Campaign Finance Report

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

Filer Identificati	ion 2018	C0102			Repo			CANDI	DATE	\checkmark	co	OMMITTE	E	LOB	BYIST		
Number :			- 1. 1		Filed	-											
Name of Filing C	Committee, Candid	ate or L	oddyist:		DAWK	INS,	JASC	IN I									
Street Address:																	
City:							St	ate:				Zip Code: 19124					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY IMARY		POST- 3.		AMENDMENT REPORT?		Yes	N	D	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.		DAY ECTIO		POST- 6.			TERMINA REPORT?	Yes	N	D	\checkmark	
report type)	ANNUAL REPORT	7. X	Year 2018					METHO ECK O				PAPER		\checkmark	DISK	ETTE	
Name of Office Sought by Candidate:							D	ATE O	FELE	CTI	N	District Number	Office Code	Par	ty Code	Cour Code	
MO DAY YEAR 179 STH DEM 51																	
REPRESENTATIVE IN THE GENERAL ASSEMBLY								11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAF	2		M	D	DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:		11 27	2	018	то		12	:	31	2018						
A. Amount Bro	ught Forward Froi	n Last R	eport		·		\$		-	(1,7	756.23)						
B. Total Monet	ary Contributions	And Rec	eipts (From	1 Sche	dule I))	\$ 1,000.00										
C. Total Funds	Available (Sum Of	f Lines A	and B)				\$			(7	756.23)						
D. Total Expen	ditures (From Sch	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			(7	56.23)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()			\$				0.00						
				AFF	IDAV	'IT S	SECT	ION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If this	is a C	Candio	date re	eport, o	cand	idate sig	gn here.					
I swear (or affirm correct and compl) that this report, inc ete.	luding the	e attached sc	hedule	s filed o	n pape	er or b	y elect	ronic m	ediun	n, are to	the best of	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	scribed before me this day of	5	20								Signatur	e of Persor	n Submitt	ing Rep	oort		-
	Signatu					_						Print	ed Name				_
My Commission E	-	ie										Emai	1				-
	мо	D	AY	YR					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		-
Part II- If this is	a report of a can	didate's	authorized	Comr	nittee,	Cand	lidate	shall	sign h	ere.							Π
I swear (or affirm) No 320) as amende) that to the best of r ed.	ny knowl	edge and beli	ef this	politica	al com	nmitte	e has n	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subso	cribed before me this day of		20								s	ignature o	f Candida	ite			-
	uay 01											Printe	d Name				-
	Signature					_						Emai	1				_
My Commission Exp	DIRES												- 				
	МО	D	AY	YR	2	_			Area	Code		Da	iytime Te	elephor	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DAWKINS, JASON T From: <u>11/27/2018</u> **To:** 12/31/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 1,000.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 1,000.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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.

Name of Filing Committee or Candidate			Reporting	Period			
				i cirioù			
			From:		То	•	
				DATE			AMOUNT
Full Name of Contributing) Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL
Enter Grand Total of Pa	art A on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	0.00

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

\$

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)								
Name of Filing Committee or Candidat	e		Rep	orting P	eriod			
From: To):		
					DATE			AMOUNT
Full Name of Contributor				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								

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	J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	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.)

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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						
DAWKINS, JASON T From:				<u>11/27/201</u>		<u>12/31/2018</u>			
				D	ATE			AMOUNT	
Full Name Friends of Jason Dawkins				мо	DAY	YEAR			
Mailing Address 6333 GLENLC	Mailing Address 6333 GLENLOCH ST						\$	1,000.00	
City PHILADELPHIA	State PA	Zip Code (19135-32		11	30	2018	3		
Receipt Description Reimbur	sement			-					
Enter Grand Total of Part E on S	chedule I. Detailed	Summary Page	Section	4				PAGE TOTAL	
							\$	1,000.00	

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	d	
DAWKINS, JASON T	From:	<u>11/27/2018</u> то:	<u>12/31/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting Period					
Fr				From: To:				
				DATE		АМО	UNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	Mailing Address					\$	0.00	
City	State	Zip Code (Plus 4)	,					
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

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

Name of Filing Committee or Candidate				Re	porting P	eriod				
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor					Occupat	tion		•		
Employer Mailing Address/Principal Place of Business City State			State		Zip 4)	Code(Plus	Descri	ption of	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate							
						То:		
		AMOUNT						
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)				otion of Ex	penditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL	
	Ji Page 1, Report C	over Page, Item I				\$	0.00	