#### **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 2019	0348			Repoi		CA	NDI	DATE		COM	AITTEE	<b>Y</b>	LUB	D1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		Elect G	Sary Sp	oillan	е								
Street Address:	212 HAMILTO	N ST														
City:	CHALFONT						State	e:	PA			Zip Co	de: 18	3914		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		F	POST-	6.		TERMINA REPORT		Yes	No	<b>\</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2019					METHOD PAPER						DISKE	TTE	
Name of Office S	ought by Candidat	te:	•				DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Pai	rty Code	County Code
							МО		DAY	YE	AR					
								11		5	2019		(SEE IN	STRUCTI	ONS FOR (	CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			МО		DAY	YE	EAR	FC	R OFFI	CE USE	ONLY	
expenditures	irom:		1 1	. 20	019	ТО		12	3	31	2019					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$					0.00					
B. Total Moneta	ary Contributions /	And Rec	eipts (Fron	n Sched	dule I)	\$	i			30,3	321.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	;			30,3	321.00					
D. Total Expend	ditures (From Sch	edule II	I)			\$	;			6	32.18					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$	<u> </u>			29,6	88.82					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	\$	;			2	31.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$	1			25,0	00.00			'		
				AFF:	IDAV	IT SE	CTI	NC								
I swear (or affirm)	that this report, incl	-	_								_		f my kno	wledge	and beli	ef , true
correct and comple	ete. cribed before me this										`i	of Davis	n Gubasia	tina Da		
	day of		20			_					oignature	of Perso	n Submit	ting Ke	рогс	
	Signatu	re				_						Prin	ted Nam	В		
My Commission Ex	·					_						Ema				
	МО		AY	YR	•					a Cod	le	Daytin	ne Telepi	none Nu	ımber	
	a report of a cance that to the best of m				•						v provis	ions of th	e act of 1	una 3 1	937 (D I	1333
No 320) as amende	ed.	iy Kilowi	eage and ben	ici tilis	pontica	Comm	incree i	103 11		cu an	y provis	10113 01 111	e act of 3	une 3,1	337 (F.E	
Sworn to and subsc	ribed before me this day of		20								s	ignature (	of Candid	ate		
·						_						Printe	ed Name			<del></del>
My Commission Exp	Signature ires					_						Ema	il			—
	мо	D	AY	YR		_			Area	Code		D	aytime T	elephor	ne Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
Elect Gary Spillane	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)	\$	221.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	350.00
All Other Contributions (Part B)			\$	250.00
TOTAL for the Reporting	Period	(2)	\$	600.00
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)			\$	29,500.00
TOTAL for the Reporting	Period	(3)	\$	29,500.00
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 antotals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	30,321.00

#### **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 or Ca	Reporting	Period				
Elect Gary Spillane	From:	From: <u>1/1/2019</u> <b>To</b> : <u>12/3</u> :				
		l		DATE		AMOUNT
Full Name of Contributing Commit Maria for PA	tee		МО	DAY	YEAR	
Mailing Address PO Box 100	06					<b>\$</b> 250.00
City Spring House	<b>State</b> PA	<b>Zip Code (Plus 4</b> ) 194771206	12	16	2019	
Full Name of Contributing Commit Friends of Ruth Schemm	tee		МО	DAY	YEAR	
Mailing Address 390 Folly R	d					\$ 100.00

Zip Code (Plus 4)

189143722

12

16

2019

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

State

PA

City

Chalfont

**PAGE TOTAL** 350.00

100.00

### 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 Candidate	Reporting Perio	od	
Elect Gary Spillane	From:	<u>1/1/2019</u> <b>To:</b>	12/31/2019

DATE AMOUNT

Full Name of Contributor  Marlene Katz	МО	DAY	YEAR			
Mailing Address 5629 King Fisher Ln			12			<b>\$</b> 250.00
Doylestown State Zip Code (Plus 4) PA 189021408				16	2019	

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

**PAGE TOTAL \$** 250.00

#### **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					eporting Period					
Elect Gary Spillane				Fror	n:	<u>1/1/2</u>	<u>019</u> <b>T</b> o	<b>)</b> :	: <u>12/31/2019</u>	
					D.A	ATE			AMOUN	NT
Full Name of Contributor Gary P Spillane					МО	DAY	YEAR			
Mailing 3488 Pond View Dr								\$	<b>5</b>	1,000.00
City Chalfont	State	Zip	Code (Plus	4)	11	8	2019	'		
	PA	18	9144400							
Employer Name	,				Occupat	<b>ion</b>	Retired	·		
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip	Code (Pl	us 4)
PO Box 34			Chalfont			PA		18	39140034	ļ
Full Name of Contributor Gary P Spillane					МО	DAY	YEAR			
Mailing 3488 Pond View Dr								\$	•	25,000.00
City Chalfont	State	Zip	Code (Plus	4)	12	9	2019	)		
	PA	18	9144400							
Employer Name					Occupat	ion F	Retired	•		
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip	Code (Pl	us 4)
PO Box 34			Chalfont			PA		18	39140034	ļ
Full Name of Contributor Christopher & Dody Kokiko					МО	DAY	YEAR			
Mailing 125 Dolly Ln								\$	•	1,000.00
City Chalfont	State	Zip	Code (Plus	4)	12	16	2019	'		
	PA	18	9142312							
Employer Name Self employed	nployer Name Self employed				Occupation Attorney					
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip	Code (Pl	us 4)
						I				

							TAGE /	
Full Name of Con William & L				МО	DAY	YEAR		
Mailing Address	668 Mary St			12	10	2010	\$ 500.00	
<b>City</b> Warmins	ter	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189742804	12	18	2019		
Employer Name	Exteriors Associates,	668 Mary St, Warmi	nster, PA	Occupation CEO, CFO				
Employer Mailing Business	Address/Principal Plac	e of	City		State		Zip Code (Plus 4)	
Full Name of Con James & Samp; Sh				МО	DAY	YEAR		
Mailing Address	144 Sheryl St			12	18	2019	\$ 1,000.00	
City Hurley		State NY	<b>Zip Code (Plus 4)</b> 124435808		16	2019		
Employer Name	N/A			Occupat	tion R	Retired		
Employer Mailing Business	Address/Principal Plac	e of	City	•	State		Zip Code (Plus 4)	
Full Name of Con Joseph A Roman				мо	DAY	YEAR		
Mailing Address	115 Moffat Rd				10	2010	\$ 1,000.00	
<b>City</b> Washing	tonville	State NY	<b>Zip Code (Plus 4)</b> 109921032	12	18	2019		
Employer Name	Atlantic Building Prod	uct 15Koehos Dr. Ch	nester, NY	Occupat	tion	CEO		
Employer Mailing Business	Address/Principal Plac	e of	City	•	State		Zip Code (Plus 4)	
Enter Grand To	tal of Part C on Sche	dule I, Detailed Su	ımmary Page, Secti	on 3.			PAGE TOTAL	
							\$ 29,500.00	

### 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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
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. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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		
Elect Gary Spillane	From:	<u>1/1/2019</u> <b>To:</b>	12/31/2019
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)	\$	231.00
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,		\$	231.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Cand	Reporting	Period					
Elect Gary Spillane			From:	<u>1</u>	L/1/2019	То:	12/31/2019
		•		DATE			AMOUNT
<b>Full Name of Contributor</b> Dan Colbert			мо	DAY	YEAR		
Mailing Address 212 Hamilton	ı St		11	6	2019	\$	106.00
City Chalfont	State	Zip Code (Plus 4)	†				
	PA	189142966					
<b>Description of Contribution:</b> PO	st Office Box rental						
Full Name of Contributor Kathy MaCaulay			МО	DAY	YEAR	Г	
	sie Rd			<b>DAY</b>		\$	125.00
Mailing Address 303 S Perkas	sie Rd State	Zip Code (Plus 4)	мо 12		<b>YEAR</b> 2019	\$	125.00
Mailing Address 303 S Perkas		<b>Zip Code (Plus 4)</b> 189442406				\$	125.00
Mailing Address 303 S Perkas  City Perkasie	State PA		12			\$	125.00
Mailing Address 303 S Perkas  City Perkasie	State PA od and table service i	189442406 tems for campaign kicko	12	12	2019	<b>\$</b>	125.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	lame of Filing Committee or Candidate					porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									<b>\$</b>	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	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						
Elect Gary Spillane				From <u>1/1/2019</u> To: <u>12/31/</u>						
				DATE						
To Whom Paid Univest Bank and Trust Co.	мо	DAY	YEAR							
Mailing Address 195 E Butler	11	19	2019	\$	27.95					
<b>City</b> Chalfont	State         Zip Code (Plus 4)           PA         189143001				Description of Expenditure Printed checks					
<b>To Whom Paid</b> NGP VAN Inc.	МО	DAY	YEAR							
Mailing Address 1445 New York Ave NW Ste 200				10	2019	\$	150.00			
<b>City</b> Washington	DC Zip Code (Plus 4) 200052158				Description of Expenditure  Monthly subscription fee					
To Whom Paid Fine Wine and Good Spirits				DAY	YEAR					
Mailing Address 4275 County Line Rd			12	12	2019	\$	23.30			
<b>City</b> Chalfont	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189142212	<b>Descrip</b> Wine fo							
To Whom Paid Giant Food Stores				DAY	YEAR					
Mailing Address 510 W Butler Ave			12	12	2019	\$	5.04			
<b>City</b> Chalfont	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189142219	Description of Expenditure Beverage for Kickoff Event							

To Whom Paid Giant Food Stores				МО	DAY	YEAR			
Mailin	Mailing Address 510 W Butler Ave				12	12	2019	\$	53.98
City	Chalfont		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 189142219	Description of Expenditure Food items for Kickoff Event				

					P.A	AGE 13			
<b>To Whom Paid</b> Sam's Italian Market									
Mailing Address 3504 W Moreland Rd					\$	249.76			
<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190903811								
To Whom Paid Wegmans				YEAR					
ry Mall		12	12	2019	\$	20.48			
City North Wales  State  PA  Zip Code (Plus 4)  194543908				Description of Expenditure  Beverages for Kickoff event					
To Whom Paid Wegmans									
Mailing Address 500 Montgomery Mall					\$	22.98			
<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194543908	Description of Expenditure Beverages for Kickoff Event							
		МО	DAY	YEAR					
ve		12	13	2019	\$	4.50			
<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18914								
To Whom Paid Microsoft Corporation				YEAR					
Mailing Address 1 Microsoft Way				2019	\$	74.19			
<b>State</b> WA	<b>Zip Code (Plus 4)</b> 980528300	Description of Expenditure Annual subscription to Office 365 software				ftware			
						PAGE TOTAL			
	State PA  State PA  State PA  State PA  State PA  Ve  State PA	State	State	State   Zip Code (Plus 4)   Description of Expression   PA   190903811   PA   PA   PA   PA   PA   PA   PA	State	MO DAY YEAR  State   Zip Code (Plus 4)   190903811   PA   190903811   PA   190903811   PA   190903811   PA   190903811   PA   PA   190903811   PA   PA   190903811   PA   PA   190903811   PA   PA   PA   PA   PA   PA   PA			

### STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate				Reporting Period						
Elect Gary Spillane				From:		<u>1/1/2019</u>	То:	<u>-</u>	12/31/2019	
						DATE			Outstanding Balance of Debt	
Name of Creditor Gary P Spillane					мо	DAY	YEAR			
Mailing Address 3488 Pond View Dr					12	9	2019	\$	25,000.00	
City Chalfont		<b>State</b> PA	<b>Zip Code (Pl</b> 189144400	•	<b>Description of Debt</b> Loan Received					
									PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	25,000.00		