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 201	0004				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	SYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		FRII	END	S OF I	MARCY T	OEPEL								
Street Address:	923 KULP RO)AD															
City:	PERKIOMEN\	/ILLE						State:	PA			Zip Cod	de: 18	074			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	٧	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	Y	
report type)	ANNUAL REPORT	7. X	Year 2018					IG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office S	- Sought by Candida	ate:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County	′
DEDDECEMENT	VE IN THE CENE	DAL 466	SEMBLY					мо	DAY	YE	AR	147	STH	REP		46	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY					11		6	2018		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	R		'	МО	DAY	YI	EAR	FO	R OFFI	E USE	ONLY		
Expenditures	s trom:		11 27	2	018	T	0	12	;	31	2018						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			52,	119.45						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available (Sum C	f Lines A	and B)				\$			52,	119.45						
D. Total Expend	ditures (From Scl	nedule II	I)				\$			1,4	155.85						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C	:)			\$			50,6	63.60						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00			•			
				AFF	IDA	AVI	T SE	CTION									
PART I - If this is	a Committee re	ort, trea	surer sign h	nere. I	If th	nis is	a Can	didate re	eport, o	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	attached sch	edules	s file	ed on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my knov	vledge a	and belie	f , true	3
Sworn to and subs	cribed before me th day of	is	20							S	Signature	of Perso	n Submitt	ing Rep	ort		
	Signat	ure					-					Prin	ted Name	1			1
My Commission Ex	rpires						_					Ema	il				
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized (Comn	nitte	ee, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and belie	ef this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	ıne 3,19	937 (P.L.	1333,	ı
Sworn to and subsc	ribed before me this day of	;									s	ignature o	of Candida	ate			1
							-					Printe	d Name				۱
My Commission Exp	Signature						-					Ema	il				.
, сеолоп Ехр							-										
	мо	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF MARCY TOEPEL	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)	\$	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	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) Period	(3)	\$	0.00
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 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

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE 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 of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary 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			Rep	orting Pe	riod			
			Fror	n:		То	:	
				D/	ATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	GE 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 C	andidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE		АМ	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		·					•	
Enter Grand Total of Part E or	n Schedule T. Detailed	d Summary Page	Section	4			PAC	GE TOTAL
	Juliania I Detaile	a cannual y 1 age,	2001011	••			\$	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	iod	
FRIENDS OF MARCY TOEPEL	From:	11/27/2018 To :	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	ate		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 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 Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
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	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reportir	ng Period			
FRIENDS OF MARCY TOEPEL			From	11/2	7/2018	То:	12/31/2018
				DATE			AMOUNT
To Whom Paid HOUSE REPUBLICAN CAMPAIGN	COMMITTEE		мо	DAY	YEAR		
Mailing Address P.O. BOX 11	787		12	28	2018	\$	600.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Descrip DONAT	I otion of Exp ION	l penditure		
To Whom Paid FRIENDS OF BOB MENSCH			МО	DAY	YEAR		
Mailing Address P.O. BOX 94			12	28	2018	\$	517.35
City EAST GREENVILLE	State PA	Zip Code (Plus 4) 18041	1	otion of Exp			EPTION
To Whom Paid MARCY TOEPEL			МО	DAY	YEAR		
Mailing Address 307 HAMPTO	ON CIRCLE		12	28	2018	\$	338.50
City GILBERTSVILLE State PA Zip Code (Plus 4) 19525			1	otion of Exp TMAS CARI			GE
	I	I	1				PAGE TOTAL

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

1,455.85