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 :	ion	2016	0090			Repo Filed		:	CANDI	DATE	CO	IMITTEE	✓	LOBI	BYIST		
Name of Filing (Committe	e, Candida	ate or Lo	bbyist:			-		ONY FRI	ENDS O	F						
Street Address:	1438	3 PHILADE	ELPHIA S	STREET													
City:	INDI	ANA							State:	PA		Zip Co	de: 15	701-0	400		
TYPE OF REPORT	6TH TUES PRE-PRIN			2ND FRIDAY PRE- 2. PRIMARY				0 DA RIMA		POST- 3.			AMENDMENT REPORT?		Ν	0	\checkmark
(place X to the right of	6TH TUES PRE-ELEC							0 DA LECT	AY F FION	POST- 6			TERMINATION REPORT?		Ν	0	\checkmark
report type)	ANNUAL	. REPORT	7. X	Year 2018					NG METHO			PAPER		\checkmark	DISK	ETTE	
Name of Office S	L Sought by	/ Candidat	e:						DATE O	F ELEC	TION	District Number		Par	ty Cod	e Cou Cod	
CENATOD IN T									мо	DAY	YEAR	41	STS	DEN	1	32	
SENATOR IN T	SENATOR IN THE GENERAL ASSEMBLY								11	e	5 201	8	(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		s and	мо	DAY	YEAR	2			мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY	,	
Expenditures	s from:		1	1 27	2	018	то)	12	31	201	8					
A. Amount Bro	ught Forv	ward From	n Last Re	port				\$			0.0	0					
B. Total Monet	ary Contr	ibutions A	And Rece	ipts (From	1 Sche	dule I))	\$			0.0	0					
C. Total Funds	Available	e (Sum Of	Lines A a	and B)				\$			0.0	0					
D. Total Expen	ditures (I	From Sche	edule III)				\$			0.0	D					
E. Ending Cash	Balance	(Subtract	Line D F	rom Line	C)			\$			0.0)					
F. Value Of In-	Kind Con	tributions	Receive	d (From S	chedu	le II)		\$			0.0	D					
G. Unpaid Deb	ts And Ob	oligations	(From So	chedule IV	')			\$			0.0	D					
					AFF	IDAV	ΊT	SE	CTION								
PART I - If this i		•		-						• •		-					
I swear (or affirm correct and compl		report, incl	uding the	attached sci	hedules	s filed o	n pa	per o	or by elect	ronic med	lium, are t	o the best (of my knov	vledge	and be	lief , ti	'ue
Sworn to and subs	scribed bef day of	ore me this		20							Signatu	ire of Perso	on Submitt	ing Rep	oort		_
	_	Signatur	'e				_					Pri	nted Name				-
My Commission E	xpires		-									Ema	ail				
		мо	DA	Y	YR					Area	Code	Daytir	ne Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's a	uthorized	Comn	nittee,	Can	ndida	ate shall	sign her	e.						
I swear (or affirm) No 320) as amend	ed.		ıy knowled	dge and beli	ef this	politica	al co	ommi	ittee has n	ot violate	d any prov	isions of th	ne act of Ju	ine 3,1	937 (P	L. 133	з,
Sworn to and subso	cribed befo day of	re me this		20								Signature	of Candida	ite			_
Printed Name								-									
My Commission Exp		Signature										Ema	ail				-
	-	мо	DA	Y	YR					Area Co	ode	C	Daytime Te	elephon	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DELORETO, TONY FRIENDS OF From: <u>11/27/2018</u> **To:** 12/31/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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			Re	porting I	Period			
			Fre	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	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 Candidat	e		Rep Froi	orting P m:	eriod	То):	
					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 S	Schedule I, Detail	ed Summary Pag	le, 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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary 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	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Princi Business	pal Place of		City		State		Zip Code ((Plus 4)
Enter Grand Total of Part C o	n Schedule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	- ,						5	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 C	andidate		Report	ting Perio	bd				
						То:	:		
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section				\$		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	
DELORETO, TONY FRIENDS OF	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	Name of Filing Committee or Candidate R			Period			
	From:			То:			
				DATE		АМС	DUNT
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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	5	0.00

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

Name of Filing Committee or Candidate				Re	porting P	eriod				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion		•	
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption of	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From			То:			
				DATE			AMOUNT
To Whom Paid	To Whom Paid				YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrij	otion of Ex	penditure		
Enter Grand Total of Expenditures	on Page 1. Benert C	over Dage Item F	`				PAGE TOTAL
	on Page 1, Report C	over Page, Item L				\$	0.00