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 20	170267			Repo Filed		:	CANDI	DATE		СОМ	4ITTEE	✓	LOBE	YIST	
Name of Filing C	Committee, Can	didate or L	obbyist:		CAMS	ON,	JOS	SH FRIEN	IDS OF	:						
Street Address:	245 SHIRL	EY DR														
City:	HARLEYSVI	LLE						State:	PA			Zip Cod	ie: 19	9438		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2.		DA		POST-	3.		AMENDMENT REPORT?		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE-	- 5.		DA ECT	Y F TON	POST-	6.		TERMINA REPORT		Yes	No	
report type)	ANNUAL REPO	RT 7. X	Year 2019					IG METHO				PAPER		/	DISKE	TTE
Name of Office S	ought by Candi	date:	•					DATE O	F ELE	CTIO	N	District Number	Office Code	Part	ty Code	County Code
								МО	DAY	YE	AR		10000	DEM	1	46
								11		5	2019		(SEE IN	STRUCTIO	ONS FOR C	ODES)
Summary of	•	МО	DAY YE	AR				МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	from:		1 1	20	19	то		12	:	31	2019					
A. Amount Bro	ught Forward F	rom Last R	eport				\$			2,4	101.23					
B. Total Moneta	ary Contribution	ns And Rec	eipts (From So	hed	lule I)	\$				0.00					
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			2,4	101.23					
D. Total Expend	ditures (From S	chedule II	I)				\$			2,4	01.23					
E. Ending Cash	Balance (Subtr	act Line D	From Line C)				\$				0.00					
F. Value Of In-	Kind Contributi	ons Receiv	ed (From Sche	dule	e II)		\$				0.00					
G. Unpaid Debt	ts And Obligation	ns (From S	Schedule IV)				\$				0.00			•		
			А	FFI	DΑV	/IT S	SE	CTION								
PART I - If this is	s a Committee r	eport, trea	surer sign her	e. I	f this	is a (Can	didate re	eport, o	andi	date sig	ın here.				
I swear (or affirm) correct and comple) that this report, ete.	including the	e attached sched	ules	filed o	n pap	er o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me day of	this	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	— — Sign	ature							Printed Name							
My Commission Ex	cpires								Email							
	МО	D	AY	YR					Area Code Daytime Telephone Numbe					mber		
Part II- If this is	a report of a c	andidate's	authorized Co	mm	ittee,	Cano	dida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		of my knowl	edge and belief t	his ;	politic	al cor	mmi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc		nis									s	ignature o	of Candid	ate		
-	day of					_						Printe	d Name			<u> </u>
	Signatu	re				_										
My Commission Exp	pires								Email							
	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						
CAMSON, JOSH FRIENDS OF	From:	1/1/201	<u>9</u> To:	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	TOTAL for the Reporting Period (2)							
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				
			I					
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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			From:			То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng 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.

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 Candid	ate		Rep Fro	oorting P	eriod	To	o:	
					DATE		AN	4OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$ \$	0.00
City	State	Zip Code (Plus 4)	1					

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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 Candidate			Rep	orting Pe	riod			
			Fron	n:		То	:	
				D	ATE		АМО	DUNT
Full Name of Contributor				МО	DAY	YEAR		
lailing ddress State Zip Code (Plus 4)							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	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.			PAG	GE 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	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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								
CAMSON, JOSH FRIENDS OF	From:	<u>1/1/2019</u> To :	12/31/2019						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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		Reporting	g Period			
			From:				
				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 Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Place of Business			State	Zip Code(Plus 4)		Descri	ption	of Contribution		
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or (Candidate		Reporting Period						
CAMSON, JOSH FRIENDS OF			From	1/2	1/2019	То:	12/31/2019		
				DATE			AMOUNT		
To Whom Paid Sage Payment Solutions			мо	DAY	YEAR				
Mailing Address 12120 Sunset Hills Rd			1	2	2019	\$	3.00		
City Reston	State	Zip Code (Plus 4)	4) Description of Expenditure						
	VA	201905858	CC Fee						

Sage Payment Solutions	·			DAT	TEAR		
Mailing Address 12120 Sunso	et Hills Rd		2	2	2019	\$	2.50
City Reston	State VA	Zip Code (Plus 4) 201905858	Description of Expenditure				
To Whom Paid Sage Payment Solutions			МО	DAY	YEAR		
Mailing Address 12120 Sunse	et Hills Rd		3	1	2019	\$	2.50
City Reston	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		

мо

DAY

YEAR

To Whom Paid

Reston	VA	201905858	CC Fee				
To Whom Paid Sage Payment Solutions			МО	DAY	YEAR		
Mailing Address 12120 Sun	set Hills Rd		4	3	2019	\$	2.50
City Reston	State VA	Zip Code (Plus 4) 201905858	Description of Expenditure CC Fees				
To Whom Paid							

	o Whom Paid lage Payment Solutions				DAY	YEAR	
Mailin	g Address 12120 Sunset Hills	Rd		5	2	2019	\$ 2.50
City	Reston	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		VA	201905858	CC Fee	S		

To Whom Paid Sage Payment Solutions MO DAY YEAR				
Mailing Address 12120 Sunset Hills Rd 6 3 2019	\$ 2.5			
City Reston State VA Zip Code (Plus 4) Description of Expenditure CC Fees				
To Whom Paid Sage Payment Solutions MO DAY YEAR				
Mailing Address 12120 Sunset Hills Rd 7 2 2019	\$ 2.5			
City Reston State VA Zip Code (Plus 4) 201905858 CC Fee CC Fee				
To Whom Paid Sage Payment Solutions MO DAY YEAR				
Mailing Address 12120 Sunset Hills Rd 8 1 2019	\$ 2.5			
	Description of Expenditure CC Fee			
Reston Description of Expenditure				
To Whom Paid Sage Payment Solutions WA 201905858 CC Fee MO DAY YEAR	\$ 2.5			
To Whom Paid Sage Payment Solutions MO DAY YEAR Mailing Address	\$ 2.5			
To Whom Paid Sage Payment Solutions Mailing Address 12120 Sunset Hills Rd City Reston VA 201905858 CC Fee MO DAY YEAR 9 3 2019 City Reston State Zip Code (Plus 4) Description of Expenditure	\$ 2.5			
To Whom Paid Sage Payment Solutions Mo DAY VEAR Mo Day VEAR VA Description of Expenditure CC Fee To Whom Paid State VA Description of Expenditure CC Fee To Whom Paid Sage Payment Solutions Mo DAY VEAR And Description of Expenditure CC Fee To Whom Paid Sage Payment Solutions	\$ 2.5 \$ 2.5			
To Whom Paid Sage Payment Solutions Mo DAY VEAR Mo Day VEAR VA Description of Expenditure CC Fee To Whom Paid State VA Description of Expenditure CC Fee To Whom Paid Sage Payment Solutions Mo DAY VEAR And Description of Expenditure CC Fee To Whom Paid Sage Payment Solutions				
To Whom Paid Sage Payment Solutions Mo Day YEAR				
To Whom Paid Sage Payment Solutions Mo DAY YEAR Mailing Address 12120 Sunset Hills Rd				

						PAC	SE 13
To Whom Paid NGP			МО	DAY	YEAR		
Mailing Address 1445 New York Ave			1	2	2019	\$	250.00
City Washington State Zip Code (Plus 4) DC 20005				otion of Exp re costs	penditure		
To Whom Paid Action for Healthy Kids				DAY	YEAR		
Mailing Address 600 W Van Buren St.			6	11	2019	\$	400.00
City Chicago	State IL	Zip Code (Plus 4) 60607	1	otion of Exp			
To Whom Paid Action for Healthy Kids			мо	DAY	YEAR		
Mailing Address 600 W	Van Buren St.		10 15 2019 \$				175.00
City Chicago	State IL	Zip Code (Plus 4) 60607	Description of Expenditure Charitable contribution				
To Whom Paid Montgomery Bar Foundation	on		МО	DAY	YEAR		
Mailing Address 100 W			10	24	2019	\$	250.00
Mailing Address 100 W A		Zip Code (Plus 4) 19326	Descrip	24 otion of Exp ble contrib	enditure	\$	250.00
100 W	Airy St State		Descrip	otion of Exp	enditure	\$	250.00
City Norristown To Whom Paid	Airy St State PA		Descrip Charita	otion of Exp ble contrib	penditure oution	\$	250.00
City Norristown To Whom Paid Friends of Jill Dennin Mailing Address PO Box	Airy St State PA		Descrip Charita MO	DAY 10 ption of Exp	year 2019		
City Norristown To Whom Paid Friends of Jill Dennin Mailing Address PO Box	Airy St State PA 1014 State	19326 Zip Code (Plus 4)	Descrip Charita MO 12 Descrip	DAY 10 ption of Exp	year 2019		
City Norristown To Whom Paid Friends of Jill Dennin Mailing Address PO Box City Boyertown To Whom Paid	State PA 1014 State PA	19326 Zip Code (Plus 4)	MO 12 Descrip Contrib	DAY 10 otion of Exportion	year 2019 penditure		

To Whom Paid Indian Valley Democrats					1				
indian valiey beinderats			МО	DAY	YEAR				
Mailing Address 245 Shirley Dr	12	22	2019	\$	500.00				
City Harleysville	ridireysvine				Description of Expenditure Contribution				
To Whom Paid Tara Mulvihill	·		МО	DAY	YEAR				
Mailing Address 402 Pimlico Way				21	2019	\$	150.00		
City North Wales	State PA	Zip Code (Plus 4) 19454	Descrip Design	otion of Exp work					
To Whom Paid LDA of PA			МО	DAY	YEAR				
Mailing Address 3260 Niagara Sq			6	21	2019	\$	250.00		
City Pittsburgh	State PA	Zip Code (Plus 4) 15213	Description of Expenditure Charitable contribution						
To Whom Paid Josh Camson	•		МО	DAY	YEAR				
Mailing Address 245 Shirley Dr			12	30	2019	\$	25.98		
City Harleysville	State PA	Zip Code (Plus 4) 19438	Description of Expenditure Software costs reimbursement (partial)				tial)		
To Whom Paid Sage Payment Solutions				DAY	YEAR				
Mailing Address 12120 Sunset Hills Rd			10	2	2019	\$	97.25		
City Reston	State VA	Zip Code (Plus 4) 201905858	Description of Expenditure CC Fees						
Enter Grand Total of Evacuation	uros on Pago 1. Pa	aport Cover Page Item D					PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	2,401.23		