### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                       | on                   | 20160         | 0164        |                       |          | Repo<br>Filed |      |                | CA               | ANDIDATE COMMITTEE COMMITTEE COMMITTEE |                                    |        |                    |                      |            |          |            |            |          |
|--|----------------------|---------------|-------------|-----------------------|----------|---------------|------|----------------|------------------|--|------------------------------------|--------|--------------------|----------------------|------------|----------|------------|------------|----------|
| Name of Filing C                                     | ommitte              | e, Candida    | ate or Lo   | obbyist:              |          | Secur         | re E | nerg           | y For            | Am                                     | erica A                            | Asso   | ciation I          | PAC (SE              | APAC)      |          |            |            |          |
| Street Address:                                      | P.O.                 | Box 1216      | ,           |                       |          |               |      |                |                  |  |                                    |        |                    |                      |            |          |            |            |          |
| City:  | МсМі                 | ırray         |             |                       |          |               |      |                | State            | e:                                     | PA                                 |        |                    | Zip Cod              | le: 15     | 317      |            |            |          |
| TYPE OF<br>REPORT                                    | 6TH TUES<br>PRE-PRIM |               | 1.          | 2ND FRIDA<br>PRIMARY  | Y PRE-   | - 2.          |      | 30 DA<br>PRIMA |                  | Р                                      | OST-                               | 3.     |                    | AMENDMENT<br>REPORT? |            | Yes      |            | No         | <b>/</b> |
| (place X to<br>the right of                          | 6TH TUES             |               | 4.          | 2ND FRIDA<br>ELECTION | AY PRE   | - 5.          |      | 30 DA          |                  | Р                                      | OST-                               | 6.     |                    | TERMINA<br>REPORT?   |            | Yes      | <b>1</b> [ | No         | <b>\</b> |
| report type)   | ANNUAL               | REPORT        | 7. <b>X</b> | <b>Year</b> 2018      |          |               |      |                | NG ME<br>CHEC    |  |                                    |        |                    | PAPER                |            | <b>\</b> | DIS        | ETTE       |          |
| Name of Office S                                     | ought by             | Candidat      | e:          |                       |          |               |      |                | DATE OF ELECTION |  |                                    |        | District<br>Number | Office<br>Code       | Pa         | rty Coo  | le Cou     |            |          |
|  |                      |               |             |                       |          |               |      |                | МО               |  | DAY                                | Y      | EAR                |                      |            | I        |            | 1          |          |
|  |                      |               |             |                       |          |               |      |                |                  | 11                                     |                                    | 6      | 2018               |                      | (SEE IN:   | STRUCT   | IONS FO    | R CODES    | 5)       |
| Summary of   |                      | and           | МО          | DAY                   | YEAR     |               |      |                | МО               |  | DAY                                | Y      | EAR                | FO                   | R OFFI     | E US     | E ONL      | Y          |          |
| Expenditures   | from:                |               | 1           | 11 27                 | 20       | 018           | T    | 0              |                  | 12                                     |                                    | 31     | 2018               |                      |            |          |            |            |          |
| A. Amount Bro  | ught Forv            | ward From     | ı Last R    | eport                 |          |               |      | \$             |                  |  |                                    | 36,    | 555.85             |                      |            |          |            |            |          |
| B. Total Moneta                                      | ary Contr            | ibutions A    | And Rec     | eipts (Fror           | n Sche   | dule I        | [)   | \$             |                  |  | 1,393.28                           |        |                    |                      |            |          |            |            |          |
| C. Total Funds Available (Sum Of Lines A and B)      |                      |               |             |                       |          |               |      | \$             |                  |  |                                    | 37,    | 949.13             |                      |            |          |            |            |          |
| D. Total Expenditures (From Schedule III)            |                      |               |             |                       |          |               | \$   |                |                  |  |                                    | 0.00   |                    |                      |            |          |            |            |          |
| E. Ending Cash Balance (Subtract Line D From Line C) |                      |               |             |                       |          |               | \$   |                |                  |  | 37,9                               | 949.13 |                    |                      |            |          |            |            |          |
| F. Value Of In-                                      | Kind Con             | tributions    | Receive     | ed (From S            | chedul   | le II)        |      | \$             |                  |  |                                    |        | 0.00               |                      |            |          |            |            |          |
| G. Unpaid Debt                                       | s And Ob             | ligations     | (From S     | chedule I\            | /)       |               |      | \$             |                  |  |                                    |        | 0.00               |                      |            |          |            |            |          |
|  |                      |               |             |                       | AFF      | IDA۱          | VΙ٦  | SE             | CTIC             | N                                      |                                    |        |                    |                      |            |          |            |            |          |
| PART I - If this is                                  |                      | -             | •           | _                     |          |               |      |                |                  |  |                                    |        | _                  |                      |            |          |            |            |          |
| I swear (or affirm)<br>correct and comple            |                      | report, incit | uaing the   | attached so           | neaules  | s filea (     | on p | paper          | or by e          | electr                                 | onic me                            | eaium  | i, are to t        | ne best o            | r my knov  | vieage   | and be     | eller , tr | ue       |
| Sworn to and subs                                    | cribed befo          | ore me this   |             | 20                    |          |               |      |                |                  | •                                      |                                    |        | Signature          | of Perso             | n Submitt  | ing Re   | port       |            |          |
|  | _                    | Signatur      | ·e          |                       |          |               |      | •              |                  |  |                                    |        |                    | Prin                 | ted Name   | 1        |            |            | -        |
| My Commission Ex                                     | pires                |               |             |                       |          |               |      |                |                  | •                                      |                                    |        |                    | Emai                 | il         |          |            |            | -        |
|  |                      | мо            | D/          | AY                    | YR       |               |      | -              |                  |  | Are                                | ea Co  | de                 | Daytim               | e Teleph   | one N    | umber      |            |          |
| Part II- If this is                                  | a report             | of a cand     | idate's     | authorized            | Comm     | nittee,       | , Ca | ndid           | ate sl           | nall s                                 | sign he                            | ere.   |                    |                      |            |          |            |            |          |
| I swear (or affirm)<br>No 320) as amende             |                      | e best of m   | y knowle    | edge and bel          | ief this | politic       | al   | comm           | ittee h          | as no                                  | ot viola                           | ted ar | ny provis          | ions of the          | e act of J | ıne 3,1  | L937 (F    | .L. 133    | з,       |
| Sworn to and subsc                                   |                      | re me this    |             |                       |          |               |      |                |                  |  |                                    |        | S                  | ignature o           | f Candida  | ate      |            |            | -        |
|  | day of<br>—          |               |             |                       |          |               |      |                |                  |  |                                    |        |                    | Printe               | d Name     |          |            |            | _        |
|  |                      | Signature     |             |                       |          |               |      | •              |                  |  |                                    |        |                    |                      |            |          |            |            | _        |
| My Commission Exp                                    | ires                 |               |             |                       |          |               |      |                |                  |  |                                    |        |                    | Ema                  | il         |          |            |            |          |
|  | _                    | мо            | D           | AY                    | YR       |               |      |                |                  |  | Area Code Daytime Telephone Number |        |                    |                      |            | ıber     | _          |            |          |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period  |               |            |
|--|-----------|-----------|---------------|------------|
| Secure Energy For America Association PAC (SEAPAC)   | From:     | 11/27/201 | <u>.8</u> To: | 12/31/2018 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |           |               |            |
| TOTAL for the Reporting  | Period    | (1)       | \$            | 572.71     |
| 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)   |           |           | \$            | 535.00     |
| TOTAL for the Reporting  | Period    | (2)       | \$            | 535.00     |
| 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)   |           |           | \$            | 285.57     |
| TOTAL for the Reporting  | Period    | (3)       | \$            | 285.57     |
| 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 Page 1, 2,3 and 4; also enter this amount on Page1, Report Cover Page 2, 2,3,4,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5 |           |           | \$            | 1,393.28   |

#### **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 | R                 | eporting | Period |      |    |        |
|-------------------------------|-----------|-------------------|----------|--------|------|----|--------|
|                               |           | F                 | rom:     |        | То   | :  |        |
|                               |           | •                 |          | DATE   |      |    | AMOUNT |
| Full Name of Contributing Com | mittee    |                   | мо       | DAY    | YEAR |    |        |
| Mailing Address               |           |                   |          |        |      | \$ | 0.00   |
| City                          | State     | Zip Code (Plus 4) |          |        |      |    |        |

PAGE TOTAL
0.00

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

### 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 Ca                       | Name of Filing Committee or Candidate |                               |       | Reporting Period |                 |                     |  |  |  |
|--|---------------------------------------|-------------------------------|-------|------------------|-----------------|---------------------|--|--|--|
| Secure Energy For America Ass                        | sociation PAC (SEAPAC                 | <b>(</b> )                    | From: | 11/27/           | 2018 <b>T</b> o | : <u>12/31/2018</u> |  |  |  |
|  |                                       |                               |       | DATE             |                 | AMOUNT              |  |  |  |
| Full Name of Contributor Robert E. Wise              |                                       |                               | МО    | DAY              | YEAR            |                     |  |  |  |
| Mailing Address 612 Rembrar                          | ndt Circle                            |                               |       |                  |                 | <b>\$</b> 30.00     |  |  |  |
| City Irwin   | <b>State</b><br>PA                    | Zip Code (Plus 4<br>15642     | 12    | 28               | 2018            |                     |  |  |  |
| Full Name of Contributor Robert E. Wise              |                                       |                               | мо    | DAY              | YEAR            |                     |  |  |  |
| Mailing Address 612 Rembrar                          | ndt Circle                            |                               |       |                  |                 | <b>\$</b> 30.00     |  |  |  |
| City Irwin   | <b>State</b><br>PA                    | <b>Zip Code (Plus 4</b> 15642 | 12    | 14               | 2018            |                     |  |  |  |
| <b>Full Name of Contributor</b> Robert E. Wise       |                                       |                               |       | DAY              | YEAR            |                     |  |  |  |
| Mailing Address 612 Rembrar                          | ndt Circle                            |                               |       |                  |                 | <b>\$</b> 30.00     |  |  |  |
| City Irwin   | <b>State</b><br>PA                    | Zip Code (Plus 4              | ) 11  | 30               | 2018            |                     |  |  |  |
| Full Name of Contributor William A. Neuberger        | <u> </u>                              | <u> </u>                      | МО    | DAY              | YEAR            |                     |  |  |  |
| Mailing Address 614 Penn Tre                         | ee Drive                              |                               |       |                  |                 | <b>\$</b> 20.00     |  |  |  |
| City Gibsonia  | State<br>PA                           | Zip Code (Plus 4<br>15044     | 12    | 28               | 2018            |                     |  |  |  |
| Full Name of Contributor William A. Neuberger        |                                       |                               | МО    | DAY              | YEAR            |                     |  |  |  |
| Mailing Address 614 Penn Tre                         | ee Drive                              |                               |       |                  |                 | \$ 20.00            |  |  |  |
| <b>City</b> Gibsonia                                 | <b>State</b><br>PA                    | Zip Code (Plus 4<br>15044     | 12    | 14               | 2018            |                     |  |  |  |
| <b>Full Name of Contributor</b> William A. Neuberger |                                       |                               |       | DAY              | YEAR            |                     |  |  |  |
| Mailing Address 614 Penn Tree Drive                  |                                       |                               |       |                  |                 | \$ 20.00            |  |  |  |
| City Gibsonia  | <b>State</b><br>PA                    | Zip Code (Plus 4<br>15044     | ) 11  | 30               | 2018            |                     |  |  |  |

| Full Name of Contribute  | or                |                   | мо       | DAY  | YEAR  |                 |
|--------------------------|-------------------|-------------------|----------|------|-------|-----------------|
| Charles A. Hooper        |                   |                   | 1-10     | אמ   | ILAK  |                 |
| Mailing Address 49       | 8 State Route 356 |                   |          |      |       | <b>\$</b> 21.00 |
| <b>City</b> Apollo       | State             | Zip Code (Plus 4) | 12       | 28   | 2018  |                 |
|                          | PA                | 15613             |          |      |       |                 |
| Full Name of Contribute  | or                |                   | мо       | DAY  | YEAR  |                 |
| Charles A. Hooper        |                   |                   |          |      |       |                 |
| Mailing Address 49       | 8 State Route 356 |                   | <u> </u> |      |       | <b>\$</b> 21.00 |
| <b>City</b> Apollo       | State             | Zip Code (Plus 4) | 12       | 14   | 2018  |                 |
|                          | PA                | 15613             |          |      |       |                 |
| Full Name of Contributo  | or                |                   | МО       | DAY  | YEAR  |                 |
| Charles A. Hooper        |                   |                   |          |      |       |                 |
| Mailing Address 49       | 8 State Route 356 |                   | <u> </u> |      |       | <b>\$</b> 21.00 |
| <b>City</b> Apollo       | State             | Zip Code (Plus 4) | 11       | 30   | 2018  |                 |
|                          | PA                | 15613             |          |      |       |                 |
| Full Name of Contribute  | or                |                   | мо       | DAY  | YEAR  |                 |
| Richard James Gricar     |                   |                   |          | 57   | 12/11 |                 |
| Mailing Address 14       | 4 Fremont Road    |                   | 1        |      |       | \$ 20.00        |
| <b>City</b> Charleroi    | State             | Zip Code (Plus 4) | 12       | 29   | 2018  |                 |
|                          | PA                | 15022             |          |      |       |                 |
| Full Name of Contribute  | or                |                   | мо       | DAY  | YEAR  |                 |
| Richard James Gricar     |                   |                   |          | 571. | 12/11 |                 |
| Mailing Address 14       | 4 Fremont Road    |                   | 4        |      |       | \$ 20.00        |
| <b>City</b> Charleroi    | State             | Zip Code (Plus 4) | 12       | 15   | 2018  |                 |
|                          | PA                | 15022             |          |      |       |                 |
| Full Name of Contributo  | or                |                   | мо       | DAY  | YEAR  |                 |
| Richard James Gricar     |                   |                   |          |      |       |                 |
|                          | 4 Fremont Road    |                   | <u> </u> |      |       | \$ 20.00        |
| <b>City</b> Charleroi    | State             | Zip Code (Plus 4) | 12       | 1    | 2018  |                 |
|                          | PA                | 15022             |          |      |       |                 |
| Full Name of Contribute  | or                |                   | мо       | DAY  | YEAR  |                 |
| Paul J. Kubincanek       |                   |                   |          |      |       |                 |
| Mailing Address 19       | 0 Forrest Street  |                   | 4        |      |       | \$ 25.00        |
| <b>City</b> Bentleyville | State             | Zip Code (Plus 4) | 12       | 29   | 2018  |                 |
|                          | PA                | 15314             |          |      |       |                 |
| Full Name of Contribute  | or                |                   | мо       | DAY  | YEAR  |                 |
| Paul J. Kubincanek       |                   |                   |          |      |       |                 |
| Mailing Address 19       | 0 Forrest Street  |                   | 4        |      |       | <b>\$</b> 25.00 |
| <b>City</b> Bentleyville | State             | Zip Code (Plus 4) | 12       | 15   | 2018  |                 |
|                          | PA                | 15314             |          |      |       |                 |
| ull Name of Contributor  |                   |                   | мо       | DAY  | YEAR  |                 |
| Paul J. Kubincanek       |                   |                   |          |      |       |                 |
| Mailing Address 19       | 0 Forrest Street  |                   | 1        |      |       | <b>\$</b> 25.00 |
| <b>City</b> Bentleyville | State             | Zip Code (Plus 4) | 12       | 1    | 2018  |                 |
|                          | PA                | 15314             |          |      |       |                 |

|  |                        |                   |      |     |      | 17.02 0         |
|--|------------------------|-------------------|------|-----|------|-----------------|
| Full Name of Contributor                   |                        |                   | мо   | DAY | YEAR |                 |
| Peter J. Magnotta                          |                        |                   |      |     |      |                 |
| Mailing Address 409                        | East Beau Street       |                   | _    |     |      | <b>\$</b> 25.00 |
| <b>City</b> Washington                     | State                  | Zip Code (Plus 4) | 12   | 29  | 2018 |                 |
|  | PA                     | 15301             |      |     |      |                 |
| Full Name of Contributor                   |                        |                   | МО   | DAY | YEAR |                 |
| Peter J. Magnotta                          |                        |                   | 140  | DAI | ILAK |                 |
| Mailing Address 409                        | East Beau Street       |                   |      |     |      | <b>\$</b> 25.00 |
| <b>City</b> Washington                     | State                  | Zip Code (Plus 4) | 12   | 15  | 2018 |                 |
|  | PA                     | 15301             |      |     |      |                 |
| Full Name of Contributor                   |                        |                   | мо   | DAY | YEAR |                 |
| Peter J. Magnotta                          |                        |                   | 1.10 | DAI | ILAK |                 |
| Mailing Address 409                        | East Beau Street       |                   |      |     |      | <b>\$</b> 25.00 |
| <b>City</b> Washington                     | State                  | Zip Code (Plus 4) | 12   | 1   | 2018 |                 |
|  | PA                     | 15301             |      |     |      |                 |
| Full Name of Contributor                   |                        |                   | МО   | DAY | YEAR |                 |
| Michael H. Lee                             |                        |                   |      | DAT | ILAK |                 |
| Mailing Address 422 Locust Street, Box 297 |                        |                   |      |     |      | \$ 30.00        |
| City Stockdale                             | State                  | Zip Code (Plus 4) | 12   | 25  | 2018 |                 |
|  | PA                     | 15483             |      |     |      |                 |
| Full Name of Contributor                   |                        |                   | МО   | DAY | VEAD |                 |
| Michael H. Lee                             |                        |                   | МО   | DAY | YEAR |                 |
| Mailing Address 422                        | Locust Street, Box 297 |                   |      |     |      | \$ 30.00        |
| City Stockdale                             | State                  | Zip Code (Plus 4) | 12   | 10  | 2018 |                 |
|  | PA                     | 15483             |      |     |      |                 |
| Full Name of Contributor                   |                        |                   | МО   | DAY | YEAR |                 |
| David H. Lee                               |                        |                   | МО   | DAT | TEAK |                 |
| Mailing Address 77 L                       | ocust Avenue           |                   |      |     |      | <b>\$</b> 26.00 |
| City Charleroi                             | State                  | Zip Code (Plus 4) | 12   | 25  | 2018 |                 |
|  | PA                     | 15022             |      |     |      |                 |
| Full Name of Contributor                   | <u> </u>               |                   |      |     | W=   |                 |
| David H. Lee                               |                        |                   | МО   | DAY | YEAR |                 |
| Mailing Address 77 Locust Avenue           |                        |                   |      |     |      | \$ 26.00        |
| <b>City</b> Charleroi                      | State                  | Zip Code (Plus 4) | 12   | 10  | 2018 |                 |
|  | PA                     | 15022             |      |     |      |                 |
|  |                        | 1                 | 1    | l   |      | I               |

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

**PAGE TOTAL \$** 535.00

#### **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 | ame of Filing Committee or Candidate |             | Reporting Period |    |     |      |               |           |      |  |
|---------------------------------------|--------------------------------------|-------------|------------------|----|-----|------|---------------|-----------|------|--|
|                                       |                                      |             | From:            |    |     | То:  |               |           |      |  |
|                                       |                                      |             |                  | DA | TE  |      | P             | AMOUNT    |      |  |
| Full Name of Contributing Committee   |                                      |             |                  | мо | DAY | YEAR |               |           | 0.00 |  |
| Mailing Address                       |                                      |             |                  |    |     |      | <b>-</b>   \$ |           | 0.00 |  |
| City                                  | State                                | Zip Cod     | e (Plus 4)       |    |     |      |               |           |      |  |
|                                       |                                      |             |                  |    |     |      |               | PAGE TOTA | AL   |  |
| Enter Grand Total of Part C on Sche   | nmary P                              | 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    |               |                    |                  |  |
|--|--------------------------|----------------|------------|------------------------------------|---------|---------------|--------------------|------------------|--|
| Secure Energy For America Association    | PAC (SEAPAC)             |                | Fron       | m:                                 | 11/27/2 | 018 <b>To</b> | : <u>17</u>        | <u>2/31/2018</u> |  |
|  |                          |                |            | D/                                 | ATE     |               | АМО                | UNT              |  |
| Full Name of Contributor                 |                          |                |            | мо                                 | DAY     | YEAR          | \$                 | 95.19            |  |
| Troy Dolan                               |                          |                |            | 1.0                                | 27      | ,             | *                  | 95.19            |  |
| Mailing Address 1117 Strawcutter R       | oad                      |                |            | 11                                 | 29      | 2018          | 1                  |                  |  |
| City Blairsville                         | State                    | Zip Code (Plus | s 4)       | ]                                  |         |               |                    |                  |  |
|  | PA                       | 15717          |            |                                    |         |               | 1                  |                  |  |
| Employer Name Diamond Technical Se       | ervices                  |                |            | Occupat                            | ion     | Excavat       | ation/Construction |                  |  |
| Employer Mailing Address/Principal Plac  | e of Business            | City           |            |                                    | State   |               | Zip Code (         | Plus 4)          |  |
| 9153 U.S. 22                             | 9153 U.S. 22 Blairsville |                |            |                                    | PA      |               | 15717              |                  |  |
| Full Name of Contributor                 |                          | -              |            | МО                                 |         |               |                    |                  |  |
| Troy Dolan                               | n                        |                |            |                                    | DAY     | YEAR          | \$                 | 95.19            |  |
| Mailing Address 1117 Strawcutter Road    |                          |                |            | 10                                 | 12      | 2010          | 7                  |                  |  |
| City Blairsville                         | State                    | Zip Code (Plus | s 4)       | 12                                 | 13      | 2018          |                    |                  |  |
|  | PA                       | 15717          |            |                                    |         |               |                    |                  |  |
| Employer Name Diamond Technical Se       | ervices                  |                |            | Occupation Excavation/Construction |         |               |                    |                  |  |
| Employer Mailing Address/Principal Place | e of Business            | City           |            | -                                  | State   |               | Zip Code (         | Plus 4)          |  |
| 9153 U.S. 22                             |                          | Blairsville    |            |                                    | PA      |               | 15717              |                  |  |
| Full Name of Contributor                 |                          |                |            |                                    |         | V=45          |                    |                  |  |
| Troy Dolan                               |                          |                |            | МО                                 | DAY     | YEAR          | <b> </b> \$        | 95.19            |  |
| Mailing Address 1117 Strawcutter R       | oad                      |                |            | 12                                 | 27      | 2018          | 7                  |                  |  |
| City Blairsville                         | State                    | Zip Code (Plus | <b>34)</b> | 1 12                               | 27      | 2016          |                    |                  |  |
|  | PA                       | 15717          |            |                                    |         |               |                    |                  |  |
| Employer Name Diamond Technical Se       | ervices                  |                |            | Occupat                            | ion     | Excavat       | ion/Constru        | ıction           |  |
| Employer Mailing Address/Principal Place | e of Business            | City           |            |                                    | State   |               | Zip Code (         | Plus 4)          |  |
| 9153 U.S. 22                             |                          | Blairsville    |            |                                    | PA      |               | 15717              |                  |  |
|  |                          |                |            |                                    |         |               | PAG                | E TOTAL          |  |
| Enter Grand Total of Part C on Sche      | dule I, Detailed Su      | mmary Page,    | Section    | on 3.                              |         |               | . 40               | LIGIAL           |  |
|  |                          |                |            |                                    |         | 1             | \$                 | 285.57           |  |
|  |                          |                |            |                                    |         |               |                    |                  |  |

## 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 |    |     |      |    |            |
|---------------------------|---------------------------|----------------|------------------|----|-----|------|----|------------|
|                           |                           |                | From:            |    |     | To:  |    |            |
|                           |                           |                |                  | D  | ATE |      |    | AMOUNT     |
| Full Name                 |                           |                |                  | мо | DAY | YEAR | \$ | 0.00       |
| Mailing Address           |                           |                |                  |    |     |      |    |            |
| City                      | State                     | Zip Code (I    | Plus 4)          |    |     |      |    |            |
| Receipt Description       | •                         | •              |                  |    | •   | •    |    |            |
| Futor Count Total of Boot | Fan Cabadula I Batailad   | I Comment Base | Castian          | 4  |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part | e on Schedule I, Detalled | Summary Page,  | Section          | 4. |     |      | \$ | 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 | g Period   |                              |  |  |  |  |  |
|--|-----------|------------|------------------------------|--|--|--|--|--|
| Secure Energy For America Association PAC (SEAPAC)   | From:     | 11/27/2018 | <b>To:</b> <u>12/31/2018</u> |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR  |           |            |                              |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (   | 1) \$      | 0.00                         |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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, |           | eer \$     | 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:                |      |      | То:         |             |      |
|   |       |                   |                      | DATE |      |             | AMOUNT      |      |
| Full Name of Contributor  |       |                   | МО                   | DAY  | YEAR |             |             |      |
| Mailing Address   |       |                   |                      |      |      | <b>7</b> \$ |             | 0.00 |
| City  | State | Zip Code (Plus 4) |                      |      |      |             | <b>-</b> \$ |      |
| Description of Contribution:  | -     | <b>-</b>          | •                    | •    | •    |             |             |      |
|   |       |                   |                      |      |      |             |             |      |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Det |       |                   | tailed Summary Page, |      |      | PAGE TOTAL  |             | L    |
| Section 2.  |       |                   |                      |      |      | \$          |             | 0.00 |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                     |                |     |                  | Re     | porting           | Period         |       |       |                 |      |
|---|----------------|-----|------------------|--------|-------------------|----------------|-------|-------|-----------------|------|
|   |                |     |                  | Fro    | m:                |                | To:   | Го:   |                 |      |
|   |                |     |                  |        |                   | DATE           |       |       | AMOUNT          | -    |
| Full Name of Contributor                                  |                |     |                  |        | мо                | DAY            | YEAR  |       |                 |      |
| Mailing Address   |                |     |                  |        |                   |                |       | \$    |                 |      |
| City  | State          |     | Zip Code(Plus 4) |        |                   |                |       |       |                 |      |
| Employer of Contributor                                   |                |     |                  |        | Occup             | oation         |       |       |                 |      |
| Employer Mailing Address/Principal Place of Business City |                |     | ty               | Stat   | e Zi <sub>l</sub> | p Code(Plus 4) | Descr | iptio | on of Contribut | ion  |
| Enter Grand Total of Part G on Sch                        | edule II, In-K | ind | Contributions D  | etaile | ed                |                |       |       | PAGE TO         | TAL  |
| Summary Page, Section 3.                                  |                |     |                  |        |                   |                |       |       |                 | 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate                                   |       |                   | Reporting Period           |     |      |        |            |
|---|-------|-------------------|----------------------------|-----|------|--------|------------|
|   |       |                   | From                       |     |      | То:    |            |
|   |       |                   | DATE                       |     |      | AMOUNT |            |
| To Whom Paid  |       |                   | мо                         | DAY | YEAR |        |            |
| Mailing Address   |       |                   |                            |     |      | \$     | 0.00       |
| City  | State | Zip Code (Plus 4) | Description of Expenditure |     |      |        |            |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |       |                   |                            |     |      |        | PAGE TOTAL |
|   |       |                   |                            |     |      | \$     | 0.00       |