State | Zip Code (Plus 4) | 10 | 3 | 2018 | |
| | I | i | | | | |

| Full Name of Contributor | | | | МО | DAY | YEAR | | | |
|--------------------------------|---------|--|-------|-------------------|----------------|------|------|--|--|
| GREGORY ESHBACH | | | | | DAI | | | | |
| Mailing Address 275 SKYLINE DR | | | | | \$ 250. | 00 | | | |
| City | READING | | State | Zip Code (Plus 4) | 10 | 3 | 2018 | | |
| | | | PA | 19606 | | | | | |

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

| PAGE TOTAL | | | | | | | | | |
|------------|----------|--|--|--|--|--|--|--|--|
| \$ | 1,550.00 | | | | | | | | |

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 | | | | | | |
|---------------------------------------|------------------|-----------|-----|------------|--|--|--|
| VOLUNTEERS FOR ARGALL | From: | 9/18/2018 | То: | 10/22/2018 | | | |

DATE AMOUNT

| Full Name of Contributing Committee | | | | DAY | YEAR | |
|---|-------|-------------------|----|-----|------|------------------|
| PA INSURANCE PA | | | МО | DAI | ILAK | \$ 500.00 |
| Mailing Address 1600 MARKET ST STE 1720 | | | | 3 | 2018 | |
| City PHILADELPHIA | State | Zip Code (Plus 4) | 10 | | | |
| | PA | 19103 | | | | |

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

PAGE TOTAL 500.00

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.)

| ame of Filing Committee or Candidate Rep | | | | porting Period | | | | | |
|---|---------------------------------|---------------------------|----------|----------------|---------------------------|-------------------------|---|------------------|--|
| VOLUNTEERS FOR ARGALL | | | Fro | m: | 9/18/2 | 018 To | <u>10/22/2018</u> | | |
| | | | | DA | ATE | | AMOUNT | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| RICHARD ENST | | | | МО | DAT | ILAK | \$ | 1,000.00 | |
| Mailing Address 1309 E WYOMISSIN | G BLVD | | | 10 | 3 | 2018 | | | |
| City READING | State | Zip Code | (Plus 4) | | | 2010 | | | |
| | PA 19611 | | | | | | | | |
| Employer Name CUSTOMERS BANK | | | | Occupat | ion | EXECUT | IVE | | |
| Employer Mailing Address/Principal Plac | e of Business | City | | | State | | Zip Code (Plu | s 4) | |
| | | wyo | MISSING | | PA | | 19610 | | |
| Full Name of Contributor | | • | | | | | | | |
| JOAN LONDON | | | | МО | DAY | YEAR | \$ | 500.00 | |
| Mailing Address 1313 GIRARD AVE | | | | | | | 1 | | |
| City WYOMISSING | State | Zip Code | (Plus 4) | 10 | 3 | 2018 | | | |
| | PA | 19610 | , | | | | | | |
| Employer Name KOZLOFT STOUDT | , , , , | 13010 | | Occupat | ion | ATTY | | | |
| | | 1 . | | 1 | | | | | |
| Employer Mailing Address/Principal Place of Business City | | | | l State | | 7in Code (Plu | c 41 | | |
| Employer Mailing Address/Principal Plac | e of Business | 1 - | ING | | State | | Zip Code (Plu | s 4) | |
| | e of Business | READ | ING | | PA PA | | 19601 | s 4) | |
| Full Name of Contributor | e of Business | 1 - | ING | МО | | YEAR | | 1,000.00 | |
| Full Name of Contributor BARRY SCHLASCH | e of Business | 1 - | ING | мо | PA | YEAR | 19601 | | |
| Full Name of Contributor BARRY SCHLASCH Mailing Address 35 TIMBERLINE DR | | READ | | MO | PA | YEAR 2018 | \$ | | |
| Full Name of Contributor BARRY SCHLASCH | State | REAL Zip Code | | | PA DAY | | \$ | | |
| Full Name of Contributor BARRY SCHLASCH Mailing Address 35 TIMBERLINE DR City WYOMISSING | | READ | | - 10 | DAY 3 | 2018 | \$ | | |
| Full Name of Contributor BARRY SCHLASCH Mailing Address 35 TIMBERLINE DR City WYOMISSING Employer Name SCHLASCH INC | State PA | Zip Code | | | DAY 3 | | \$ | 1,000.00 | |
| Full Name of Contributor BARRY SCHLASCH Mailing Address 35 TIMBERLINE DR City WYOMISSING | State PA | REAL Zip Code | | - 10 | DAY 3 | 2018 | \$ | 1,000.00 | |
| Full Name of Contributor BARRY SCHLASCH Mailing Address 35 TIMBERLINE DR City WYOMISSING Employer Name SCHLASCH INC | State PA | Zip Code | (Plus 4) | - 10 | DAY 3 | 2018 | \$ | 1,000.00 | |
| Full Name of Contributor BARRY SCHLASCH Mailing Address 35 TIMBERLINE DR City WYOMISSING Employer Name SCHLASCH INC | State PA | Zip Code 19610 City | (Plus 4) | - 10 | DAY 3 cion State PA | 2018 OWNER | \$ Zip Code (Plu 19510 | 1,000.00 s 4) | |
| Full Name of Contributor BARRY SCHLASCH Mailing Address 35 TIMBERLINE DR City WYOMISSING Employer Name SCHLASCH INC Employer Mailing Address/Principal Place | State PA | Zip Code 19610 City | (Plus 4) | - 10 | DAY 3 cion State | 2018 | \$ Zip Code (Plu | 1,000.00 | |
| Full Name of Contributor BARRY SCHLASCH Mailing Address 35 TIMBERLINE DR City WYOMISSING Employer Name SCHLASCH INC Employer Mailing Address/Principal Place Full Name of Contributor | State PA | Zip Code 19610 City | (Plus 4) | Occupat | DAY 3 cion State PA DAY | 2018 OWNER YEAR | # \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 1,000.00 s 4) | |
| Full Name of Contributor BARRY SCHLASCH Mailing Address 35 TIMBERLINE DR City WYOMISSING Employer Name SCHLASCH INC Employer Mailing Address/Principal Place Full Name of Contributor ALAN SHUMAN | State PA | Zip Code 19610 City | (Plus 4) | - 10 | DAY 3 cion State PA | 2018 OWNER | # \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 1,000.00 s 4) | |
| Full Name of Contributor BARRY SCHLASCH Mailing Address 35 TIMBERLINE DR City WYOMISSING Employer Name SCHLASCH INC Employer Mailing Address/Principal Place Full Name of Contributor ALAN SHUMAN Mailing Address 50 N 5TH ST | State PA e of Business | Zip Code 19610 City BLAN | (Plus 4) | Occupat | DAY 3 cion State PA DAY | 2018 OWNER YEAR | # \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 1,000.00 s 4) | |
| Full Name of Contributor BARRY SCHLASCH Mailing Address 35 TIMBERLINE DR City WYOMISSING Employer Name SCHLASCH INC Employer Mailing Address/Principal Place Full Name of Contributor ALAN SHUMAN Mailing Address 50 N 5TH ST | State PA e of Business State | Zip Code 19610 City BLAN | (Plus 4) | Occupat | DAY 3 State PA DAY 3 | 2018 OWNER YEAR | 2ip Code (Plu 19510 | 1,000.00 s 4) | |
| Full Name of Contributor BARRY SCHLASCH Mailing Address 35 TIMBERLINE DR City WYOMISSING Employer Name SCHLASCH INC Employer Mailing Address/Principal Place Full Name of Contributor ALAN SHUMAN Mailing Address 50 N 5TH ST City READING | State PA e of Business State PA | Zip Code 19610 City BLAN | (Plus 4) | - 10 Occupat | DAY 3 State PA DAY 3 | 2018 OWNER YEAR 2018 | 2ip Code (Plu 19510 | 1,000.00 s 4) | |

| Full Name of Contributor | | | | МО | DAY | YEAR | | |
|-------------------------------------|-----------------------|--------|-----------------|---------|-------|--------------------|---------------|-------------|
| GARY SILVI | | | | MO | DAT | TEAR | \$ | 1,000.00 |
| Mailing Address 1100 BRYNLA | WN RD | | | 10 | 3 | 2018 | $\overline{}$ | |
| City VILLANOVA | State | Zip | Code (Plus 4) | | | 2010 | ´ | |
| | PA | 19 | 085 | | | | | |
| Employer Name SELF EMPLOYED | 1 | | | Occupat | tion | DEVELO | OPER | |
| Employer Mailing Address/Principa | al Place of Business | | City | | State | | Zip Code | e (Plus 4) |
| | | | | | | | | |
| Full Name of Contributor | | | | | | | | |
| SCOTT HARTMAN | | | | МО | DAY | YEAR | \$ | 500.00 |
| Mailing Address 1360 WYNDHA | AM DR | | | | | | | |
| City YORK | State | Zip | Code (Plus 4) | 10 | 3 | 2018 | 3 | |
| , | PA | | 403 | | | | | |
| Employer Name RULTER'S INC | 1111 | 1 -7 | 100 | Occupat | tion | EXECU ¹ | TIVE | |
| Employer Mailing Address/Principa | al Place of Rusiness | | City | Тоссири | State | LALCO | 1 | e (Plus 4) |
| Limployer Mailing Address/Frincipa | il Flace of Busilless | | City | | State | | Zip Cou | e (Flus 4) |
| | | | | | | | _ | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 1,000.00 |
| BRIAN CLEMENTS | | | | | | | _ ` | 2,000.00 |
| Mailing Address 300 N ELM ST | | T | | 10 | 3 | 2018 | 3 | |
| City WERNERSVILLE | State | | Code (Plus 4) | | | | | |
| | l PA | l 19 | 565 | | l | l | I | |
| Employer Name CLEMENTS & am | p; ASSOCIATES | | | Occupat | tion | PRESIC | ENT | |
| Employer Mailing Address/Principa | al Place of Business | | City | | State | | Zip Code | e (Plus 4) |
| | | | WERNERSVILLE | | PA | | 19565 | |
| Full Name of Contributor | | | | МО | DAY | VEAD | | |
| PEGGY ALLEN | | | | MO | DAY | YEAR | \$ | 500.00 |
| Mailing Address 703 CENTERF | ELD DR | | | 10 | 10 | 2018 | $\overline{}$ | |
| City POTTSVILLE | State | Zip | Code (Plus 4) | | | 2010 | ´ | |
| | PA | 17 | 901 | | | | | |
| Employer Name | | | | Occupat | tion | RETIRE | D | |
| Employer Mailing Address/Principa | al Place of Business | | City | | State | | Zip Code | e (Plus 4) |
| | | | | | | | | |
| Full Name of Contributor | | | | | | | | |
| WILLIAM LONG | | | | МО | DAY | YEAR | \$ | 500.00 |
| Mailing Address 137 OVER LOG | DK RD | | | | | | _ | |
| City MORGANTOWN | State | Zip | Code (Plus 4) | 10 | 10 | 2018 | 3 | |
| | PA | | 543 | | | | | |
| Employer Name M&T BANK | • • • • | | | Occupat | tion | ADMIN | VICE PRE | |
| Employer Mailing Address/Principa | al Place of Business | 1 | City | 1 | State | IIIV | | e (Plus 4) |
| Lingsofer Flaming Address/Fillicipe | | | City | | State | | p cou | C (. 165 7) |
| | | | | | 1 | Г | | |
| Enter Grand Total of Part C on | | | | | | - 1 | P/ | AGE TOTAL |
| | Schedule I, Detailed | l Summ | ary Page, Secti | on 3. | | | | |
| | Schedule I, Detailed | l Summ | ary Page, Secti | on 3. | | | \$ | 7,000.00 |

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 | ing Peri | od | | | |
|----------------------------|---------------------------|------------------|------------|----------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | • | | C | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (Plu | us 4) | | | | | |
| Receipt Description | • | • | | | • | • | • | |
| Futor Curred Total of Bout | Fan Cabadula I. Datailad | Summer Base S | ! ! | 4 | | | | PAGE TOTAL |
| Enter Grand Total of Part | E ON Schedule 1, Detalled | Summary Page, Se | ection | 4. | | | \$ | 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 Perio | od | |
|--|-----------------|-----------------------------|------------|
| VOLUNTEERS FOR ARGALL | From: | <u>9/18/2018</u> To: | 10/22/2018 |
| 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 | | | Reportin | g Period | | | | | |
|---------------------------------------|----------------------|------------------------|----------|----------|------|---------------|------------|--|--|
| | | | | | То: | | | | |
| | | | | 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 of | n Schedule II, In-Ki | nd Contributions Detai | led Sun | nmary Pa | ige, | | PAGE TOTAL | | |
| Section 2. | | | | | | \$ | 0.00 | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | Rep | ortin | orting Period | | | | | | |
|---|------------------|------|------------------|--------|---------------|---------|-----------|--------|------|--------------------|------|
| | | | | Fro | m: | | | To: | | | |
| | | | | | | I | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | - | DAY | YEAR | | | |
| Mailing Address | | | | - | | | | | \$ | 3 | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | | |
| Employer of Contributor | | | | | Occu | upation | | | | | |
| Employer Mailing Address/Principal Plac | e of Business | Cit | ty | State | e Z | ip Code | e(Plus 4) | Descri | ptic | on of Contribution | on |
| Enter Grand Total of Part G on Sch | edule II, In-Kir | nd (| Contributions D | etaile | d | | | | | PAGE TOT | AL |
| Summary Page, Section 3. | , | | | | | | | | | 1 | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | | | |
|---------------------------------------|------------------|-----------|-----|------------|--|--|--|
| VOLUNTEERS FOR ARGALL | From | 9/18/2018 | То: | 10/22/2018 | | | |

| | | | | DATE | | | AMOUNT | | |
|---|----------------|-------------------|----------------------------|------------------|----------|----|----------|--|--|
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| LEINBACH FOR COMMISSION | IER | | 1-10 | | | | | | |
| Mailing Address PO BOX 6 | 815 | | 9 | 24 | 2018 | \$ | 1,000.00 | | |
| City READING | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 19610 | DONAT | ION | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| BOY SCOUTS OF AMERICA-M | INSI TRAILS | | МО | DAT | TEAR | | | | |
| Mailing Address PO BOX 2 | 0624 | | 9 | 24 | 2018 | \$ | 100.00 | | |
| City LEHIGH VALLEY | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| PA 18002 | | | | ION | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| BETHANY CHILDRENS HOME | | | МО | DAT | TEAK | | | | |
| Mailing Address 1863 BET | HANY RD | | 9 | 26 | 2018 | \$ | 70.00 | | |
| City WOMELSDORF State Zip Code (Plus 4) | | | | tion of Exp | enditure | | | | |
| | PA | 19567 | DONATION | | | | | | |
| To Whom Paid | <u> </u> | <u> </u> | | | \ | | | | |
| SPORTS HALL OF FAME ALLE | N ROGAWIC PA | | МО | DAY | YEAR | | | | |
| Mailing Address 204 MARK | KET ST | | 9 | 26 | 2018 | \$ | 30.00 | | |
| City PORT CARBON | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 17765 | AD | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| USPS | | | МО | DAT | TEAK | | | | |
| Mailing Address E BROAD | ST | | 10 | 2 | 2018 | \$ | 50.00 | | |
| City TAMAQUA | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18252 | STAMPS | 5 | | | | | |
| To Whom Paid | | | МС | DAY | VEAD | | | | |
| PA BREAST CANCER COALITI | ON | | МО | DAY | YEAR | | | | |
| Mailing Address 2397 QUE | ENTIN RD STE B | | 10 | 3 | 2018 | \$ | 50.00 | | |
| City LEBANON | State | Zip Code (Plus 4) | Descrip | l tion of Exp | enditure | | | | |
| | PA | 17042 | DONAT | ION | | | | | |
| | | | | | | | | | |

| | | | | | | ΓA | GE 14 | | |
|--|----------|-------------------|----------------------------------|-------------------|----------|----|--------|--|--|
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| CABELA'S VISA | | | 110 | | 1 = July | | | | |
| Mailing Address PO BOX 82519 | | | 10 | 3 | 2018 | \$ | 379.31 | | |
| City LINCOLN | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | NE | 68501 | CAMPAIGN EXPENSES | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| EDWARD'S FLOWERS | | | 140 | | ILAK | | | | |
| Mailing Address 501 W BROAD | ST | | 10 | 3 | 2018 | \$ | 155.00 | | |
| City TAMAQUA | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18252 | FLOWER | RS | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| PINE HILL PRINTING | | | МО | DAT | TEAR | | | | |
| Mailing Address 98 PINE HILL R | D | | 10 | 3 | 2018 | \$ | 874.50 | | |
| City NEW RINGGOLD | Descrip | tion of Exp | enditure | | | | | | |
| PA 17960 | | | | ENVELOPES/INVITES | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| TAMAQUA FIRE POLICE | | | МО | DAT | TEAR | | | | |
| Mailing Address 203 CLAY ST | | | 10 | 3 | 2018 | \$ | 25.00 | | |
| City TAMAQUA State Zip Code (Plus 4) Description | | | | | enditure | | | | |
| | PA | 18252 | DONATION | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| CHRISTINE VERDIER | | | МО | DAT | TEAR | | | | |
| Mailing Address 69 SUNNY DR | | | 10 | 3 | 2018 | \$ | 290.73 | | |
| City MARY D | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 17952 | CAMPAIGN REIMBURSEMENT | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| LINDA FETTER | | | МО | DAT | TEAR | | | | |
| Mailing Address 24 THIRD AVE | | | 10 | 3 | 2018 | \$ | 35.00 | | |
| City BARNESVILLE | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18214 | REIMBURSEMENT | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| SCHUYLKILL COUNTY REPUBLICAN | I CMTE | | МО | DAT | TEAR | | | | |
| Mailing Address PO BOX 449 | | | 10 | 16 | 2018 | \$ | 40.00 | | |
| City POTTSVILLE | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | DONATI | ON | | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| TAMAQUA CHAMBER | | | 1.10 | | LAK | | | | |
| Mailing Address 37 W BROAD S | Т | | 10 | 16 | 2018 | \$ | 200.00 | | |
| City TAMAQUA | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | l DA | 18252 | Description of Expenditure DUES | | | | | | |
| | PA 18252 | | | | | | | | |

| To Whom Paid | | | МО | DAY | YEAR | | | | |
|---|---|---|---|---|---|----|------------------------|--|--|
| FRIENDS OF JEREMY SHI | FFER | | | | | | | | |
| Mailing Address 118 B | ERWYN RD | | 10 | 3 | 2018 | \$ | 2,500.00 | | |
| City PITTSBURGH | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 15237 | DONATI | ON | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| FRIENDS OF QUINN FOR | SENATE | | | | | | | | |
| Mailing Address 37 BR | IDLE DR | | 10 | 3 | 2018 | \$ | 1,000.00 | | |
| City FURLONG | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 18925 | DONATI | ON | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| JEFF BARTOS FOR LT. GC | OV . | | | | | | | | |
| Mailing Address 239 W | /INDING WAY | | 10 | 3 | 2018 | \$ | 2,000.00 | | |
| City MERION STATION | Descrip | tion of Exp | enditure | | | | | | |
| | DONATI | ON | | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| BERKS CTY REPUBLICAN | CMTE | | | | | | | | |
| Mailing Address 8468 | ALLENTOWN PIKE STE 6 | | 10 | 5 | 2018 | \$ | 500.00 | | |
| City BLANDON | ity BLANDON State Zip Code (Plus 4) Description of Expenditure | | | | | | | | |
| | PA | 19510 | DONATION | | | | | | |
| | | | | | | | | | |
| To Whom Paid | · | <u> </u> | | DAY | YEAR | | | | |
| To Whom Paid SENATE REPUBLICAN CAI | MPAIGN CMTE | | МО | DAY | YEAR | | | | |
| SENATE REPUBLICAN CA | MPAIGN CMTE THIRD ST | | | DAY 3 | YEAR 2018 | \$ | 100,000.00 | | |
| SENATE REPUBLICAN CA | | Zip Code (Plus 4) | MO | | 2018 | \$ | 100,000.00 | | |
| SENATE REPUBLICAN CAI | THIRD ST | Zip Code (Plus 4) 17102 | MO | 3 tion of Exp | 2018 | \$ | 100,000.00 | | |
| SENATE REPUBLICAN CAI | THIRD ST State | | MO 10 Descript DONATI | 3 tion of Exp | 2018 enditure | \$ | 100,000.00 | | |
| SENATE REPUBLICAN CAI Mailing Address 800 N City HARRISBURG | THIRD ST State PA | | MO 10 Descript | 3 tion of Exp | 2018 | \$ | 100,000.00 | | |
| SENATE REPUBLICAN CAI Mailing Address 800 N City HARRISBURG To Whom Paid MCGARRIGLE FOR SENAT | THIRD ST State PA | | MO 10 Descript DONATI | 3 tion of Exp | 2018 enditure | \$ | 100,000.00 5,000.00 | | |
| SENATE REPUBLICAN CAI Mailing Address 800 N City HARRISBURG To Whom Paid MCGARRIGLE FOR SENAT | THIRD ST State PA | | MO 10 Descript DONATI MO 10 | 3 tion of Exp | 2018 enditure YEAR 2018 | | | | |
| SENATE REPUBLICAN CAI Mailing Address 800 N City HARRISBURG To Whom Paid MCGARRIGLE FOR SENAT Mailing Address PO BO | THIRD ST State PA TE DX 297 | 17102 | MO 10 Descript DONATI MO 10 | 3 tion of Exp ON DAY 21 tion of Exp | 2018 enditure YEAR 2018 | | | | |
| SENATE REPUBLICAN CAI Mailing Address 800 N City HARRISBURG To Whom Paid MCGARRIGLE FOR SENAT Mailing Address PO BO | THIRD ST State PA TE OX 297 State | Zip Code (Plus 4) | MO 10 Descript DONATI MO 10 Descript DONATI | 3 tion of Exp ON DAY 21 tion of Exp | 2018 enditure YEAR 2018 enditure | | | | |
| SENATE REPUBLICAN CAI Mailing Address 800 N City HARRISBURG To Whom Paid MCGARRIGLE FOR SENAT Mailing Address PO BC City SPRINGFIELD | THIRD ST State PA TE OX 297 State | Zip Code (Plus 4) | MO 10 Descript DONATI MO 10 Descript | 3 tion of Exp ON DAY 21 tion of Exp | 2018 enditure YEAR 2018 | | | | |
| SENATE REPUBLICAN CAI Mailing Address 800 N City HARRISBURG To Whom Paid MCGARRIGLE FOR SENAT Mailing Address PO BC City SPRINGFIELD To Whom Paid STOKER'S PUB | THIRD ST State PA TE OX 297 State | Zip Code (Plus 4) | MO 10 Descript DONATI MO 10 Descript DONATI | 3 tion of Exp ON DAY 21 tion of Exp | 2018 enditure YEAR 2018 enditure | | | | |
| SENATE REPUBLICAN CAI Mailing Address 800 N City HARRISBURG To Whom Paid MCGARRIGLE FOR SENAT Mailing Address PO BC City SPRINGFIELD To Whom Paid STOKER'S PUB | THIRD ST State PA E OX 297 State PA | Zip Code (Plus 4) | MO 10 Descript DONATI MO 10 Descript DONATI MO 10 | DAY 21 tion of Exp ON DAY DAY | 2018 Penditure YEAR 2018 Penditure YEAR 2018 | \$ | 5,000.00 | | |
| SENATE REPUBLICAN CAI Mailing Address 800 N City HARRISBURG To Whom Paid MCGARRIGLE FOR SENAT Mailing Address PO BO City SPRINGFIELD To Whom Paid STOKER'S PUB Mailing Address 36 MA | THIRD ST State PA E OX 297 State PA AUCH CHUNK ST | 2ip Code (Plus 4) 19064 | MO 10 Descript DONATI MO 10 Descript DONATI MO 10 Descript DONATI | DAY 21 tion of Exp ON DAY 11 | 2018 enditure YEAR 2018 enditure YEAR 2018 enditure | \$ | 5,000.00 | | |
| SENATE REPUBLICAN CAI Mailing Address 800 N City HARRISBURG To Whom Paid MCGARRIGLE FOR SENAT Mailing Address PO BO City SPRINGFIELD To Whom Paid STOKER'S PUB Mailing Address 36 MA | State PA State PA State PA State PA State PA State PA State State | Zip Code (Plus 4) 19064 Zip Code (Plus 4) | MO 10 Descript DONATI MO 10 Descript DONATI MO 10 Descript CAMPAI | DAY 21 tion of Exp ON DAY 11 tion of Exp GN EXPEN | 2018 Penditure YEAR 2018 Penditure YEAR 2018 Penditure SE | \$ | 5,000.00 | | |
| SENATE REPUBLICAN CAI Mailing Address 800 N City HARRISBURG To Whom Paid MCGARRIGLE FOR SENAT Mailing Address PO BC City SPRINGFIELD To Whom Paid STOKER'S PUB Mailing Address 36 MA City TAMAQUA | State PA State PA State PA State PA State PA State PA State State | Zip Code (Plus 4) 19064 Zip Code (Plus 4) | MO 10 Descript DONATI MO 10 Descript DONATI MO 10 Descript DONATI | DAY 21 tion of Exp ON DAY 11 tion of Exp | 2018 enditure YEAR 2018 enditure YEAR 2018 enditure | \$ | 5,000.00 | | |
| SENATE REPUBLICAN CAI Mailing Address 800 N City HARRISBURG To Whom Paid MCGARRIGLE FOR SENAT Mailing Address PO BC City SPRINGFIELD To Whom Paid STOKER'S PUB Mailing Address 36 MA City TAMAQUA | State PA State PA State PA State PA State PA State PA State State | Zip Code (Plus 4) 19064 Zip Code (Plus 4) | MO 10 Descript DONATI MO 10 Descript DONATI MO 10 Descript CAMPAI | DAY 21 tion of Exp ON DAY 11 tion of Exp GN EXPEN | 2018 Penditure YEAR 2018 Penditure YEAR 2018 Penditure SE | \$ | 5,000.00 | | |
| SENATE REPUBLICAN CAI Mailing Address 800 N City HARRISBURG To Whom Paid MCGARRIGLE FOR SENAT Mailing Address PO BC City SPRINGFIELD To Whom Paid STOKER'S PUB Mailing Address 36 MA City TAMAQUA | State PA State PA State PA State PA State PA State PA | Zip Code (Plus 4) 19064 Zip Code (Plus 4) | MO 10 Descript DONATI MO 10 Descript DONATI MO 10 Descript CAMPAI MO 10 | DAY 21 tion of Exp ON DAY 11 tion of Exp GN EXPEN DAY | 2018 Penditure YEAR 2018 Penditure YEAR 2018 Penditure SE YEAR 2018 | \$ | 5,000.00 | | |

| Γο Whom Paid | | | l wo | DAY | YEAR | | |
|--------------------------------------|-----------------------|--------------------------|---------|-----------|------|----|------------|
| FDMS | | | МО | DAY | YEAK | | |
| Mailing Address C/O SANTAI | NDER BANK | | 10 | 2 | 2018 | \$ | 44.90 |
| City TAMAQUA State Zip Code (Plus 4) | | | Descrip | | | | |
| | PA | 18252 | BANKIN | IG EXPENS | E | | |
| | | | | | | | PAGE TOTAL |
| Enter Grand Total of Expend | litures on Page 1, Re | eport Cover Page, Item D | - | | | \$ | 114,400.90 |
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