# **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 :	i <b>on</b> 2018	C0471			Report Filed B		CANDI	DATE	✓	СС	OMMITTEE		LOBE	BYIST	
Name of Filing O	Committee, Candida	ate or Lo	obbyist:		IELEN -	-									
Street Address:															
City:							State:				Zip Cod	<b>e:</b> 18	938		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 D/ PRIM		POST-	OST- 3.		AMENDMENT REPORT?		Yes	No	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	D FRIDAY PRE- 5.X 30 DAY ELECT				POST-	6.		TERMINATION REPORT?		Yes	No	$\checkmark$
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018				NG METHO CHECK O				PAPER		$\checkmark$	DISKE	TTE
Name of Office S	L Sought by Candidat	te:					DATE O	F ELEC		1	District Number	Office Code	Par	ty Code	County Code
	VE IN THE GENER						мо	DAY	YEA	R	178	STH	DEN	1	
REPRESENTATI	IVE IN THE GENER	AL ASS					11		6	2018	]	(SEE INS	TRUCTIO	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	R	FOI	R OFFIC	E USE	ONLY	
Expenditures	s from:		9 18	20	18 <b>T</b>	0	10	2	22	2018					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$				0.00					
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00															
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				0.00					
D. Total Expen	ditures (From Scho	edule II	I)			\$			75	0.00					
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$			(750	.00)					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedule	e II)	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	<b>'</b> )		\$				0.00					
				AFFI	DAVI	T SE	CTION								
	s a Committee repo	•	-					• •		-	-				
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	e attached sc	hedules	filed on	paper	or by elect	ronic me	edium, a	are to	the best of	my know	ledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	;	20						Sig	natur	e of Person	Submitt	ing Rep	ort	
	Signatu	re				_					Printe	ed Name			
My Commission E	-					_					Email				
	мо	D/	AY	YR				Are	a Code		Daytime	e Telepho	one Nu	mber	
	a report of a cand				•			-		_					
I swear (or affirm) No 320) as amende	that to the best of m ed.	iy knowle	edge and beli	ef this p	political	comm	littee has n	ot violat	ed any	provis	ions of the	act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of		20							s	ignature of	<sup>F</sup> Candida	te		
						-					Printed	l Name			
My Commission Exp	Signature					-					Email				
,						_									
	мо	D	AY	YR				Area	Code		Da	ytime Te	lephon	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** HELEN TAI From: <u>9/18/2018</u> To: 10/22/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **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)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

# 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					
F					:			
		·		DATE			AMOUNT	
Full Name of Contributing Co	ommittee		мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4	)					
						Γ	PAGE TOTAL	

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

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 Candidat	e		Rep	orting P	eriod			
From: To:								
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
PAGE TOTAL								
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

# 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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

## 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			Report	ing Perio	od				
Fr			From:			То:	:		
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description						•			
Enter Grand Total of Part E on Schedu	le T. Detailed Sumn	nary Page	Section	4				PAGE TO	TAL
		iaiy raye,	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		
HELEN TAI	From:	<u>9/18/2018</u> <b>то:</b>	<u>10/22/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

Name of Filing Committee or Candidate Re			Reporting Period					
F						То:		
		DATE		AMOUNT				
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	Mailing Address					\$	0.00	
City	State	Zip Code (Plus 4)	,					
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detaile Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

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

Name of Filing Committee or Candidate				Reporting Period						
					Fro	rom: To:				
						DATE AMC				AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion	_		
Employer Mailing Address/Principal Place of City State Business					Zip Code(Plus Descri			otion o	f Contribution	

	1
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	ate		Reporti	ng Period			
HELEN TAI			From	<u>9/18</u>	<u>3/2018</u>	То:	<u>10/22/2018</u>
				DATE			AMOUNT
To Whom Paid STEVE SANTARSLERO FOR PENNSYLVANIA SENATE				DAY	YEAR		
Mailing Address PO BOX 671			9	29	2018	\$	250.00
CityNEWTOWNStateZip Code (Plus 4)PA18940			-	<b>otion of Exp</b> IGN CONT			
To Whom Paid TINA DAVIS FOR SENATE			мо	DAY	YEAR		
Mailing Address PO BOX 233			9	29	2018	\$	250.00
City CROYDEN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19021		<b>otion of Exp</b> IGN CONT			
To Whom Paid FRIENDS OF WENDY ULLMAN			мо	DAY	YEAR		
Mailing Address PO BOX 16			9	29	2018	\$	250.00
CityFOUNTAINVILLEStateZip Code (Plus 4)PA18923				<b>ition of Exp</b> IGN CONT			
Enter Grand Total of Expenditure	es on Page 1 P	enort Cover Page Item					PAGE TOTAL
	es un raye 1, K	lepoir cover raye, item i	0.			\$	750.00