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	20180	259				Repo Filed			CA	NDII	DATE		СОМ	MITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee,	Candida	te or Lo	bbyis	t:		OONA	λHE	R, D	EAN I	RIE	NDS ()F							
Street Address:	710 W	EDGEWO	DOD RE)																
City:	BETHLE	HEM								State	e:	PA			Zip Code: 18017					
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND F PRIMA		PRE-	2.		30 DA PRIMA		Р	OST-			AMENDMENT REPORT?		Yes	1	lo	
(place X to the right of	6TH TUESDA PRE-ELECTI		4.	2ND F ELECT		PRE-	- 5.		30 DA		Р	OST-	6.		TERMINATION REPORT?		Yes	ı	lo	\
report type)	ANNUAL R	EPORT	7. X	Year	2018					IG ME		_	•		PAPER		√	DIS	ETTE	
Name of Office S	ought by C	andidate	e:				-			DAT	ΈO	F ELE	CTI	ON	District Number	Office Code	Par	ty Cod	e Cou Cod	
REPRESENTATI	VE IN THE	GENERA	AL ASSI	EMBLY	ſ				MO DAY YEAR				138 STH DEM			48				
			МО	l D A	v [VEAD					11	5.11	6	2018		(SEE INS				5)
Summary of Expenditures		and	MO	DA	Y 27	YEAR 20	018	T	0	МО	12	DAY	31	EAR 2018		R OFFIC	E USE	ONL	(
A. Amount Bro	ught Forwa	rd From							\$					297.72	1					
B. Total Monetary Contributions And Receipts (From Schedule I)											0.00	-								
C. Total Funds Available (Sum Of Lines A and B)								3,	297.72	1										
D. Total Expenditures (From Schedule III)								\$				3,	200.00							
E. Ending Cash Balance (Subtract Line D From Line C)							\$					97.72								
F. Value Of In-	Kind Contri	butions	Receive	ed (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Oblig	jations (From S	chedu	ile IV)			\$				1,	500.00						
						AFFI	[DA\	/IΤ	SE	CTIO	NC									
PART I - If this is	a Committ	tee repo	rt, trea	surer :	sign h	ere. I	f this	is	a Car	ndidat	te re	port, o	and	idate sig	jn here.					
I swear (or affirm) correct and comple		ort, inclu	ding the	attach	ed sch	edules	filed o	on p	aper	or by e	electr	onic m	ediun	n, are to t	the best o	f my knov	/ledge	and be	lief , tı	rue
Sworn to and subs	cribed before day of	me this		20										Signature	of Perso	n Submitt	ing Rep	ort		_
		Signature	e						•						Prin	ted Name				_
My Commission Ex	pires								_		-				Ema	il				
	МС)	DA	lΥ		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	f a candi	idate's a	autho	rized (Comm	ittee,	, Ca	ndid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	y knowle	dge an	d belie	f this p	politic	al (comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	з,
Sworn to and subsc		me this		22										s	ignature o	of Candida	te			-
	day of — —			20 -											Printe	d Name				- $ $
My Commission Exp	_	nature							•		-				Ema	il				-
•																				_
		мо	DA	ΑY		YR						Area	Code		Da	aytime Te	lephor	ie Nun	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DONAHER, DEAN FRIENDS OF	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	g 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)	\$	0.00		
TOTAL for the Reporting	g 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
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee	or Candidate		Reporting	Period			
			From:				
		I		DATE			AMOUNT
Full Name of Contributing C	ommittee		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	

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 Candid	ate		Rep Fro					
					DATE		AN	4OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$ \$	0.00
City	State	Zip Code (Plus 4)	1					

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.

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 Candi	me of Filing Committee or Candidate			Rep	orting Pe	eriod			
				Fron	n:		To) :	
			_		D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•				Occupa	tion	•	•	
Employer Mailing Address/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	PAGE TOTAL 0.00

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 Peri	od	
DONAHER, DEAN FRIENDS OF	From:	<u>11/27/2018</u> To:	12/31/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	₹	
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, 1		\$	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:			To:	
				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 Scheo	dule II. In-Kind Co	ontributions Deta	iled Sum	mary Pag	ıe. F		PAGE TOTAL
Section 2.			incu buin	a. y . ag	,,,		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			
					Fro	om:		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		•			Occupa	ation			
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 Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
DONAHER, DEAN FRIENDS O	F		From	From <u>11/27/2018</u> To: <u>1</u>			
				DATE			AMOUNT
To Whom Paid Advantage PEP	Advantage PEP				YEAR		
Mailing Address 2285 Schoenersville Rd			11	30	2018	\$	500.00
City Bethlehem	State PA	Zip Code (Plus 4) 19017	1	ption of Exp			
To Whom Paid Progressive Consulting Strate	gies		МО	DAY	YEAR		
Mailing Address PO Box 10	73		11	30	2018	\$	2,700.00
City Bethlehem	State PA	Zip Code (Plus 4) 18016	Description of Expenditure Parcial Payment digital campaign services				ervices
	•	•					PAGE TOTAL

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

3,200.00

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate				Reporting Period					
DONAHER, DEAN FRIENDS OF			From:	<u>11/27/2018</u> To :			12/31/2018		
					DATE			utstanding alance of Debt	
Name of Creditor Dean Donaher				МО	DAY	YEAR			
Mailing Address 710 Wedgewood				12	31	2018	\$	500.00	
City Bethlehem	State Zip Code (Plus 4) PA 18017			Description of Debt Loan to Campaign Carry Over					
					DATE			utstanding alance of Debt	
Name of Creditor Advantage PEP				МО	DAY	YEAR			
Mailing Address 2285 Schoenersville Rd				12	31	2018	\$	500.00	
City Bethlehem	State Zip Code (Plus 4) PA 18017			Description of Debt Campaign Management Balance					
				•	DATE			utstanding alance of Debt	
Name of Creditor Progressive consulting Strategies			МО	DAY	YEAR				
Mailing Address po box 1073			12	31	2018	\$	500.00		
City Bethlehem	State PA	Zip Code (P 18016	lus 4)	Description of Debt Digital Campaign Services Balance					
	'	'						PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	1,500.00	