

# 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>		2008200		<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> KLINE FOR UPPER BUCKS												
<b>Street Address:</b> C/O SHIRLEY E. ANDRES TREA, 813 JUNIPER ST.												
<b>City:</b> QUAKERTOWN						<b>State:</b> PA			<b>Zip Code:</b> 18951-1511			
<b>TYPE OF REPORT</b>  (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>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	6	2018				
<b>Summary of Receipts and Expenditures from:</b>						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
						10	23	2018				<b>TO</b>
						11	26	2018				
<b>A. Amount Brought Forward From Last Report</b>						\$ 2,656.39						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 1,250.28						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 3,906.67						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 3,558.10						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 348.57						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 4,236.71						

## 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>
KLINE FOR UPPER BUCKS	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>	\$ 50.00

<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>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 200.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 200.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 1,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 1,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.28

<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>	\$ 1,250.28
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
KLINE FOR UPPER BUCKS	From: <u>10/23/2018</u> To: <u>11/26/2018</u>

				DATE			AMOUNT	
Full Name of Contributor CHRISTINA M. FINELLO					MO	DAY	YEAR	\$ 100.00
Mailing Address 15 VALENTINE ROAD					10	27	2018	
City IVYLAND		State PA	Zip Code (Plus 4) 189746157					

Full Name of Contributor				MO	DAY	YEAR	\$	100.00
CHARLES J. DURANTE								
Mailing Address				10	27	2018		
1000 WEST STREET SUITE 1400								
City		State	Zip Code (Plus 4)					
WILMINGTON		DE	19801					

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

<b>PAGE TOTAL</b>
\$ 200.00

## 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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
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 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.)**

<b>Name of Filing Committee or Candidate</b>  KLINE FOR UPPER BUCKS	<b>Reporting Period</b>  <b>From:</b> <u>10/23/2018</u> <b>To:</b> <u>11/26/2018</u>
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			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
DR. PATRICK M. MURPHY				
<b>Mailing Address</b> C/O MURPHY HEARING SERVICES P.O. BOX 1111				
<b>City</b> DOYLESTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189010037		
	10	27	2018	\$ 1,000.00
<b>Employer Name</b>			<b>Occupation</b>	
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>

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

<b>PAGE TOTAL</b>
\$ 1,000.00

## 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.**

<b>Name of Filing Committee or Candidate</b>  KLINE FOR UPPER BUCKS	<b>Reporting Period</b>  <b>From:</b> <u>10/23/2018</u> <b>To:</b> <u>11/26/2018</u>
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				DATE			AMOUNT
Full Name				MO	DAY	YEAR	
QNB							
<b>Mailing Address</b> PO BOX 9005				10	31	2018	\$ 0.28
<b>City</b> QUAKERTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18951					
<b>Receipt Description</b> CHECKING ACCT INTEREST 10/31-.28							

**Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.**

<b>PAGE TOTAL</b>
\$ 0.28

## 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>	
KLINE FOR UPPER BUCKS		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  From: <span style="float: right;">To:</span>
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			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>  \$ 0.00

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# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
KLINE FOR UPPER BUCKS	From <u>10/23/2018</u> To: <u>11/26/2018</u>

DATE				AMOUNT
<b>To Whom Paid</b> REAL POLITIC LLC	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 5775 KINGSFIELD DRIVE	10	30	2018	\$ 200.00
<b>City</b> NARVONE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17555	<b>Description of Expenditure</b> CONSULTING FEE	
<b>To Whom Paid</b> CYCLE STRATEGY	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 231 NORTH 3RD STREET #406	11	5	2018	\$ 3,329.52
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19106	<b>Description of Expenditure</b> PHONE CALLS	
<b>To Whom Paid</b> ACT BLUE	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> P.O. BOX 441146				\$ 13.58
<b>City</b> SOMERVILLE	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 02144	<b>Description of Expenditure</b> CR CARD SERVICE FEES 11/5-4.88 11/9-8.70	
<b>To Whom Paid</b> QNB	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> P.O. BOX 9005	11	5	2018	\$ 15.00
<b>City</b> QUAKERTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18951	<b>Description of Expenditure</b> WIRE SERVICE FEE CYCLE STRATEGY	
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>				<b>PAGE TOTAL</b> \$ 3,558.10

# 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

<b>Name of Filing Committee or Candidate</b> KLINE FOR UPPER BUCKS				<b>Reporting Period</b> From: <u>10/23/2018</u> To: <u>11/26/2018</u>			
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DATE				Outstanding Balance of Debt		
<b>Name of Creditor</b> BRIAN S KLINE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,700.00
<b>Mailing Address</b> 450 CALIFORNIA RD						
<b>City</b> QUAKERTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18951	<b>Description of Debt</b> LOAN TO CAMPAIGN COMMITTEE			
DATE				Outstanding Balance of Debt		
<b>Name of Creditor</b> KIMBERLY TUCKER LANDON			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b> 7239 FIELDSTONE COURT						
<b>City</b> QUAKERTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18951	<b>Description of Debt</b> CAMPAIGN WORK			
DATE				Outstanding Balance of Debt		
<b>Name of Creditor</b> STEVE BIDDLE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 407.14
<b>Mailing Address</b> 130 S MAIN STREET			5	7	2014	
<b>City</b> QUAKERTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18951	<b>Description of Debt</b> NEWSPAPER INSERTS (REIMBURSE)			
DATE				Outstanding Balance of Debt		
<b>Name of Creditor</b> BRIAN KLINE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 267.51
<b>Mailing Address</b> 450 CALIFORNIA RD						
<b>City</b> QUAKERTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18951	<b>Description of Debt</b> ROBO CALLS (REIMBURSE)			

DATE				Outstanding Balance of Debt		
Name of Creditor STEVE BIDDLE			MO	DAY	YEAR	\$ 1,219.80
Mailing Address 130 S MAIN STREET						
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951	Description of Debt POSTAGE STAMPS UPS BULK (REIMBURSE)			
DATE				Outstanding Balance of Debt		
Name of Creditor STEVE BIDDLE			MO	DAY	YEAR	\$ 130.00
Mailing Address 130 S. MAIN STREET			5	12	2014	
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951	Description of Debt CLASSIFIED ADS (REIMBURSE)			
DATE				Outstanding Balance of Debt		
Name of Creditor STEVE BIDDLE			MO	DAY	YEAR	\$ 39.00
Mailing Address 130 S MAIN STREET			5	17	2014	
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951	Description of Debt CAMPAIGN STAFF DINNER MTG (REIMBURSE)			
DATE				Outstanding Balance of Debt		
Name of Creditor STEVE BIDDLE			MO	DAY	YEAR	\$ 255.26
Mailing Address 130 S MAIN STREET			5	19	2014	
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951	Description of Debt PRINTING (REIMBURSE)			
DATE				Outstanding Balance of Debt		
Name of Creditor STEVE BIDDLE			MO	DAY	YEAR	\$ 18.00
Mailing Address 130 S. MAIN STREET			5	20	2014	
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951	Description of Debt ELECTION NIGHT FOOD (REIMBURSE)			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 4,236.71