#### **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 :	Filer Identification 20180497 Number :					port ed B		CAND	IDATE		СОМ	<b>4ITTEE</b>	<b>✓</b>	LOBE	BYIST	
Name of Filing C	Committee, Candi	date or L	obbyist:		CAR	RLUC	CI, B	ILL FRII	NDS O	F			•			
Street Address:	1560 GRAMI	PIAN BLV	'D													
City:	WILLIAMSPO	RT						State:	PA			Zip Cod	le: 1	7701-1	918	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	POST- 3.			IENT	Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION					POST-	POST- 6.			ATION	Yes	No	~	
report type)	ANNUAL REPOR	7. X	<b>Year</b> 2018	FILING METHO ( ) CHECK ON									$\checkmark$	DISKE	ГТЕ	
Name of Office S	Sought by Candid	ate:						DATE	OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
	,							МО	DAY	YE	AR	rumber	Couc			Couc
								1	1	6	2018		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY Y	'EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	Expenditures from: 11 27 2018 TO 12 31 2018							2018								
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0.00					
B. Total Monet	ary Contributions	And Rec	eipts (From S	Sche	dule	eI)	\$			20,0	001.00					
C. Total Funds Available (Sum Of Lines A and B)							\$			20,0	001.00					
D. Total Expenditures (From Schedule III)							\$			13,4	64.48					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			6,5	36.52					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edu	le II	[)	\$				0.00					
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV)				\$				0.00			•		
			,	AFF	IDA	٩VI	T SE	CTION								
PART I - If this is			_								_					
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	e attached sche	dules	filed	d on	paper o	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	f , true
Sworn to and subs	cribed before me the	is	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Signat	ura	_				- -					Prin	ted Nam	e		
My Commission Ex	_	uic										Ema	il			
	мо	D	AY	YR			-		Ar	ea Cod	le	Daytim	e Telepi	none Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorized C	omn	iitte	e, C	andida	ate shal	l sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of	my knowl	edge and belief	this	polit	tical	commi	ittee has	not viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L.	1333,
Sworn to and subsc		5									Si	ignature o	of Candid	ate		
	day of						_					D=!1	d Name			
	Signature						-					Printe	d Name			
My Commission Exp	_											Ema	il			
	МО	D	AY	YR			-		Area Code Daytime Telephone Number							

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
CARLUCCI, BILL FRIENDS OF	From:	11/27/20	<u>18</u> To:	12/31/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	1.00
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)	\$	0.00		
TOTAL for the Reporting	\$	0.00		
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)			\$	20,000.00
TOTAL for the Reporting	Period	(3)	\$	20,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	0.00
			1	
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, Page 2, 2,3,3,4,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5			\$	20,001.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Reporting Period					
			From: To			:		
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

**PAGE TOTAL \$**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					
			From: T			o:		
					DATE		A	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$ \$	0.00
City	State	Zip Code (Plus 4)						

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

**PAGE TOTAL \$** 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.

ame of Filing Committee or Candidate		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	ame of Filing Committee or Candidate				orting Pe	riod				
CARLUCCI, BILL FRIENDS OF				Fron	om: <u>11/27/2018</u>			To: <u>12/31/2018</u>		<u>3</u>
					D/	ATE			AMOUNT	
Full Name of Contributor William P. Carlucci					мо	DAY	YEAR			
Mailing 1330 Mansel Avenue Address							\$	20,000	0.00	
City Williamsport	State	Zip C	Code (Plus	4)	12	3	201	8		
	PA	1770	01							
Employer Name Elion Law Firm	-	•			Occupation Attorney					
Employer Mailing Address/Principal Pla Business	ce of		City		•	State		Zip	Code (Plus 4)	
125 East Third Street			Williamsp	ort		PA		17	7701	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section				on 3.		Γ		PAGE TOTAL		
								\$	20,000.00	)
							_			

## 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		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	
CARLUCCI, BILL FRIENDS OF	From:	11/27/2018 <b>To:</b>	12/31/2018
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 Candid	me of Filing Committee or Candidate				Reporting Period					
			From:			То:				
				DATE			AMOUNT			
Full Name of Contributor	МО	DAY	YEAR							
Mailing Address						<b>\$</b>	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:										
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL			
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL			
						\$	0.00			

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	е				Re	porting	Period				
					From:			То:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address								\$	0.00		
City	State		Zip Code(I	Plus 4)							
Employer of Contributor	-1		•		Occupation						
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							<b>PAGE TOTAL</b> 0.00				

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	idate			Reportir	ng Period				
CARLUCCI, BILL FRIENDS OF				From	11/27	7/2018	То:	12/31/2018	
			'		AMOUNT				
<b>To Whom Paid</b> Lamar Advertising				мо	DAY	YEAR			
Mailing Address 220 U.S.15 Sou	uth			12	4	2018	\$	6,412.50	
City South Williamsport	South Williamsport PA  Zip Code (Plus 4) 17702				Description of Expenditure Outdoor Advertising				
To Whom Paid Randy Monceaux			мо	DAY	YEAR				
Mailing Address 5585 Kernsville	e Road			12	4	2018	\$	795.00	
City Orefield	<b>State</b> PA		Zip Code (Plus 4) 18069	<b>Description of Expenditure</b> Photography					
<b>To Whom Paid</b> Webb Weekly	•	·		мо	DAY	YEAR			
Mailing Address 280 Kane Stree	et			12	6	2018	\$	470.00	
<b>City</b> South Williamsport	<b>State</b> PA		Zip Code (Plus 4) 17702	1 -	otion of Exp				
<b>To Whom Paid</b> Wiliamsport Sun Gazette				мо	DAY	YEAR			
Mailing Address 252 West Fourth Street			12	6	2018	\$	480.00		
State Zip Code (Plus 4) PA 17701				otion of Exp aper adver					

To Whom Paid Hallowell Brooks			МО	DAY	YEAR	
Mailing Address 268 Walnut Springs Court				12	2018	\$ 4,462.00
City West Chester State Zip Code (Plus 4			Descrip	tion of Exp	enditure	

19380

PA

Palm Cards and website and Google Search

<b>To Whom Paid</b> Postmaster			МО	DAY	YEAR		
Mailing Address 621 Hepburn Street			12	18	2018	\$	200.00
<b>City</b> Williamsport	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17701	<b>Description of Expenditure</b> Postage				
<b>To Whom Paid</b> Supreme Court Disciplinary			МО	DAY	YEAR		
Mailing Address 601 Commonwealth Avenue			12	27	2018	\$	80.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17106	Description of Expenditure List of Attorney Addresses				
To Whom Paid Hallowell Brooks			МО	DAY	YEAR		
Mailing Address 268 Walnut Springs Court			12	30	2018	\$	564.98
City West Chester	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19380	Description of Expenditure Letterhead and envelops				
Enter Grand Total of Expend	litures on Page 1. Re	port Cover Page. Item D					PAGE TOTAL
Enter Grand Total of Expent	aitai es oii i age 1, Re	port corer rage, item b	•			\$	13,464.48