### **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	20180	0683				Repor Filed I		CA	NDII	DATE	<b>*</b>	C	OMMITTE		LOB	BYIST		
Name of Filing C	ommittee, C	Candida	te or Lo	bbyis	t:	Z	ABEL,	MICH	IAEL I	PATR	RICK								
Street Address:																			
City:	_								State	e:				Zip Cod	l <b>e:</b> 19	026			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND F PRIMA	RIDAY ARY	PRE-	2.	30 D/ PRIM		Р	OST-	3.			AMENDMENT REPORT?		] [ <sup>-</sup>	No	<b>\</b>
(place X to the right of	6TH TUESDA PRE-ELECTIC		4.	2ND F ELECT		PRE-	5. <b>X</b>	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	<b> </b>	No	<b>\</b>
report type)	ANNUAL RE	PORT	7.	Year	2018				NG ME			_		PAPER		<b>\</b>	DISI	KETTE	
Name of Office S	ought by Ca	ndidate	e:				•		DAT	ΈO	F ELE	СТ	ION	District Number	Office Code	Pai	rty Coo	le Cou Cod	
REPRESENTATI	VE IN THE (	GENER	ΔΙ Δ <b>ςς</b> Ι	EMRI \	/				МО		DAY		YEAR	163	STH	DEI	М		
- REFRESERIATI	ve in the c	OLIVEIV								11		6	2018		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of Expenditures		ınd	МО	DA		YEAR			МО		DAY		YEAR	FO	R OFFIC	E USE	ONL	Y	
				9	18	20	18 7	О		10	:	22	2018	3					
A. Amount Bro	ught Forwar	d From	Last R	eport				\$					0.00						
B. Total Moneta	ary Contribu	tions A	nd Rec	eipts (	From	Sched	ule I)	\$	i				0.00						
C. Total Funds	Available (S	um Of I	Lines A	and B	5)			\$	1				0.00						
D. Total Expend	ditures (Froi	m Sche	dule II	[)				\$	;			25	,381.57	<u> </u>					
E. Ending Cash	Balance (Su	ubtract	Line D	From	Line C	)		\$			(	25,	381.57)	1					
F. Value Of In-	Kind Contrib	utions	Receive	ed (Fr	om Sc	hedule	e II)	\$					0.00						
G. Unpaid Debt	s And Obliga	ations (	From S	chedu	ıle IV)	)		\$	;				0.00			•			
						AFFI	DAVI	T SE	CTI	NC									
PART I - If this is	a Committe	ee repo	rt, trea	surer	sign h	ere. If	this is	s a Ca	ndida	te re	port, o	can	didate si	gn here.					
I swear (or affirm) correct and comple		ort, inclu	ding the	attach	ed sch	edules	filed on	paper	or by e	electr	onic m	ediu	ım, are to	the best of	my knov	vledge	and b	elief , t	rue
Sworn to and subs	cribed before day of	me this		20									Signatur	e of Persor	Submitt	ing Re	port		_
	- <u> </u>	Signature	e	• ,				- -						Print	ed Name	1			_
My Commission Ex	rpires	_						_		•				Emai	I				
	мо	1	DA	Υ		YR					Are	ea C	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	date's	autho	rized (	Commi	ittee, C	Candid	late sl	hall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	y knowle	dge an	d belie	f this p	oolitical	comm	ittee h	as no	ot viola	ted	any provi	sions of the	act of Ju	ıne 3,1	937 (F	P.L. 133	3,
Sworn to and subsc		ne this		22										Signature o	f Candida	ate			_
-	day of			20 -				_						Printe	d Name				- $ $
	Sign	nature						_											_
My Commission Exp	ires													Emai	I				
	-	мо	DA	λY		YR		_			Area	Cod	le	Da	ytime To	elephor	ne Nun	nber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
ZABEL, MICHAEL PATRICK	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)			\$	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)	\$	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			\$	0.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

## 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	e or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	<b>o</b> :	
					DATE			AMOUNT
Full Name of Contributor				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

#### **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			Repo	orting Pe	riod			
			Fron	n:		To	):	
				D	ATE		A	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s <b>4</b> )					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	PAGE TOTAL
							<b>\$</b>	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	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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	
ZABEL, MICHAEL PATRICK	From:	<u>9/18/2018</u> <b>To:</b>	10/22/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$ \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
ZABEL, MICHAEL PATRICK			From	<u>9/18</u>	<u>3/2018</u>	То:	10/22/2018
				DATE			AMOUNT
<b>To Whom Paid</b> FRIENDS OF MIKE ZABEL			мо	DAY	YEAR		
Mailing Address PO BOX 450			9	18	2018	\$	25,000.00
City DREXEL HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19026	<b>Descrip</b> LOAN	otion of Exp	penditure		
To Whom Paid FRIENDS OF MIKE ZABEL			МО	DAY	YEAR		
Mailing Address PO BOX 450			7	23	2018	\$	381.57
City DREXEL HILL	State PA	<b>Zip Code (Plus 4)</b> 19026	1 -	otion of Exp			GN OFFICE
Enter Grand Total of Expend	•	•					PAGE TOTAL

25,381.57