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 2015 | 50334 | | | | port ed B | | CANDI | DATE | | соми | ITTEE | ✓ | LOBE | SYIST | | |
|---|--------------------------------|------------|------------------------|--------|-------|--------------|----------------|-------------|---------------------------|--------|------------|------------------------|----------------|----------|-----------|----------------|--|
| Name of Filing C | ommittee, Candid | late or L | obbyist: | | CIR | ESI, | JOE I | FRIENDS | OF | | | | | | | | |
| Street Address: | 120 CONNOR | DRIVE | | | | | | | | | | | | | | | |
| City: | LIMERICK | | | | | | | State: | PA | | | Zip Code: 19468 | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRIMARY | PRE- | - | 2. X | 30 DA PRIMA | | POST- 3. | | | AMENDM REPORT | | Yes | No | \ | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | - | 5. | 30 DA | ' | POST- | 6. | | TERMINA REPORT | | Yes | No | ~ | |
| report type) | ANNUAL REPORT | 7. | Year 2019 | | | | | IG METH | | | | PAPER | | / | DISKE | ГТЕ | |
| Name of Office S | ought by Candida | ite: | • | | | | | DATE C | F ELE | CTIO | N | District Number | Office Code | Par | ty Code | County Code | |
| | · , | | | | | | | МО | DAY | YE | AR | 38 | couc | DEM | 1 | 46 | |
| | | | | | | | | 11 | | 5 | 2019 | | (SEE IN | STRUCTIO | ONS FOR C | ODES) | |
| Summary of Expenditures | Receipts and | МО | DAY Y | 'EAR | l | | | МО | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | ilolli. | | 1 1 | 20 | 019 | Т | <u> </u> | 5 | 5 | 6 | 2019 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | 23,8 | 39.62 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From S | Sche | dule | e I) | \$ | | | 4,1 | 11.13 | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | | \$ | | | 27,9 | 950.75 | | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | 3,4 | 09.47 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C) | | | | \$ | | | 24,5 | 41.28 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sch | edu | le II | I) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV) | | | | \$ | | 24,541.28 0.00 0.00 | | | | | | | | |
| | | | , | AFF | ID/ | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | a Committee rep | ort, trea | surer sign he | ere. 1 | [f th | nis is | a Can | ndidate r | eport, o | candi | date sig | jn here. | | | | | |
| I swear (or affirm) correct and comple | that this report, inc ete. | luding the | attached sche | dules | file | d on | paper (| or by elect | tronic m | edium | , are to t | the best o | f my kno | wledge a | and belie | f , true | |
| Sworn to and subs | cribed before me thi day of | s | 20 | | | | | | | S | ignature | of Perso | n Submit | ting Rep | ort | | |
| | Signatu | ıre | | | | | - | | | | | Prin | ted Name | • | | | |
| 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 can | didate's | authorized C | omn | nitte | ee, C | andida | ate shall | nall sign here. | | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ed. | my knowle | edge and belief | this | polit | tical | commi | ittee has r | not viola | ted an | y provis | ions of th | e act of J | une 3,19 | 937 (P.L. | 1333, | |
| Sworn to and subsc | ribed before me this | | | | | | | | | | s | ignature o | of Candid | ate | | | |
| | day of | | | | | | - | | - | | | Printe | d Name | | | | |
| My Commission 5 | Signature | | | | | | - | | | | | Ema | il | | | | |
| My Commission Exp | | | | | | | _, | | | | | | | | | | |
| | 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 | | |
|--|-----------|----------|--------------|----------|
| CIRESI, JOE FRIENDS OF | From: | 1/1/201 | <u>9</u> To: | 5/6/2019 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | Period | (1) | \$ | 100.00 |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 2,300.00 |
| All Other Contributions (Part B) | | | \$ | 200.00 |
| TOTAL for the Reporting | Period | (2) | \$ | 2,500.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 1,500.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 1,500.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | Period | (4) | \$ | 11.13 |
| 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 | | | \$ | 4,111.13 |

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 Candidat | e | | Re | porting F | Period | | | |
|--|--------------------|----------------|-----|-----------|--------|----------------|----|-----------------|
| CIRESI, JOE FRIENDS OF | | | Fro | om: | 1/1/20 |) <u>19</u> To | : | <u>5/6/2019</u> |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee PAW-PAC | | | | МО | DAY | YEAR | | |
| Mailing Address 800 West Hershey | / Park Drive | | | | | | \$ | 250.00 |
| City Hershey | State PA | Zip Code (Plus | 4) | 5 | 3 | 2019 | | |
| Full Name of Contributing Committee PASNAP-PAC | | | | МО | DAY | YEAR | | |
| Mailing Address One Fayette St St | e 475 | | | _ | _ | | \$ | 250.00 |
| City Conshohocken | State PA | Zip Code (Plus | 4) | 5 | 6 | 2019 | | |
| Full Name of Contributing Committee Pennsylvania Optometric PAC | | | | МО | DAY | YEAR | | |
| Mailing Address 218 North Street | | | | | | | \$ | 250.00 |
| City Harrisburg | State PA | Zip Code (Plus | 4) | 5 | 6 | 2019 | | |
| Full Name of Contributing Committee Friends of Noah Marlier | | | | МО | DAY | YEAR | | |
| Mailing Address 506 W Heather Ro | oad | | | _ | | | \$ | 50.00 |
| City Oreland | State PA | Zip Code (Plus | 4) | 5 | 2 | 2019 | | |
| Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC | | | | МО | DAY | YEAR | | |
| Mailing Address 1800 CENTER ST | | | | _ | 26 | 2010 | \$ | 250.00 |
| City CAMP HILL | State PA | Zip Code (Plus | 4) | 4 | 30 | 2019 | | |

| | | | | | | PAGE 4 |
|--|--------------------|------------------------------------|----|-----|------|------------------|
| Full Name of Contributing Committee Certified Public Accountants PAC | | | МО | DAY | YEAR | |
| Mailing Address 500 N 3rd Street | STE 600A | | | | | \$ 250.00 |
| City Harrisburg | State PA | Zip Code (Plus 4) 17101 | 4 | 25 | 2019 | |
| Full Name of Contributing Committee CREDIT UNION POL COM (CUPAC) | | | МО | DAY | YEAR | |
| Mailing Address 4309 N FRONT ST City HARRISBURG | State PA | Zip Code (Plus 4) 171060000 | 4 | 19 | 2019 | \$ 250.00 |
| Full Name of Contributing Committee GGR INC PAC (GMEREK GOV RELATION | IS) | | МО | DAY | YEAR | |
| Mailing Address 212 LOCUST STRI | EET, SUITE 300 | | | | | \$ 250.00 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | 4 | 15 | 2019 | |
| Full Name of Contributing Committee Planned Parenthood PA PAC | | | МО | DAY | YEAR | |
| Mailing Address 1514 N. 2nd Stree City Harrisburg | State PA | Zip Code (Plus 4) 17102 | 4 | 4 | 2019 | \$ 250.00 |
| Full Name of Contributing Committee 1776 PAC (UFCW) | | | МО | DAY | YEAR | |
| Mailing Address 3031-A WALTON | RD STE 201 | | | | | \$ 250.00 |
| City PLYMOUTH MEETING | State PA | Zip Code (Plus 4) 19462 | 4 | 4 | 2019 | |

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

PAGE TOTAL \$ 2,300.00

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 | orting Pe | eriod | | |
|---|--------------------|-----------------------------------|------|-----------|-------|-----------------|-------------------|
| CIRESI, JOE FRIENDS OF | | | Froi | m: | 1/1/2 | 2019 T o | : <u>5/6/2019</u> |
| | | | | | DATE | | AMOUNT |
| Full Name of Contributor Beverly Hahn | | | | МО | DAY | YEAR | |
| Mailing Address 1621 Winchester Dr | rive | | | | | 2010 | \$ 100.00 |
| City Blue Bell | State PA | Zip Code (Plus 4) 19422 | | 1 | 8 | 2019 | |
| Full Name of Contributor | | | | мо | DAY | YEAR | |
| Beverly Hahn | | | | | | | |
| Mailing Address 1621 Winchester Dr | rive | | | | | 2016 | \$ 100.00 |
| City Blue Bell | State | Zip Code (Plus 4) | | 2 | 8 | 2019 | |
| | PA | 19422 | | | | | |

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

PAGE TOTAL \$ 200.00

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 Candidat | e | | Reporting | g Period | | | | |
|--------------------------------------|------------------|---------------|-------------|----------|----------------|------|-----------|------------|
| CIRESI, JOE FRIENDS OF | | | From: | 1/ | <u>/1/2019</u> | То: | | 5/6/2019 |
| | | | | DA | TE | | P | MOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| PECO PAC | | | | | | | | |
| Mailing Address 2301 MARKET ST | S14-2 | | | | | | \$ | 500.00 |
| City PHILADELPHIA | State | Zip Code | e (Plus 4) | 5 | 2 | 2019 | ' | |
| THE OLD THE | PA | 19103-0 | 0000 | | | | | |
| Full Name of Contributing Committee | | | | МО | DAY | YEAR | | |
| IATSE Local 8 PAC | | | | 1-10 | | | | |
| Mailing Address 2401 S. Swanson | Street | | | | | | \$ | 1,000.00 |
| City Philadelphia | State | Zip Code | e (Plus 4) | 5 | 3 | 2019 | ' | |
| | PA | 19148 | | | | | | |
| | | | | | - | | - | PAGE TOTAL |
| Enter Grand Total of Part C on Sch | nedule I, Detail | ed Summary Pa | ige, Sectio | n 3. | | | \$ | 1,500.00 |

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 | | | |
|---|---------------------|----------------|--------------|-----------|-------|------|----------|-------------|
| | | | Fron | n: | | To |): | |
| | | | | D | ATE | | АМ | OUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus | s 4) | | | | | |
| Employer Name | | | | Occupa | 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 \$ | 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.

| prior | expenditures ti | iat were | return | led to | the mer | • | | |
|---------------------------------------|-----------------|------------|---------|-----------|---------|--------------|-----------------|----------|
| Name of Filing Committee or Candidate | | | Report | ing Perio | d | | | |
| CIRESI, JOE FRIENDS OF | | | From: | | 1/1/201 | <u>9</u> To: | <u>5/6/2019</u> | <u>9</u> |
| | | | | D | ATE | | AMOUNT | |
| Full Name | | | | | | \ | | |
| Phoenixville Federal Bank & Trust | | | | МО | DAY | YEAR | | |
| Mailing Address 70 N. Lewis Road | | | | | | | \$ | 2.92 |
| City Royersford | State | Zip Code (| Plus 4) | 1 | 25 | 2019 | | |
| , | PA | 19468 | | | | | | |
| Receipt Description interest earner | d | | | | | | | |
| Full Name | | | | мо | DAY | YEAR | | |
| Phoenixville Federal Bank & Trust | | | | MO | DAT | TEAR | | |
| Mailing Address 70 N. Lewis Road | | | | 2 | 25 | 2010 | \$ | 2.80 |
| City Royersford | State | Zip Code (| Plus 4) | 2 | 25 | 2019 | | |
| | PA | 19468 | | | | | | |
| Receipt Description interest earned | d | | | | | | | |
| Full Name | | | | | | | | |
| Phoenixville Federal Bank & Trust | | | | МО | DAY | YEAR | | |
| Mailing Address 70 N. Lewis Road | | | | | | | \$ | 2.57 |
| City Powersford | State | Zip Code (| Plus 4) | 3 | 25 | 2019 | | |
| City Royersford | PA | 19468 | | | | | | |
| Receipt Description interest earned | d | | | | | | | |
| Full Name | | | | | | | | |
| Phoenixville Federal Bank & Trust | | | | МО | DAY | YEAR | | |
| Mailing Address 70 N. Lewis Road | | | | | | | \$ | 2.84 |
| City Roversford | State | Zip Code (| Plus 4) | 4 | 25 | 2019 | | |
| City Royersford | PA | 19468 | - | | | | | |
| Receipt Description interest earner | d | 1 | | l | I | I | l | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE 9 PAGE TOTAL \$ 11.13

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 Period | | |
|--|------------------|----------------------------|----------|
| CIRESI, JOE FRIENDS OF | From: | <u>1/1/2019</u> To: | 5/6/2019 |
| 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, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidat | e | | Reporting | g Period | | | |
|--------------------------------------|---|----------------------|------------------|----------|-------|-----------|------------|
| | | | DATE MO DAY YEA | | | 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 Sch | edule II, In-Kin | d Contributions Deta | iled Sum | mary Pac | ie, F | | PAGE TOTAL |
| Section 2. | , | | | , | | \$ | 0.00 |

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

| Name of Filing Committee or Candidate | Reporting Period | |
|---------------------------------------|------------------|-----|
| | From: | То: |

| | | | " | J | | 10. | | |
|------------------|-------------------------------------|--|--|--|---|---|--|---|
| | | | | | DATE | | , | AMOUNT |
| | | | | мо | DAY | YEAR | | |
| | | | | | | | \$ | 0.00 |
| State | | Zip Code(Plus 4) | | | | | | |
| I | | <u> </u> | | Occupa | tion | | | |
| ncipal Place of | City | State | | Zip 4) | Code(Plus | Descri | ption of C | ontribution |
| G on Schedule II | , In-Kind | Contributions De | taile | ed | | | | PAGE TOTAL 0.00 |
| | ncipal Place of G on Schedule II | cipal Place of City G on Schedule II, In-Kind | City State G on Schedule II, In-Kind Contributions De | State Zip Code(Plus 4) Incipal Place of City State G on Schedule II, In-Kind Contributions Details | State Zip Code(Plus 4) Occupancipal Place of City State Zip 4) G on Schedule II, In-Kind Contributions Detailed | State Zip Code(Plus 4) Occupation Occupation City State Zip Code(Plus 4) Occupation Occupation Occupation | State Zip Code(Plus 4) Occupation Occupation | State Zip Code(Plus 4) Occupation Occupation City State Zip Code(Plus 4) G on Schedule II, In-Kind Contributions Detailed |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | Reporting Period | | | | |
|---------------------------------------|---|------------------|------|---------------|-----|----------|
| CIRESI, JOE FRIENDS OF | F | From | 1/2 | <u>1/2019</u> | To: | 5/6/2019 |
| | | | DATE | | | AMOUNT |
| To Whom Paid | | мо | DAY | VFΔR | | |

| | | | | DATE | | AMOUNT | | |
|--|--|---|--|--|-----------|--------|----------|--|
| To Whom Paid McGrath's Pub | | | мо | DAY | YEAR | | | |
| Mailing Address 202 Locust Street | | | 1 | 1 | 2019 | \$ | 1,395.05 | |
| City Harrisburg | City Harrisburg State Zip Code (Plus 4) PA 17101 | | | Description of Expenditure Campaign event | | | | |
| To Whom Paid Bricco Restaurant | | | МО | DAY | YEAR | | | |
| Mailing Address 31 S 3rd Street | | | 1 | 1 | 2019 | \$ | 570.97 | |
| City Harrisburg State Zip Code (Plus 4) PA 17101 | | | Description of Expenditure Campaign event | | | | | |
| To Whom Paid Vantiv eCommerce Funds | | | мо | DAY | YEAR | | | |
| Mailing Address 8500 Govenors Hill | Drive | | 1 | 9 | 2019 | \$ | 3.00 | |
| City Symmes Township State Zip Code (Plus 4) MA 45249 | | | Description of Expenditure Fees | | | | | |
| To Whom Paid Vantiv eCommerce Funds | | · | мо | DAY | YEAR | | | |
| Mailing Address 8500 Govenors Hill | Drive | | 2 | 11 | 2019 | \$ | 3.00 | |
| City Symmes Township State Zip Code (Plus 4) MA 45249 | | | Description of Expenditure Fees | | | | | |
| To Whom Paid Vantiv eCommerce Funds | | | МО | DAY | YEAR | | | |
| Mailing Address 8500 Govenors Hill Drive | | | 3 | 11 | 2019 | \$ | 3.00 | |
| City Symmes Township State Zip Code (Plus 4) MA 45249 | | | Descrip Fees | otion of Exp | penditure | | | |

| | | | | | | | PAGE | 14 |
|---|--|-----------------------------------|--------------------------------------|--------------------------------------|---------------------|----|------|--------|
| To Whom Paid Vantiv eCommerce Funds | | | МО | DAY | YEAR | | | |
| Mailing Address 8500 Govenors Hill Drive | | | 4 | 9 | 2019 | \$ | | 3.05 |
| City Symmes Township S | Township State Zip Code (Plus 4) MA 45249 | | | Description of Expenditure Fees | | | | |
| To Whom Paid Miller PAC | | | МО | DAY | YEAR | | | |
| Mailing Address 701 Thatcher Lane | | | 2 | 10 | 2019 | \$ | | 100.00 |
| City Hatfield | Hatfield State Zip Code (Plus 4) PA 19440 | | | Description of Expenditure Donation | | | | |
| To Whom Paid Kohler PAC | | | МО | DAY | YEAR | | | |
| Mailing Address 353 Signal Hill Road | | | 2 | 25 | 2019 | \$ | | 100.00 |
| City King of Prussia | PA | Zip Code (Plus 4) 19406 | Description of Expenditure Donation | | | | | |
| To Whom Paid Friends of Elaine Schaefer | | | мо | DAY | YEAR | | | |
| 1 | | | | | | | | |
| Mailing Address PO Box 32 | | | 4 | 2 | 2019 | \$ | | 100.00 |
| 10 50% 32 | State PA | Zip Code (Plus 4) 19008 | | tion of Exp | | \$ | | 100.00 |
| 1 0 B0X 32 | | | Descrip | tion of Exp | | \$ | | 100.00 |
| City Broomall S | | | Descrip Donatio | on | penditure | \$ | | 100.00 |
| City Broomall To Whom Paid FRIENDS OF JASON SALUS Mailing Address PO BOX 1214 | | | Descrip Donatio | DAY 2 tion of Exp | YEAR 2019 | | | |
| City Broomall To Whom Paid FRIENDS OF JASON SALUS Mailing Address PO BOX 1214 | PA State | 19008 Zip Code (Plus 4) | Descrip Donatio | DAY 2 tion of Exp | YEAR 2019 | | | |
| City Broomall To Whom Paid FRIENDS OF JASON SALUS Mailing Address PO BOX 1214 City NORRISTOWN S To Whom Paid | PA State | 19008 Zip Code (Plus 4) | MO 4 Descrip Donatio | DAY 2 stion of Expon | YEAR 2019 Denditure | | | |

| City Pottstown State PA | | | | | | | | | 17.02 13 |
|--|--------------------------|------------------|------------------|--------------------------|---------|-------------|----------|----------|------------|
| State 19464 1946 | | th! Festival | | | мо | DAY | YEAR | | |
| PA | Mailing Address | PO Box 1362 | | | 4 | 8 | 2019 | \$ | 250.00 |
| PA | City Pottstown | | State | Zip Code (Plus 4) | Descrip | tion of Ext | enditure | <u> </u> | |
| Mailing Address 97 W. 7th Ave State 19426 PA 19426 PA PA PA PA PA PA PA P | rocescowii | | PA | 19464 | | | | | |
| State PA | | Calvin | | | МО | DAY | YEAR | | |
| PA | Mailing Address | 97 W. 7th Ave | | | 4 | 29 | 2019 | \$ | 200.00 |
| PA | City Collegeville | 9 | State | Zip Code (Plus 4) | Descrir | tion of Exr | enditure | <u> </u> | |
| Tellis Vision LLC | Conegevine | | | | | | | | |
| State PA | | | • | | мо | DAY | YEAR | | |
| PA | Mailing Address | 1535 Schwenk F | Road | | 4 | 29 | 2019 | \$ | 300.00 |
| PA | City Pottstown | | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| Adam Doyle MO DAY YEAR Mailing Address 229 Forge Road State PA Zip Code (Plus 4) 19426 Description of Expenditure Donation To Whom Paid PayPal Mailing Address 2221 First Street State CA Zip Code (Plus 4) 95131 Description of Expenditure Fees To Whom Paid PayPal MO DAY YEAR Mailing Address 2221 First Street MO DAY YEAR Mailing Address 2221 First Street Zip Code (Plus 4) 95131 Description of Expenditure Fees City San Jose State CA Zip Code (Plus 4) 95131 Description of Expenditure Fees City San Jose State CA Zip Code (Plus 4) 95131 Description of Expenditure Fees | 1 occioni | | | | | | | | |
| City Collegeville State PA PA State 19426 MO DAY VEAR Moling Address 2221 First Street City San Jose To Whom Paid PayPal Fees To Whom Paid PayPal State CA State Can Spin State CA State Can Spin State CA State CA | | | | | МО | DAY | YEAR | | |
| To Whom Paid PayPal State CA State CA State PayPal To Whom Paid PayPal City San Jose City San Jose | Mailing Address | 229 Forge Road | | | 5 | 6 | 2019 | \$ | 125.00 |
| To Whom Paid PayPal Mo DAY YEAR Mailing Address 2221 First Street City San Jose State CA Sign Code (Plus 4) 95131 To Whom Paid PayPal Mo DAY YEAR Description of Expenditure Fees To Whom Paid PayPal Mo DAY YEAR PayPal To Whom Paid PayPal CA Sign Code (Plus 4) 95131 City San Jose | City Collegeville | e | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| PayPal Mailing Address 2221 First Street State City San Jose CA State CA | | | PA | 19426 | 1 | | | | |
| City San Jose State CA Sign Code (Plus 4) Pescription of Expenditure Fees To Whom Paid PayPal Mailing Address 2221 First Street City San Jose State CA Sign Code (Plus 4) Pescription of Expenditure Fees State CA Sign Code (Plus 4) Pescription of Expenditure Fees Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | МО | DAY | YEAR | | |
| To Whom Paid PayPal Mailing Address 2221 First Street City San Jose State CA State | Mailing Address | 2221 First Stree | t | | 1 | 8 | 2019 | \$ | 3.20 |
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