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 2018	30062			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		СОМ	MIT	TEE	TO ELEC	T ED S	ANDE	RS III						_
Street Address:	207 OMAN RO	DAD															
City:	BLOOMSBURG	3						State:	PA			Zip Cod	le: 17	7815			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6. X		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2018					IG METH				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	СТІС	N	District Number	Office Code	Par	ty Code	Count Code	y
								МО	DAY	YI	AR		10000	DEN	1		
								11		6	2018		(SEE IN	STRUCTIO	ONS FOR C	ODES)	_
•	Receipts and	МО	DAY	YEAR				МО	DAY	YI	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		10 23	20	018	T	0	11	. :	26	2018						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$			1,2	285.91						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$			8	381.85						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			2,:	167.76						
D. Total Expend	ditures (From Sch	edule II	I)				\$		1,915.98								
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$		251.78								
F. Value Of In-	Kind Contribution	s Receiv	ed (From Scl	hedul	le II))	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)	ı			\$				0.00			•			
				AFF:	IDA	VI٦	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. I	If this	s is	a Can	ididate re	eport, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sche	edules	filed	on p	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	e,
Sworn to and subs	cribed before me this day of	5	20							9	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	re					-					Prin	ted Name	e			-
My Commission Ex	cpires						_					Ema	il				-
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	Comm	ittee	e, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief	f this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333	,
Sworn to and subso	ribed before me this										s	ignature o	of Candid	ate			-
	day of						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	ires											Ema					
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numb	er	1

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
COMMITTEE TO ELECT ED SANDERS III	From:	10/23/201	<u>8</u> To:	11/26/2018
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)			\$	200.00
TOTAL for the Reporting	Period	(2)	\$	200.00
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)			\$	300.00
TOTAL for the Reporting	Period	(3)	\$	300.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	381.85
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			\$	881.85

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 or Candidate

Reporting Period

COMMITTEE TO ELECT ED SANDERS III

From: <u>10/23/2018</u> To:

DATE

11/26/2018

AMOUNT

Full Name of Contributor EDWARD T. SANDERS III			МО	DAY	YEAR	
Mailing Address 207 OMAN ROAD						\$ 200.00
City BLOOMSBURG	State PA	Zip Code (Plus 4) 17815	11	2	2018	

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

PAGE TOTAL \$ 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 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			Rep	orting Pe	riod			
COMMITTEE TO ELECT ED SANDERS 1	ш		Fror	m: <u>10/23/2018</u>			To: <u>11/26/2018</u>	
				D.A	ATE		AMO	JNT
Full Name of Contributor KELLY L. SANDERS				МО	DAY	YEAR		
Mailing 207 OMAN ROAD						2010	\$	300.00
City BLOOMSBURG	State	Zip Code (Plu	ıs 4)	11	2	2018		
	PA	17815						
Employer Name CVS PHARMACY		•		Occupat	ion P	HARMA	CIST	
Employer Mailing Address/Principal Pla Business	ce of	City		•	State		Zip Code (Plus 4)
435 MILL STREET		DANVIL	LE		PA		17821	
Enter Grand Total of Part C on Scho	edule I, Detailed S	ummary Page	, Sectio	on 3.			PAGI	TOTAL
	·	, ,					\$	300.00

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	Reporting P	Period	
COMMITTEE TO ELECT ED SANDERS III	From:	10/23/2018 To:	11/26/2018
		DATE	AMOUNT

				A1L		AMOUNT
Full Name BLOCKBUSTERPRINT.COM			мо	DAY	YEAR	
Mailing Address 740 N RU	ISH STREET				2010	\$ 381.85
City CHICAGO	State IL	Zip Code (Plus 4) 60611	11	9	2018	
Receipt Description CRE	DIT FOR CANCELED ORD	ER. PRODUCT WAS NEVER I	RECEIVE)		

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

PAGE TOTAL \$ 381.85

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 Per	iod	
COMMITTEE TO ELECT ED SANDERS III	From:	<u>10/23/2018</u> To:	11/26/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS F	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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						\$	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	1				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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period			
COMMITTEE TO ELECT ED SA	NDERS III		From	10/2	3/2018	То:	11/26/2018
				DATE			AMOUNT
To Whom Paid NATION BUILDER			МО	DAY	YEAR		
Mailing Address 520 S. GRA	AND AVE.		10	23	2018	\$	29.00
City LOS ANGELES	State CA	Zip Code (Plus 4) 90071	Descrip WEBPA	otion of Exp	penditure		
To Whom Paid DOMINICK ANSKIS - FUJIABR	A FILMS		мо	DAY	YEAR		
Mailing Address			10	23	2018	\$	350.00
City ELYSBURG	State PA	Zip Code (Plus 4) 17824		otion of Exp IGN VIDEO			
To Whom Paid FACEBOOK			мо	DAY	YEAR		
Mailing Address 1 HACKER	WAY		10	26	2018	\$	25.00
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Descrip ADVER	tion of Exp	enditure		
To Whom Paid FACEBOOK			мо	DAY	YEAR		
Mailing Address 1 HACKER	WAY		10	31	2018	\$	22.65
	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı	
City MENLO PARK	CA	94025	ADVER	TISING			
To Whom Paid PRESS ENTERPRISE	СА	94025	ADVER'	DAY	YEAR		
To Whom Paid PRESS ENTERPRISE	CA CAWANNA AVE	94025			YEAR 2018	\$	460.71

17815

ADVERTISING

PA

To Whom Paid NGP VAN, INC.			мо	DAY	YEAR		
Mailing Address 48 GROVE STREET SUITE 202			11	6	2018	\$	5.00
City SOMERVILLE	State	Zip Code (Plus 4)	Description of Expenditure				
SOMERVILLE	MA	02144	ROBO CALLS				
To Whom Paid NGP VAN, INC.			мо	DAY	YEAR		
Mailing Address 48 GROVE STREET SUITE 202			11	6	2018	\$	150.00
City SOMERVILLE	State	Zip Code (Plus 4)	Descrip	tion of Evr	l sonditure		
SOMERVILLE	MA	02144	Description of Expenditure ROBO CALLS				
To Whom Paid FACEBOOK			МО	DAY	YEAR		
Mailing Address 1 HACKER WAY			11	7	2018	\$	50.00
City MENLO PARK	State	Zip Code (Plus 4)	Description of Expenditure ADVERTISING				
MENEO FARK	CA	94025					
To Whom Paid NGP VAN, INC.			МО	DAY	YEAR		
Mailing Address 48 GROVE STREET SUITE 202			11	7	2018	\$	147.42
City SOMERVILLE	State	Zip Code (Plus 4)	Description of Expenditure				
	MA	02144	ROBO CALLS				
To Whom Paid PRESS ENTERPRISE			МО	DAY	YEAR		
Mailing Address 3185 LACKAWANNA AVE			11	7	2018	\$	176.20
City BLOOMSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
22001.0201.0	PA	17815	ADVERTISING				
To Whom Paid EDWARD T. SANDERS III			МО	DAY	YEAR		
Mailing Address 207 OMAN ROAD			11	16	2018	\$	500.00
City BLOOMSBURG	State	Zip Code (Plus 4)	Description of Expenditure				
2230.1320.13	PA	17815	CAMPAIGN LOAN REIMBURSEMENT				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	1,915.98