Campaign Finance Report

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

Filer Identification 20160125 Report Filed By: CANDIDATE COMMITT								ITTEE	✓	LOBE	BYIST							
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF INDER BAINS																		
Street Address:	230 N	ORTH M	ONROE	STREET														
City:	MEDIA	4							State: PA Zip Code: 190						9063			
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.						ARY	POST- 3.			AMENDM REPORT		Yes	No	Y	
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRIDAY PRE- 5. 30 ELECTION					NY ΓΙΟΝ	POST-	6. X		TERMINA REPORT	Yes	No	~		
report type)	ANNUAL I	REPORT	7.	Year 2018					IG METH CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by	Candidat	te:						DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County	,
REPRESENTATIVE IN THE GENERAL ASSEMBLY									МО	DAY	YI	AR	164	STH	REP		23	
KLIKESENIATI	IVE IN THE	CENTER	AL ASS						11		6	2018		(SEE IN	STRUCTIO	ONS FOR (CODES)	
Summary of Expenditures		and	МО	DAY	YEAR		_	_	МО	DAY		EAR		R OFFI	CE USE	ONLY		
]	.0 23	2	018	T	-	11		26	2018						
A. Amount Bro	ught Forw	ard Fron	n Last Ro	eport				\$				342.12						
B. Total Monet	ary Contril	butions <i>F</i>	And Rec	eipts (From	Sche	dule	I)	\$		951.00								
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			15,2	293.12						
D. Total Expen	ditures (Fr	rom Sche	edule III	(1)				\$			13,5	63.25						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$			1,7	29.87						
F. Value Of In-	Kind Conti	ributions	Receive	ed (From S	chedu	le II))	\$				0.00						
G. Unpaid Debt	ts And Obli	igations	(From S	chedule IV)			\$				0.00			1			
					AFF	IDA	VI	ΓSE	CTION									
PART I - If this is		•	•							-								
I swear (or affirm) correct and comple		eport, incl	uding the	attached sc	hedule	s filed	l on I	paper (or by elect	tronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , true	•
Sworn to and subs	cribed before day of	re me this	:	20							9	ignature	of Perso	n Submit	ting Rep	ort		
		Signatur						- -					Prin	ted Name	e			-
My Commission Ex	xpires	Signatur											Ema	il				
	<u> </u>	10	DA	ΛΥ	YR			-		Are	ea Coo	le	Daytim	ie Teleph	none Nu	mber		
Part II- If this is	a report o	of a cand	lidate's	authorized	Comn	nittee	e, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		best of m	ny knowle	dge and beli	ef this	politi	ical	commi	ittee has r	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333,	
Sworn to and subsc	ribed before	e me this										s	ignature o	of Candid	ate			
	day of —— –							_					Printe	ed Name				
	Si	ignature						-										
My Commission Exp		J											Ema	il	_			
	_	МО	D#	ΛΥ	YR	l		•		Area	Code		D	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF INDER BAINS	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)			\$	500.00
All Other Contributions (Part D)			\$	251.00
TOTAL for the Reporting	Period	(3)	\$	751.00
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			\$	951.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-							
Name of Filing Comm	Name of Filing Committee or Candidate					Reporting Period						
			Fro	om:		То	:					
		L			DATE			AMOUNT				
Full Name of Contribut	ing Committee			мо	DAY	YEAR						
Mailing Address							\$	0.00				
City	State	Zip Code (Plus 4))									
	•	•				-		DAGE 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 Per	riod		
FRIENDS OF INDER BAINS	From:	10/23/2018	To:	11/26/2018

DATE AMOUNT

Full Name of Contributor RS & Description THIRD	МО	DAY	YEAR			
Mailing Address TO BE REQUESTED	10			\$ 200.00		
City State Zip Code (Plus 4)				31	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 Candidate	Reporting Period						
FRIENDS OF INDER BAINS	From:	10/23/2018	То:	11/26/2018			

DATE AMOUNT

Full Name of Contributing Committee 159TH VICTORY COMMITTEE	МО	DAY	YEAR			
Mailing Address 50 S. PROVIDENCE R	10	31		\$ 500.00		
City MEDIA	State Zip Code (Plus 4) PA 19063				2018	

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

PAGE TOTAL\$ 500.00

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					orting Pe	riod			
FRIENDS OF INDER BAINS	FRIENDS OF INDER BAINS Fr					From: <u>10/23/2018</u>			1/26/2018
					D/	ATE		АМС	DUNT
Full Name of Contributor TALVINDER GHUMAN					МО	DAY	YEAR		
Mailing 53 OAKHURST LANE Address								\$	251.00
City MOUNT LAUREL	State	Zip	Code (Plus	(4)	10	31	2018		
	NJ	080	0543191						
Employer Name SELF EMPLOYED					Occupat	tion E	BUSINES	SS MAN	
Employer Mailing Address/Principal Plac Business	ce of		City			State		Zip Code	(Plus 4)
53 OAKHURST LANE			MOUNT L	AUREL		ΙNJ		08054	
Enter Grand Total of Part C on Sche	edule I, Detailed Su	umm	nary Page,	Section	on 3.			PAC	GE TOTAL
								\$	251.00

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Per	od	
FRIENDS OF INDER BAINS	From:	10/23/2018 To:	11/26/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	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						\$	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 Candida	Name of Filing Committee or Candidate					porting	Period				
					Fro	m:		То	:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF INDER BAINS			Reporting Period				
			From	10/23	3/2018	То:	11/26/2018
			DATE				AMOUNT
To Whom Paid INDER BAINS			мо	DAY	YEAR		
Mailing Address 242 ROCKLYN ROAD			11	2	2018	\$	7,563.25
City UPPER DARBY	State PA	Zip Code (Plus 4) 19082	Description of Expenditure REIMBURSEMENT				
To Whom Paid INDER BAINS			мо	DAY	YEAR		
Mailing Address 242 ROCKLYN ROAD			11	5	2018	\$	6,000.00
City UPPER DARBY	State PA	Zip Code (Plus 4) 19082	Description of Expenditure ELECTION DAY EXPENSES				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

13,563.25