

Campaign Finance Report

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

Filer Identification Number :		20180075		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: THOMAS, WENDI FRIENDS OF												
Street Address: 47 LYNFORD RD												
City: RICHBORO						State: PA			Zip Code: 18954-1322			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>		DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	178	STH	REP	09
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	1	2020		5	18	2020				
A. Amount Brought Forward From Last Report						\$ 36,468.43						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 9,015.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 45,483.43						
D. Total Expenditures (From Schedule III)						\$ 1,130.04						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 44,353.39						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
THOMAS, WENDI FRIENDS OF	From: <u>1/1/2020</u> To: <u>5/18/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 15.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 1,750.00
All Other Contributions (Part B)	\$ 350.00
TOTAL for the Reporting Period (2)	\$ 2,100.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 5,900.00
All Other Contributions (Part D)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 6,900.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 9,015.00
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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			
THOMAS, WENDI FRIENDS OF				From: <u>1/1/2020</u> To: <u>5/18/2020</u>			
				DATE		AMOUNT	

Full Name of Contributing Committee BIKERS PAC (BIKEPAC)			MO	DAY	YEAR	\$ 250.00
Mailing Address P O BOX 564			3	9	2020	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055				

Full Name of Contributing Committee The Pennsylvania Insurance PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1600 Market St. - ste 1720			3	12	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19103				

Full Name of Contributing Committee PAA-PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1925 N. Front St.			3	12	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17105				

Full Name of Contributing Committee PA MEDICAL PAC (PAM PAC)			MO	DAY	YEAR	\$ 250.00
Mailing Address P.O. BOX 8820			3	13	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17105				

Full Name of Contributing Committee PA REALTORS PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 500 NORTH 12TH STREET			3	18	2020	
City LEMOYNE	State PA	Zip Code (Plus 4) 17043				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
HIGHMARK PAC OF HIGHMARK INC						
Mailing Address			3	21	2020	
1800 CENTER ST						
City	CAMP HILL	State				
		PA				
		Zip Code (Plus 4)				
		17089				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
HOSPITAL & HEALTHSYSTEM ASSOC OF PA PAC(HAPAC)						
Mailing Address 30 NORTH THIRD STREET STE 600 PO BOX 8600			5	15	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

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

PAGE TOTAL
\$ 1,750.00

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 Candidate THOMAS, WENDI FRIENDS OF	Reporting Period From: <u>1/1/2020</u> To: <u>5/18/2020</u>
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				DATE			AMOUNT	
Full Name of Contributor Robert Cox					MO	DAY	YEAR	\$ 100.00
Mailing Address 35 Bridge St.					3	6	2020	
City Doylestown		State PA	Zip Code (Plus 4) 18901					

Full Name of Contributor			MO	DAY	YEAR	\$ 250.00
JM Uliana & Associates, LLC						
Mailing Address			3	14	2020	
2571 Baglyos Circle 820						
City	Bethlehem	State				
		PA				
		Zip Code (Plus 4)				
		18020				

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

PAGE TOTAL
\$ 350.00

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
THOMAS, WENDI FRIENDS OF	From: <u>1/1/2020</u> To: <u>5/18/2020</u>

				DATE		AMOUNT	
Full Name of Contributing Committee Business America Together PAC				MO	DAY	YEAR	\$ 2,500.00
Mailing Address PO Box 30844				1	18	2020	
City Bethesda	State MD	Zip Code (Plus 4) 20814					
Full Name of Contributing Committee PAMIC PAC				MO	DAY	YEAR	\$ 400.00
Mailing Address 4999 Louise Dr. - ste 304				2	18	2020	
City Mechanicsburg	State PA	Zip Code (Plus 4) 17055					
Full Name of Contributing Committee Z PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1400 N. Providence Rd.				3	16	2020	
City MEDIA	State PA	Zip Code (Plus 4) 19063					
Full Name of Contributing Committee BUCKS-MONT GOOD GOVERNMENT PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 60 E COURT ST PO BOX 1389				3	28	2020	
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18901					
Full Name of Contributing Committee PA ACADEMY OF NUTRITION AND DIETITICS PAC (PAND PAC)				MO	DAY	YEAR	\$ 500.00
Mailing Address 200 NORTH THIRD ST, STE 1500				4	9	2020	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
PA OPHTHALMOLOGY PAC						
Mailing Address			4	9	2020	
200 N THIRD ST STE 1500						
City	HARRISBURG	State				
		PA				
		Zip Code (Plus 4)				
		17101				

Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
PECO PAC							
Mailing Address				4	20	2020	
2301 MARKET ST S14-2							
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	19103				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 5,900.00

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 THOMAS, WENDI FRIENDS OF	Reporting Period From: <u>1/1/2020</u> To: <u>5/18/2020</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Waldon Living Trust TRT William Waldon					
Mailing Address 54 N. Main St. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 25%;"> City New Hope </div> <div style="width: 15%;"> State PA </div> <div style="width: 35%;"> Zip Code (Plus 4) 18938 </div> </div>	3	22	2020	\$	1,000.00
Employer Name retired	Occupation retired				
Employer Mailing Address/Principal Place of Business 54 N. Main St.	City New Hope	State PA	Zip Code (Plus 4) 18938		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 1,000.00

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	Reporting Period
	From: To:

			DATE		AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

PAGE TOTAL
\$ 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 Period	
THOMAS, WENDI FRIENDS OF		From: <u>1/1/2020</u> To: <u>5/18/2020</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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: To:

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
THOMAS, WENDI FRIENDS OF	From <u>1/1/2020</u> To: <u>5/18/2020</u>

DATE				AMOUNT
To Whom Paid Wix.com	MO	DAY	YEAR	
Mailing Address 235 W. 23rd St.	1	21	2020	\$ 7.50
City New York	State NY	Zip Code (Plus 4) 10011	Description of Expenditure website fee	
To Whom Paid PA HRCC	MO	DAY	YEAR	
Mailing Address 500 N. 3rd St,	1	21	2020	\$ 650.00
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure Advantage program	
To Whom Paid Giuseppe's	MO	DAY	YEAR	
Mailing Address 990 Second Street Pike	2	11	2020	\$ 236.70
City Richboro	State PA	Zip Code (Plus 4) 18954	Description of Expenditure food & beverage for petition gathering	
To Whom Paid Wix.com	MO	DAY	YEAR	
Mailing Address 235 W. 23rd St.	2	21	2020	\$ 7.50
City New York	State NY	Zip Code (Plus 4) 10011	Description of Expenditure website fee	
To Whom Paid Pirya	MO	DAY	YEAR	
Mailing Address 580 Howard St.	3	6	2020	\$ 8.20
City San Francisco	State CA	Zip Code (Plus 4) 94105	Description of Expenditure fee	

To Whom Paid Wix.com			MO	DAY	YEAR	
Mailing Address 235 W. 23rd St.			3	21	2020	
City New York	State NY	Zip Code (Plus 4) 10011	Description of Expenditure website fee			

To Whom Paid Wendi Thomas			MO	DAY	YEAR	
Mailing Address 107 Gleniffer Hill Rd.			2	24	2020	
City Richboro	State PA	Zip Code (Plus 4) 18954	Description of Expenditure reimburse GoDaddy website fee			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,130.04

