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 8400	0088				port ed B		CAN	DII	DATE		COMN	ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Candi	late or L	obbyist:		VOL	LUNT	EERS	FOR A	ARC	GALL				_				
Street Address:	PO BOX 241																	
City:	TAMAQUA							State:		PA			Zip Cod	le: 18	3252			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		Р	OST-	6.		TERMINA REPORT?		Yes	No		\
report type)	ANNUAL REPORT	7.	Year 2020					IG MET CHECK					PAPER		\	DISKE	TTE	
Name of Office S	ought by Candida	ite:	•					DATE	0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО		DAY	YE	AR		10000	REP	1		
									1	1	14	2020		(SEE IN	STRUCTI	ONS FOR (CODES)
Summary of Expenditures	Receipts and	МО	DAY Y	EAR			_	МО		DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			9 26	20	019	Т	<u> </u>	:	12 30 2019									
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			0.00								
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule	e I)	\$				25,0	00.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				25,0	00.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$				25,0	00.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$					0.00						
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)				\$					0.00			'			
			A	٩FF	IDA	AVI	T SE	CTIO	Ν									
	a Committee rep		_									_						
I swear (or affirm) correct and complete	that this report, incete.	cluding the	e attached sche	dules	file	d on	paper (or by ele	ectr	onic me	edium	, are to t	the best of	f my knov	wledge	and beli	ef , tr	ue
Sworn to and subs	cribed before me thi day of	s	20								s	ignature	of Perso	1 Submit	ting Rep	ort		_
	Signate	ıre					- -						Prin	ted Name	•			-
My Commission Ex	_								-				Emai	il				-
	мо	D	AY	ΥR						Are	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omn	nitte	ee, C	andida	ate sha	ıll s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	polit	tical	commi	ittee ha	s no	ot violat	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this											Si	ignature o	f Candid	ate			- [
	day of 						-						Drinto	d Name				_
	Signature						-											_
My Commission Exp	_								-				Ema	il				
	МО	D	AY	YR			•			Area	Code		Da	ytime T	elephon	e Numb	er	⁻

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
VOLUNTEERS FOR ARGALL	From:	<u>9/26/201</u>	<u>9</u> To:	12/30/2019
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) 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
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 ar 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

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	e or Candidate		Re	porting I	Period			
			Fro	om:		To	1	
		·			DATE			AMOUNT
Full Name of Contributing (Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					

PAGE TOTAL
0.00

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

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.

Name of Filing Comm	nittee or Candidate	Re	eporting F	eriod			
		Fr	rom:		Т) :	
		,		DATE			AMOUNT
Full Name of Contribut	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
							PAGE TOTAL

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				
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule 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 Candidate			Rep	orting Pe	riod			
			Fror	n:		To) :	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	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 Candidate		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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	
VOLUNTEERS FOR ARGALL	From:	<u>9/26/2019</u> To:	12/30/2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Car	ndidate		Reportin	g Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary 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 Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

25,000.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or		Reporti	ng Period				
VOLUNTEERS FOR ARGALL			From	<u>9/2</u>	6/2019	То:	12/30/2019
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
FRIENDS OF DAVE ARNOLD			1-10				
Mailing Address 127 VALLE	Y VIEW PLACE					\$	25,000.00
City LEBANON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17042	CAMPA1	IGN CONTE	RIBUTION	N	
Enter Grand Total of Exper	nditures on Page 1, Re	port Cover Page, Item D).				PAGE TOTAL