

# Campaign Finance Report

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

|  |                          |           |                         |                                    |                      |                         |  |  |                              |                                     |                   |                    |
|--|--------------------------|-----------|-------------------------|------------------------------------|----------------------|-------------------------|--|--|------------------------------|-------------------------------------|-------------------|--------------------|
| <b>Filer Identification Number :</b>   |                          | 20120190  |                         | <b>Report Filed By :</b>           |                      | <b>CANDIDATE</b>        |  | <b>COMMITTEE</b> <input checked="" type="checkbox"/> |                              | <b>LOBBYIST</b>                     |                   |                    |
| <b>Name of Filing Committee, Candidate or Lobbyist:</b> MCCARTER, STEVE FRIENDS OF |                          |           |                         |                                    |                      |                         |  |  |                              |                                     |                   |                    |
| <b>Street Address:</b> PO BOX 467  |                          |           |                         |                                    |                      |                         |  |  |                              |                                     |                   |                    |
| <b>City:</b> GLENSIDE  |                          |           |                         |                                    |                      | <b>State:</b> PA        |  |  | <b>Zip Code:</b> 19038       |                                     |                   |                    |
| <b>TYPE OF REPORT</b><br><br>(place X to the right of report type)                 | 6TH TUESDAY PRE-PRIMARY  | 1.        | 2ND FRIDAY PRE-PRIMARY  | 2.                                 | 30 DAY POST-PRIMARY  | 3.                      | AMENDMENT REPORT?                                | Yes  | No                           | <input checked="" type="checkbox"/> |                   |                    |
|  | 6TH TUESDAY PRE-ELECTION | 4.        | 2ND FRIDAY PRE-ELECTION | 5.                                 | 30 DAY POST-ELECTION | 6. X                    | TERMINATION REPORT?                              | Yes  | No                           | <input checked="" type="checkbox"/> |                   |                    |
|  | ANNUAL REPORT            | 7.        | Year 2018               | <b>FILING METHOD ( ) CHECK ONE</b> |                      |                         | <b>PAPER</b> <input checked="" type="checkbox"/> | <b>DISKETTE</b>                                      |                              |                                     |                   |                    |
| <b>Name of Office Sought by Candidate:</b>   |                          |           |                         |                                    |                      | <b>DATE OF ELECTION</b> |  |  | <b>District Number</b>       | <b>Office Code</b>                  | <b>Party Code</b> | <b>County Code</b> |
| REPRESENTATIVE IN THE GENERAL ASSEMBLY   |                          |           |                         |                                    |                      | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>  | 154                          | STH                                 | DEM               | 46                 |
|  |                          |           |                         |                                    |                      | 11                      | 6  | 2018   | (SEE INSTRUCTIONS FOR CODES) |                                     |                   |                    |
| <b>Summary of Receipts and Expenditures from:</b>                                  |                          | <b>MO</b> | <b>DAY</b>              | <b>YEAR</b>                        | <b>TO</b>            | <b>MO</b>               | <b>DAY</b>                                       | <b>YEAR</b>  | <b>FOR OFFICE USE ONLY</b>   |                                     |                   |                    |
|  |                          | 10        | 23                      | 2018                               |                      | 11                      | 26   | 2018   |                              |                                     |                   |                    |
| <b>A. Amount Brought Forward From Last Report</b>                                  |                          |           |                         |                                    |                      | \$ 84,661.25            |  |  |                              |                                     |                   |                    |
| <b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>              |                          |           |                         |                                    |                      | \$ 3,820.00             |  |  |                              |                                     |                   |                    |
| <b>C. Total Funds Available (Sum Of Lines A and B)</b>                             |                          |           |                         |                                    |                      | \$ 88,481.25            |  |  |                              |                                     |                   |                    |
| <b>D. Total Expenditures (From Schedule III)</b>                                   |                          |           |                         |                                    |                      | \$ 5,815.47             |  |  |                              |                                     |                   |                    |
| <b>E. Ending Cash Balance (Subtract Line D From Line C)</b>                        |                          |           |                         |                                    |                      | \$ 82,665.78            |  |  |                              |                                     |                   |                    |
| <b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>               |                          |           |                         |                                    |                      | \$ 0.00                 |  |  |                              |                                     |                   |                    |
| <b>G. Unpaid Debts And Obligations (From Schedule IV)</b>                          |                          |           |                         |                                    |                      | \$ 0.00                 |  |  |                              |                                     |                   |                    |

## 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**

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                       |
| MCCARTER, STEVE FRIENDS OF                   | From: <u>10/23/2018</u> To: <u>11/26/2018</u> |

|  |           |
|--|-----------|
| <b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b> |           |
| <b>TOTAL for the Reporting Period (1)</b>                                      | \$ 395.00 |

|  |             |
|--|-------------|
| <b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b> |             |
| <b>Contributions Received From Political Committees (Part A)</b>                 | \$ 1,100.00 |
| <b>All Other Contributions (Part B)</b>  | \$ 825.00   |
| <b>TOTAL for the Reporting Period (2)</b>  | \$ 1,925.00 |

|   |             |
|---|-------------|
| <b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b> |             |
| <b>Contributions Received From Political Committees (Part C)</b>        | \$ 1,500.00 |
| <b>All Other Contributions (Part D)</b>                                 | \$ 0.00     |
| <b>TOTAL for the Reporting Period (3)</b>                               | \$ 1,500.00 |

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

|   |             |
|---|-------------|
| <b>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.)</b> | \$ 3,820.00 |
|---|-------------|

**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.**

|  |  |  |  |   |  |               |  |
|--|--|--|--|---|--|---------------|--|
| <b>Name of Filing Committee or Candidate</b> |  |  |  | <b>Reporting Period</b>                       |  |               |  |
| MCCARTER, STEVE FRIENDS OF                   |  |  |  | From: <u>10/23/2018</u> To: <u>11/26/2018</u> |  |               |  |
|  |  |  |  | <b>DATE</b>                                   |  | <b>AMOUNT</b> |  |

  

|   |                    |                                       |           |            |             |           |
|---|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b><br>INDEPENDENCE BLUE CROSS PAC (IBC PAC) |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 125.00 |
| <b>Mailing Address</b> 1901 MARKET ST   |                    |                                       | 10        | 24         | 2018        |           |
| <b>City</b> PHILADELPHIA  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191031480 |           |            |             |           |

  

|   |                    |                                       |           |            |             |           |
|---|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b><br>INDEPENDENCE BLUE CROSS PAC (IBC PAC) |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 125.00 |
| <b>Mailing Address</b> 1901 MARKET ST   |                    |                                       | 10        | 24         | 2018        |           |
| <b>City</b> PHILADELPHIA  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191031480 |           |            |             |           |

  

|  |                    |                                   |           |            |             |           |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b><br>Friends of Napoleon Nelson |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| <b>Mailing Address</b> 18 Poe Avenue                                     |                    |                                   | 10        | 24         | 2018        |           |
| <b>City</b> Wyncote  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19095 |           |            |             |           |

  

|  |                    |                                   |           |            |             |           |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b><br>TEAMSTERS LOCAL 77 PAC |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b> 540 Pennsylvania Avenue                       |                    |                                   | 10        | 24         | 2018        |           |
| <b>City</b> Ft. Washington   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19034 |           |            |             |           |

  

|  |                    |                                   |           |            |             |           |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b><br>PA School Board Association Ed PAC |                    |                                   | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b> 4000 Bent Creek Rd  |                    |                                   | 10        | 30         | 2018        |           |
| <b>City</b> Mechanicsburg  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17050 |           |            |             |           |

| Full Name of Contributing Committee |       |                   | MO | DAY | YEAR | \$ 250.00 |
|-------------------------------------|-------|-------------------|----|-----|------|-----------|
| HEALTH PARTNERS PLANS PAC           |       |                   |    |     |      |           |
| Mailing Address                     |       |                   |    |     |      |           |
| 901 MARKET ST, SUITE 500            |       |                   |    |     |      |           |
| City                                | State | Zip Code (Plus 4) | 11 | 10  | 2018 |           |
| PHILADELPHIA                        | PA    | 19107-0000        |    |     |      |           |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 1,100.00       |

**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)**

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                                     |
| MCCARTER, STEVE FRIENDS OF                   | <b>From:</b> <u>10/23/2018</u> <b>To:</b> <u>11/26/2018</u> |

|             |               |
|-------------|---------------|
| <b>DATE</b> | <b>AMOUNT</b> |
|-------------|---------------|

| Full Name of Contributor |          |       |    | MO                | DAY   | YEAR | \$100.00 |
|--------------------------|----------|-------|----|-------------------|-------|------|----------|
| Alexandra Wehle          |          |       |    |                   |       |      |          |
| Mailing Address          |          |       |    | 10                | 24    | 2018 |          |
| 314 Haverford Ave        |          |       |    |                   |       |      |          |
| City                     | Wynneood | State | PA | Zip Code (Plus 4) | 19096 |      |          |

|   |          |                         |    |     |      |           |
|---|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor<br>Stanley Ellenberg |          |                         | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 1711 Ashbourne Rd             |          |                         | 10 | 24  | 2018 |           |
| City Elkins Park                              | State PA | Zip Code (Plus 4) 19027 |    |     |      |           |

|  |          |                         |    |     |      |           |
|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor                 |          |                         | MO | DAY | YEAR | \$ 175.00 |
| Daniel Ocko                              |          |                         |    |     |      |           |
| Mailing Address 4319 New Hampshire Drive |          |                         |    |     |      |           |
| City Harrisburg                          | State PA | Zip Code (Plus 4) 17112 | 10 | 24  | 2018 |           |

| Full Name of Contributor |             |       |    | MO                | DAY   | YEAR | \$ 100.00 |
|--------------------------|-------------|-------|----|-------------------|-------|------|-----------|
| Joan Chambres            |             |       |    |                   |       |      |           |
| Mailing Address          |             |       |    | 10                | 30    | 2018 |           |
| 1831 Chelsea Rd          |             |       |    |                   |       |      |           |
| City                     | ELKINS PARK | State | PA | Zip Code (Plus 4) | 19027 |      |           |

|                                  |  |          |                         |    |     |      |           |
|----------------------------------|--|----------|-------------------------|----|-----|------|-----------|
| Full Name of Contributor         |  |          |                         | MO | DAY | YEAR | \$ 100.00 |
| Joseph Kappler                   |  |          |                         |    |     |      |           |
| Mailing Address 770 W. Church Rd |  |          |                         | 11 | 6   | 2018 |           |
| City ELKINS PARK                 |  | State PA | Zip Code (Plus 4) 19027 |    |     |      |           |

| Full Name of Contributor |       |                   | MO | DAY | YEAR | \$ 100.00 |
|--------------------------|-------|-------------------|----|-----|------|-----------|
| Roger Collins            |       |                   |    |     |      |           |
| Mailing Address          |       |                   | 10 | 30  | 2018 |           |
| 619 Boyer Rd             |       |                   |    |     |      |           |
| City                     | State | Zip Code (Plus 4) |    |     |      |           |
| Cheltenham               | PA    | 19012             |    |     |      |           |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 825.00         |

**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.**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br><br>MCCARTER, STEVE FRIENDS OF | <b>Reporting Period</b><br><br><b>From:</b> <u>10/23/2018</u> <b>To:</b> <u>11/26/2018</u> |
|--|--|

|  |          |                              |  | DATE |     | AMOUNT |             |
|--|----------|------------------------------|--|------|-----|--------|-------------|
| Full Name of Contributing Committee<br>BAYADA HOME HEALTH CARE PAC                         |          |                              |  | MO   | DAY | YEAR   | \$ 500.00   |
| Mailing Address 1315 WALNUT STREET, STE 600  |          |                              |  | 10   | 24  | 2018   |             |
| City PHILADELPHIA  | State PA | Zip Code (Plus 4) 19107-0000 |  |      |     |        |             |
| Full Name of Contributing Committee<br>Carpenters Legislative Program of Greater Committee |          |                              |  | MO   | DAY | YEAR   | \$ 1,000.00 |
| Mailing Address 650 Ridge Road Suite 200   |          |                              |  | 11   | 2   | 2018   |             |
| City Pittsburgh  | State PA | Zip Code (Plus 4) 15205      |  |      |     |        |             |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 1,500.00       |

**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: <span style="float: right;">To:</span> |

|  |       |                   | DATE       | AMOUNT            |      |         |
|--|-------|-------------------|------------|-------------------|------|---------|
| Full Name of Contributor                             |       |                   | MO         | DAY               | YEAR | \$ 0.00 |
| Mailing Address                                      |       |                   |            |                   |      |         |
| City   | State | Zip Code (Plus 4) |            |                   |      |         |
| Employer Name  |       |                   | 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.

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 0.00           |



## 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  |
|                                       | <div style="display: flex; justify-content: space-between;"> <span>From:</span> <span>To:</span> </div> |

|                     |       |                   | 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.

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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**

|  |  |   |      |
|--|--|---|------|
| <b>Name of Filing Committee or Candidate</b>   |  | <b>Reporting Period</b>                       |      |
| MCCARTER, STEVE FRIENDS OF   |  | From: <u>10/23/2018</u> To: <u>11/26/2018</u> |      |
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>   |  |   |      |
| TOTAL for the Reporting Period (1)   |  | \$  | 0.00 |
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>  |  |   |      |
| TOTAL for the Reporting Period (2)   |  | \$  | 0.00 |
| <b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>  |  |   |      |
| 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.) |  | \$  | 0.00 |

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

|                                       |  |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period<br><br>From: <span style="float: right;">To:</span> |
|---------------------------------------|--|

|   |       |                   | DATE |     |      | AMOUNT                           |
|---|-------|-------------------|------|-----|------|----------------------------------|
| Full Name of Contributor  |       |                   | MO   | DAY | YEAR | \$ 0.00                          |
| Mailing Address   |       |                   |      |     |      |                                  |
| City  | State | Zip Code (Plus 4) |      |     |      |                                  |
| Description of Contribution:  |       |                   |      |     |      |                                  |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. |       |                   |      |     |      | <b>PAGE TOTAL</b><br><br>\$ 0.00 |

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

|   |       |                  |       |                  |     |                             |         |
|---|-------|------------------|-------|------------------|-----|-----------------------------|---------|
| Name of Filing Committee or Candidate   |       |                  |       | Reporting Period |     |                             |         |
|   |       |                  |       | From:            |     | To:                         |         |
| <div> <div>DATE</div> <div>AMOUNT</div> </div>  |       |                  |       |                  |     |                             |         |
| 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<br>0.00          |         |

# SCHEDULE III STATEMENT OF EXPENDITURES

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                      |
| MCCARTER, STEVE FRIENDS OF                   | From <u>10/23/2018</u> To: <u>11/26/2018</u> |

| DATE                                    |          |                         |   | AMOUNT |      |             |
|---|----------|-------------------------|---|--------|------|-------------|
| To Whom Paid<br>Cheltenham Printing     |          |                         | MO  | DAY    | YEAR | \$ 84.80    |
| Mailing Address 518 Ryers Ave           |          |                         | 10  | 28     | 2018 |             |
| City Cheltenham                         | State PA | Zip Code (Plus 4) 19012 | Description of Expenditure<br>Printing              |        |      |             |
| To Whom Paid<br>Pay Pal                 |          |                         | MO  | DAY    | YEAR | \$ 5.70     |
| Mailing Address 2211 North First Street |          |                         | 11  | 14     | 2018 |             |
| City San Jose                           | State CA | Zip Code (Plus 4) 95131 | Description of Expenditure<br>Fee for contributions |        |      |             |
| To Whom Paid<br>Steve McCarter          |          |                         | MO  | DAY    | YEAR | \$ 154.27   |
| Mailing Address 211 Waverly Rd          |          |                         | 11  | 15     | 2018 |             |
| City Glenside                           | State PA | Zip Code (Plus 4) 19038 | Description of Expenditure<br>Supplies              |        |      |             |
| To Whom Paid<br>Steve Morris            |          |                         | MO  | DAY    | YEAR | \$ 2,000.00 |
| Mailing Address 121 Integrity           |          |                         | 11  | 15     | 2018 |             |
| City Oreland                            | State PA | Zip Code (Plus 4) 19075 | Description of Expenditure<br>Consulting            |        |      |             |
| To Whom Paid<br>PNC Bank                |          |                         | MO  | DAY    | YEAR | \$ 23.00    |
| Mailing Address Easton Road             |          |                         | 11  | 1      | 2018 |             |
| City Glenside                           | State PA | Zip Code (Plus 4) 19038 | Description of Expenditure<br>Check printing        |        |      |             |

|   |                    |                                   |   |            |             |  |
|---|--------------------|-----------------------------------|---|------------|-------------|--|
| <b>To Whom Paid</b><br>Bill England     |                    |                                   | <b>MO</b>                                       | <b>DAY</b> | <b>YEAR</b> |  |
| <b>Mailing Address</b> 7709 Chapel Road |                    |                                   | 11  | 15         | 2018        |  |
| <b>City</b> ELKINS PARK                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19027 | <b>Description of Expenditure</b><br>Consulting |            |             |  |

  

|   |                    |                                   |  |            |             |  |
|---|--------------------|-----------------------------------|--|------------|-------------|--|
| <b>To Whom Paid</b><br>Montgomery County PA |                    |                                   | <b>MO</b>  | <b>DAY</b> | <b>YEAR</b> |  |
| <b>Mailing Address</b> P. O. Box 311        |                    |                                   | 11   | 23         | 2018        |  |
| <b>City</b> Norristown                      | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19404 | <b>Description of Expenditure</b><br>Absentee ballot information |            |             |  |

  

|  |  |  |  |  |  |                   |
|--|--|--|--|--|--|-------------------|
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |  |  |  |  |  | <b>PAGE TOTAL</b> |
|  |  |  |  |  |  | \$ 5,815.47       |

