Campaign Finance Report

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

Filer Identificat Number :	ion 20	180505			Repor Filed I		CANDI	DATE	СОМІ	MITTEE	✓	LOBI	BYIST			
Name of Filing	Committee, Cand	lidate or L	obbyist:			-	DE JOHN	LYON, T	REAS							
Street Address:	l															
City:	LANSDALE						State: PA Z				Zip Code: 19446-4362					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA PRIMA		POST- 3	3.	AMENDI REPORT		Yes	No	· 🗸		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		POST- 6	5.	TERMIN REPORT		Yes	No	· 🗸		
report type)	ANNUAL REPOR	RT 7. X	Year 2018				NG METHO			PAPER		\checkmark	DISKE	TTE		
Name of Office	L Sought by Candie	date:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code		
							мо	DAY	YEAR							
							11	e	5 2018]	(SEE INS	TRUCTI	ONS FOR	CODES)		
Summary of Receipts and MO DAY YEAR							мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY			
Expenditure	s from:		11 27	20	018 T	0	12	3:	1 2018							
A. Amount Bro	ought Forward Fr	om Last R	leport			\$			0.00							
B. Total Monet	tary Contribution	s And Rec	eipts (Fron	n Sche	dule I)	\$		200.00								
C. Total Funds	Available (Sum	Of Lines A	and B)			\$			200.00							
D. Total Exper	nditures (From So	chedule II	1)			\$			0.00]						
E. Ending Cast	n Balance (Subtra	act Line D	From Line	C)		\$			200.00							
F. Value Of In-	-Kind Contributio	ons Receiv	ed (From S	chedu	le II)	\$			0.00							
G. Unpaid Deb	ts And Obligatio	ns (From S	Schedule I\	/)		\$	•		0.00							
				AFF	IDAVI	T SE	CTION									
PART I - If this i	is a Committee re	eport, trea	asurer sign	here. 1	If this is	a Cai	ndidate re	eport, ca	ndidate si	gn here.						
I swear (or affirm correct and comp	ı) that this report, i lete.	ncluding th	e attached sc	hedules	s filed on	paper	or by elect	ronic mec	lium, are to	the best o	of my knov	vledge	and beli	ef , true		
Sworn to and sub	scribed before me t day of	his	20						Signatur	e of Perso	on Submitt	ing Rep	oort			
	Signa	iture				_				Prin	nted Name					
My Commission E	-					_				Ema	ail					
	МО	D	AY	YR				Area	Code	Daytin	ne Teleph	one Nu	mber			
Part II- If this is	a report of a ca	ndidate's	authorized	Comm	nittee, C	Candid	ate shall	sign her	e.							
I swear (or affirm No 320) as amend) that to the best o led.	of my knowl	edge and bel	ief this	political	comm	iittee has n	ot violate	d any provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,		
Sworn to and subs	cribed before me th day of	is	20						S	Gignature	of Candida	ite				
						_				Printe	ed Name					
My Commission Ex	Signatur	e				-				Ema	ail					
	-					_										
	мо	D	AY	YR				Area C	ode	D	aytime Te	elephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page	3			
Name of Filing Committee or Candidate	Reporting	g Period		
RICKY'S PRIDE JOHN LYON, TREAS	From:	<u>11/27/201</u>	<u>8</u> To:	<u>12/31/2018</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			-	
TOTAL for the Reporting	Period	(1)	\$	200.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	200.00

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					
					From: To:				
		·			DATE			AMOUNT	
Full Name of Contributing Committee				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 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 Candida	te			oorting P	eriod					
			Fro	m:		Тс):			
					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, Detail	led Summary Pag	je, Se	ection 2	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 Period						
			From:			То:			
				DA	TE		ļ	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary 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					
			Fror	n:		Т):		
				D/	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plu	s 4)						
Employer Name		-		Occupat	ion				
Employer Mailing Address/Principal Pla	ce of Business	City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	, Sectio	on 3.			РА \$	GE TOTAL 0.00	

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			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary 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 Perio	d	
RICKY'S PRIDE JOHN LYON, TREAS	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 PART	ſF)		
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			Reporting 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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Period		
						То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor		•		Occupa	tion		•
Employer Mailing Address/Principal Plac	e of Business C	lity	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	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)				tion of Exp	Denditure					
Enter Crand Tatal of Evnanditures	an Dago 1. Donort (Cover Dage Item I					PAGE TOTAL			
Enter Grand Total of Expenditures	on Page 1, Report C	Jover Page, Item L				\$	0.00			