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 2017	0362			Rep File			CA	NDI	DATE		COM	AITTEE	Y	LUE	DI	151	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		APPL	EBA	ACH,	ТОМ	FRI	ENDS (OF							
Street Address:	7210 PIONEE	R DRIVE	Ī															
City:	MACUNGIE							State	e:	PA			Zip Co	de: 18	3062			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2	2.	30 DA		P	POST-	3.		AMENDN REPORT		Yes		No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	5	j.	30 DA		P	POST-	6.		TERMIN/ REPORT		Yes	/	No	
report type)	ANNUAL REPORT	7. X	Year 2019)				IG ME					PAPER		\checkmark	10	ISKET	TE
Name of Office S	Sought by Candidat	te:						DAT	ΈO	F ELE	CTIC	N	District Number	Office Code	Pa	irty	Code	County Code
								МО		DAY	YI	AR						
									11	ļ	5	2019		(SEE IN	STRUCT	ION	IS FOR CO	DDES)
	Receipts and	МО	DAY	YEAR	R			МО		DAY	YI	EAR	FC	R OFFI	CE US	E C	NLY	
Expenditures	from:		11 26	5 2	019	T	0		12	,	31	2019						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				Į	541.54						
B. Total Monetary Contributions And Receipts (From Schedule I) \$										0.00								
C. Total Funds Available (Sum Of Lines A and B)											Į	541.54						
D. Total Expenditures (From Schedule III)							\$				5	541.54						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$					0.00						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	Schedu	le II))	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule I	V)			\$					0.00			'			
				AFF	IDA	VI	ΓSE	CTI	NC									
I swear (or affirm)	s a Committee repo that this report, incl	*	_									_		f my kno	wledge	e an	ıd belie	f , true
correct and comple	ete. cribed before me this																	
	day of		_ 20								5	Signature	of Perso	n Submit	ting Re	epo	rt	
	Signatu	re					-						Prin	ted Name	•			
My Commission Ex	rpires						_		•				Ema	il				
	МО	D	AY	YR						Are	ea Cod	le	Daytin	e Teleph	one N	um	ber	_
	a report of a cand					•												
No 320) as amende		ny knowle	edge and bel	lief this	politi	ical	comm	ittee h	ias n	ot viola	ed an	y provis	ions of th	e act of J	une 3,:	193	37 (P.L.	1333,
sworn to and subsc	ribed before me this day of		20									S	ignature (of Candid	ate			
													Printe	ed Name				-
My Commission Exp	Signature ires												Ema	il				—
	мо	D	AY	YR	1					Area	Code		D	aytime T	elepho	ne	Numbe	 r

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
APPLEBACH, TOM FRIENDS OF	From:	11/26/201	<u>9</u> То:	12/31/2019
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	(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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2	250.00) in the			
Nume of Fining Comm	intec of cumulate		Reporting Period From: To:			:		
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE 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 Candidat	e		Rep					
			Fro	m:		o:		
					DATE			AMOUNT
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.

Name of Filing Committee or Candidate			Reporting	Reporting Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	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 Candi	date			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 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	od	
APPLEBACH, TOM FRIENDS OF	From:	<u>11/26/2019</u> To:	<u>12/31/2019</u>
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		Reportin	g Period			
Mailing Address						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 Sun	ımary Pa	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	te				Re	porting	Period				
					Fro	m:		То	:		
							DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	indidate		Reporti	ng Period				
APPLEBACH, TOM FRIENDS OF			From	11/26	6/2019	То:	12/31/2019	
				DATE			AMOUNT	
To Whom Paid FRIENDS OF DAVE HARRINGTO	N		МО	DAY	YEAR			
Mailing Address 6460 RED S	UNSET CIRCLE		2	7	2019	\$	250.00	
City COOPERSBURG State PA 2ip Code (Plus 4) 18036				Description of Expenditure CAMPAIGN CONTRIBUTION				
To Whom Paid ELBICH FOR LEHIGH				DAY	YEAR			
Mailing Address 3153 MASTE	ERS HILL ROAD		3	5	2019	\$	271.04	
City FOGELSVILLE	State PA	Zip Code (Plus 4) 18051		otion of Exp				
To Whom Paid BB&T BANK			МО	DAY	YEAR			
Mailing Address			1	15	2019	\$	0.50	
City State Zip Code (Plus 4)			Descrip BANK F	otion of Exp FEE	penditure			
	·	,	1				PAGE TOTAL	

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

521.54