### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | on 202                         | 10113     |                       |            | Rep<br>File |       |                             | CANE      | DIC  | ATE      |       | COMN              | 1ITTEE                 | <b>✓</b>       | LOBI         | BYIST  |            |          |
|--|--------------------------------|-----------|-----------------------|------------|-------------|-------|-----------------------------|-----------|------|----------|-------|-------------------|------------------------|----------------|--------------|--------|------------|----------|
| Name of Filing C                         | ommittee, Candi                | date or L | obbyist:              |            | FRIE        | ND    | S OF                        | OSMER     | DE   | EMING    | 3     |                   |                        |                |              |        |            |          |
| Street Address:                          | Street Address:                |           |                       |            |             |       |                             |           |      |          |       |                   |                        |                |              |        |            |          |
| City:                                    | READING                        |           |                       |            |             |       |                             | State:    |      | PA       |       |                   | Zip Cod                | <b>le:</b> 19  | 601-3        | 523    |            |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY     | 1.        |                       |            |             | 30 DA |                             | PC        | OST- | 3.       |       | AMENDM<br>REPORT? |                        | Yes            | l            | No     | <b>\</b>   |          |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION    | 4.        | 2ND FRIDA<br>ELECTION |            |             |       | 30 DA                       |           | PC   | OST-     | 6.    |                   | TERMINATION<br>REPORT? |                | Yes          | Ī      | No         | <b>\</b> |
| report type)                             | ANNUAL REPOR                   | 7.        | <b>Year</b> 2021      |            |             |       | FILING METHOD ( ) CHECK ONE |           |      |          |       |                   | PAPER                  |                | $\checkmark$ | DIS    | ETTE       |          |
| Name of Office S                         | ought by Candid                | ate:      | -                     |            |             |       |                             | DATE      | OF   | ELEC     | CTIO  | N                 | District<br>Number     | Office<br>Code | Par          | ty Coc | le Cou     |          |
| JUDGE OF THE                             | COURT OF COM                   | MON PI F  | AS                    |            |             |       |                             | МО        |      | DAY      | YE    | AR                | 23                     | СРЈ            | DEN          | 1      | 06         |          |
|  |                                |           |                       |            |             |       |                             | 1         | .1   |          | 2     | 2021              |                        | (SEE INS       | TRUCTI       | ONS FO | R CODES    | 5)       |
| Summary of Expenditures                  |                                | МО        | DAY                   | YEAR       |             | _     | _                           | МО        |      | DAY      |       | AR                | FO                     | R OFFIC        | E USE        | ONL    | Y          |          |
|  |                                |           | 1 1                   | 20         | 021         |       | <u>о</u>                    |           | 5    |          | 3     | 2021              |                        |                |              |        |            |          |
|  | ught Forward Fro               |           | •                     |            |             |       | \$                          |           |      |          |       | 0.00              |                        |                |              |        |            |          |
|  | ary Contributions              |           |                       | 1 Sche     | dule        | 1)    | \$                          |           |      |          | 5,5   | 500.00            |                        |                |              |        |            |          |
|  | Available (Sum C               |           |                       |            |             |       | \$                          |           |      |          |       | 00.00             |                        |                |              |        |            |          |
| D. Total Expend                          | ditures (From Sc               | nedule II | 1)                    |            |             |       | \$                          |           |      |          | 6     | 80.00             |                        |                |              |        |            |          |
|  | Balance (Subtra                |           |                       |            |             |       | \$                          |           |      |          | 4,8   | 20.00             |                        |                |              |        |            |          |
|  | Kind Contribution              |           |                       |            | le II)      | )     | \$                          |           |      |          | 9     | 15.00             |                        |                |              |        |            |          |
| G. Unpaid Debt                           | s And Obligation               | s (From S | Schedule IV           | <b>'</b> ) |             |       | \$                          |           |      |          |       | 0.00              |                        |                |              | _      |            | _        |
|  |                                |           |                       |            |             |       |                             | CTION     |      |          |       |                   |                        |                |              |        |            |          |
| PART I - If this is I swear (or affirm)  | that this report, in           |           | _                     |            |             |       |                             |           | -    | -        |       | _                 |                        | f my knov      | /ledge       | and be | elief , tı | rue      |
| correct and comple                       | ete.<br>cribed before me th    | ia        |                       |            |             |       |                             |           | _    |          |       |                   |                        |                |              |        |            | _        |
| Sworn to and subs                        | day of                         | 15        | 20                    |            |             |       |                             |           |      |          | S     | ignature          | of Perso               | n Submitt      | ing Rep      | ort    |            |          |
|  | Signat                         | ure       |                       |            |             |       | _                           |           | -    |          |       |                   | Prin                   | ted Name       |              |        |            |          |
| My Commission Ex                         | pires                          |           |                       |            |             |       | _                           |           | _    |          |       |                   | Emai                   | il             |              |        |            |          |
|  | МО                             | D         | AY                    | YR         |             |       |                             |           |      | Are      | a Cod | e                 | Daytim                 | e Teleph       | one Nu       | mber   |            |          |
| Part II- If this is                      | a report of a car              | ididate's | authorized            | Comn       | nitte       | e, C  | andid                       | ate sha   | II s | ign he   | re.   |                   |                        |                |              |        |            |          |
| I swear (or affirm)<br>No 320) as amende | that to the best of<br>ed.     | my knowl  | edge and beli         | ief this   | politi      | ical  | comm                        | ittee has | no   | t violat | ed an | y provisi         | ions of the            | e act of Ju    | ine 3,1      | 937 (P | P.L. 133   | з,       |
| Sworn to and subsc                       | ribed before me this<br>day of | 5         | 20                    |            |             |       |                             |           | •    |          |       | Si                | ignature o             | of Candida     | te           |        |            | _        |
|  |                                |           |                       |            |             |       | -                           |           | -    |          |       |                   | Printe                 | d Name         |              |        |            | -        |
|  | Signature                      |           |                       |            |             |       | -                           |           | _    |          |       |                   | Em-                    |                |              |        |            | _        |
| My Commission Exp                        | ires                           |           |                       |            |             |       | _                           |           |      |          |       |                   | Emai                   | ···            |              |        |            | _        |
|  | мо                             | D         | AY                    | YR         |             |       | -                           |           | -    | Area     | Code  |                   | Da                     | ytime Te       | lephor       | ie Nun | nber       | _        |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Name of Filing Committee or Candidate Reporting Period |              |                 |          |  |  |  |  |
|--|--|--------------|-----------------|----------|--|--|--|--|
| FRIENDS OF OSMER DEMING  | 1/1/202  | <u>1</u> To: | <u>5/3/2021</u> |          |  |  |  |  |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |  |              |                 |          |  |  |  |  |
| TOTAL for the Reporting  | g Period   | (1)          | \$              | 580.00   |  |  |  |  |
| 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)   | \$   | 970.00       |                 |          |  |  |  |  |
| TOTAL for the Reporting  | y Period   | (2)          | \$              | 970.00   |  |  |  |  |
| 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)   |  |              | \$              | 3,950.00 |  |  |  |  |
| TOTAL for the Reporting  | J Period   | (3)          | \$              | 3,950.00 |  |  |  |  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |  |              |                 |          |  |  |  |  |
| TOTAL for the Reporting  | j Period   | (4)          | \$              | 0.00     |  |  |  |  |
|  |  |              |                 |          |  |  |  |  |
| 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 |  |              | \$              | 5,500.00 |  |  |  |  |

#### **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 C  | R     | Reporting Period  |      |      |      |    |        |  |
|--------------------------------|-------|-------------------|------|------|------|----|--------|--|
|                                |       | Fi                | rom: |      | То   | •  |        |  |
|                                |       | •                 |      | DATE |      |    | AMOUNT |  |
| Full Name of Contributing Comm | ittee |                   | 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.

### 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 Candida | Name of Filing Committee or Candidate |                  |       | eporting Period |       |         |    |          |  |  |
|-------------------------------------|---------------------------------------|------------------|-------|-----------------|-------|---------|----|----------|--|--|
| FRIENDS OF OSMER DEMING             |                                       |                  | From: |                 | 1/1/2 | 2021 To | ): | 5/3/2021 |  |  |
|                                     |                                       |                  |       |                 | DATE  |         |    | AMOUNT   |  |  |
| Full Name of Contributor            |                                       |                  | МС    | ,               | DAY   | YEAR    |    |          |  |  |
| Linda Woleslgale                    |                                       |                  |       |                 | DAT   | ILAK    |    |          |  |  |
| Mailing Address                     |                                       |                  |       |                 |       |         | \$ | 60.00    |  |  |
| <b>City</b> Shillington             | State                                 | Zip Code (Plus 4 | )     | 4               | 26    | 2021    |    |          |  |  |
|                                     | PA                                    | 19607            |       |                 |       |         |    |          |  |  |
| Full Name of Contributor            |                                       |                  | мо    | ,               | DAY   | YEAR    |    |          |  |  |
| Andrew Nye                          |                                       |                  | 1410  |                 | DAT   | ILAK    |    |          |  |  |
| Mailing Address                     |                                       |                  |       |                 |       |         | \$ | 200.00   |  |  |
| <b>City</b> Reading                 | State                                 | Zip Code (Plus 4 | )     | 4               | 26    | 2021    |    |          |  |  |
|                                     | PA                                    | 19605            |       |                 |       |         |    |          |  |  |
| Full Name of Contributor            |                                       |                  | мо    | ,               | DAY   | YEAR    |    |          |  |  |
| Barry and Joanna Groebel            |                                       |                  | M     |                 | DAI   | ILAK    |    |          |  |  |
| Mailing Address                     |                                       |                  |       |                 |       |         | \$ | 100.00   |  |  |
| <b>City</b> Reading                 | State                                 | Zip Code (Plus 4 | )     | 5               | 3     | 2021    |    |          |  |  |
|                                     | PA                                    | 19606            |       |                 |       |         |    |          |  |  |
| Full Name of Contributor            |                                       |                  | мо    | ,               | DAY   | YEAR    |    |          |  |  |
| Dodson Dietrich                     |                                       |                  | 1.10  |                 | DAI   | ILAK    |    |          |  |  |
| Mailing Address                     |                                       |                  |       |                 |       |         | \$ | 100.00   |  |  |
| <b>City</b> Wyomissing              | State                                 | Zip Code (Plus 4 | )     | 4               | 26    | 2021    |    |          |  |  |
|                                     | PR                                    | 19610            |       |                 |       |         |    |          |  |  |
| Full Name of Contributor            |                                       |                  | МС    | ,               | DAY   | YEAR    |    |          |  |  |
| Michael and Phyllis Warshaw         |                                       |                  | 140   |                 | DAI   | ILAK    |    |          |  |  |
| Mailing Address                     |                                       |                  |       |                 |       |         | \$ | 100.00   |  |  |
| <b>City</b> Reading                 | State                                 | Zip Code (Plus 4 | )     | 5               | 3     | 2021    |    |          |  |  |
|                                     | PA                                    | 19607            |       |                 |       |         |    |          |  |  |
| Full Name of Contributor            |                                       |                  | МС    | ,               | DAY   | YEAR    |    |          |  |  |
| Roarke and Amanda Aston             |                                       |                  | 140   |                 | DAI   | ILAK    |    |          |  |  |
| Mailing Address                     |                                       |                  |       |                 |       |         | \$ | 60.00    |  |  |
| <b>City</b> Reading                 | State                                 | Zip Code (Plus 4 | )     | 4               | 26    | 2021    |    |          |  |  |
|                                     | PA                                    | 19606            |       |                 |       |         |    |          |  |  |
| Full Name of Contributor            |                                       |                  | МС    | ,               | DAY   | YEAR    |    |          |  |  |
| Theodore & Robin Stepanoff          |                                       |                  |       |                 | DAT   | ILAK    |    |          |  |  |
| Mailing Address                     |                                       |                  |       |                 |       |         | \$ | 100.00   |  |  |
| City Oley                           | State                                 | Zip Code (Plus 4 | )     | 4               | 26    | 2021    |    |          |  |  |
|                                     | PA                                    | 19547            |       |                 |       |         |    |          |  |  |

| Full Name of Contributor            | мо    | DAY               | YEAR      |               |                  |    |        |
|-------------------------------------|-------|-------------------|-----------|---------------|------------------|----|--------|
| James Hill                          |       |                   | MO        | DAT           | IEAR             |    |        |
| Mailing Address                     |       |                   |           |               |                  | \$ | 100.00 |
| <b>City</b> Springtown              | State | Zip Code (Plus 4) | 4         | 26            | 2021             |    |        |
|                                     | PA    | 18081             |           |               |                  |    |        |
| Full Name of Contributor            |       |                   |           |               |                  |    |        |
|                                     |       |                   | I MO      |               | VEAD             | 1  |        |
| Jim & Betsy Brooks                  |       |                   | МО        | DAY           | YEAR             |    |        |
| Jim & Betsy Brooks  Mailing Address |       |                   | МО        | DAY           | YEAR             | \$ | 150.00 |
| ,                                   | State | Zip Code (Plus 4) | <b>MO</b> | <b>DAY</b> 26 | <b>YEAR</b> 2021 | \$ | 150.00 |

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

| PAGE TOTAL   |
|--------------|
| \$<br>970.00 |

#### **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.

| lame of Filing Committee or Candidate |                      |          | Reporting Period |      |     |      |    |            |  |
|---------------------------------------|----------------------|----------|------------------|------|-----|------|----|------------|--|
|                                       |                      |          | From:            |      |     | То:  |    |            |  |
|                                       |                      |          |                  | DA   | TE  |      | A  | AMOUNT     |  |
| Full Name of Contributing Committee   |                      |          |                  | мо   | DAY | YEAR | \$ | 0.00       |  |
| Mailing Address                       |                      |          |                  |      |     |      | 7  | 0.00       |  |
| City                                  | State                | Zip Cod  | e (Plus 4)       |      |     |      |    |            |  |
|                                       |                      |          |                  |      |     |      |    | PAGE TOTAL |  |
| Enter Grand Total of Part C on Scheo  | lule 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 Repo |                         |     |            |      | orting Period           |          |               |                   |          |  |
|--|-------------------------|-----|------------|------|-------------------------|----------|---------------|-------------------|----------|--|
| FRIENDS OF OSMER DEMING                    |                         |     |            | Fron | n:                      | 1/1/2    | <u>021</u> To | : <u>5/3/2021</u> |          |  |
|  |                         |     |            |      | DA                      | ATE      |               | АМ                | OUNT     |  |
| Full Name of Contributor                   |                         |     |            |      | мо                      | DAY      | YEAR          |                   | 450.00   |  |
| Osmer Deming                               |                         |     |            |      | МО                      | DAI      | ILAK          | \$                | 450.00   |  |
| Mailing Address                            |                         |     |            |      | 3                       | 11       | 2021          |                   |          |  |
| City Reading                               | State                   | Ziı | Code (Plus | 4)   |                         |          | 2021          |                   |          |  |
|  | PA                      | 19  | 605        |      |                         |          |               | 1                 |          |  |
| Employer Name Deming Law Office, Ll        | _C                      |     |            |      | Occupat                 | tion     | Attorney      | /                 |          |  |
| Employer Mailing Address/Principal Plac    | e of Business           |     | City       |      |                         | State    |               | Zip Code          | (Plus 4) |  |
| Reading                                    |                         |     |            | PA   |                         | 19601    |               |                   |          |  |
| Full Name of Contributor                   |                         |     |            | мо   | DAY                     | YEAR     |               | F00.00            |          |  |
| Matthew B. and Tali N. Weisberg            |                         |     |            |      |                         | <i>-</i> | 1 27111       | \$                | 500.00   |  |
| Mailing Address                            |                         |     |            |      | 4                       | 21       | 2021          |                   |          |  |
| City Bala Cynwyd                           | State                   | Ziı | Code (Plus | 4)   |                         |          |               |                   |          |  |
|  | PA                      | 19  | 0004       |      |                         |          |               | <u> </u>          |          |  |
| Employer Name Weisberg Law                 |                         |     |            |      | Occupat                 | tion     | Attorne       | /                 |          |  |
| Employer Mailing Address/Principal Plac    | e of Business           |     | City       |      | State Zi                |          |               | Zip Code          | (Plus 4) |  |
|  |                         |     | Morton     |      |                         | PA       |               | 19070             |          |  |
| Full Name of Contributor                   |                         |     |            |      | мо                      | DAY      | YEAR          |                   |          |  |
| Stephen and Lori Magrowski                 |                         |     |            |      | MO                      | DAT      | TEAR          | \$                | 500.00   |  |
| Mailing Address                            |                         |     |            |      | 4                       | 21       | 2021          | 1                 |          |  |
| City Bernville                             | State                   | Ziı | Code (Plus | 4)   |                         |          | 2021          |                   |          |  |
|  | PA                      | 19  | 506        |      |                         |          | _             | l                 |          |  |
| Employer Name SCRRS, LLC                   |                         |     |            |      | Occupat                 | ion      | Truck D       | river             |          |  |
| Employer Mailing Address/Principal Plac    | e of Business           |     | City       |      |                         | State    |               | Zip Code          | (Plus 4) |  |
|  |                         |     | Bernville  |      |                         | PA       |               | 19506             |          |  |
| Full Name of Contributor                   |                         |     |            |      | мо                      | DAY      | YEAR          | \$                | 2,000.00 |  |
| Eric Diggan                                |                         |     |            |      |                         |          |               | ] *               | 2,000.00 |  |
| Mailing Address                            |                         |     | 4          | 21   | 2021                    |          |               |                   |          |  |
| City Sinking Spring                        | State Zip Code (Plus 4) |     | 4)         |      |                         |          |               |                   |          |  |
| PA   |                         |     |            |      |                         |          | l             |                   |          |  |
| mployer Name Eric C. Diggan, Attorney      |                         |     |            |      | Occupat                 | tion     | Attorne       | /                 |          |  |
| Employer Mailing Address/Principal Plac    | e of Business           |     | City       |      | State Zip Code (Plus 4) |          |               | (Plus 4)          |          |  |
| Reading                                    |                         |     |            |      | PA                      |          | 19601         |                   |          |  |

| Full Name of Contributor                                  |                 | мо                | DAY                | YEAR  | + 500.00 |                   |  |  |
|---|-----------------|-------------------|--------------------|-------|----------|-------------------|--|--|
| Mary Grudza   |                 |                   |                    | DAI   | LAK      | \$ 500.00         |  |  |
| Mailing Address   | - 4             | 26                | 2021               | }     |          |                   |  |  |
| <b>City</b> Reading                                       | State           | Zip Code (Plus 4) |                    | 20    | 2021     |                   |  |  |
|   | l <sub>PA</sub> | 19506             |                    |       |          | 1                 |  |  |
| Employer Name N/A   |                 |                   | Occupation Retired |       |          |                   |  |  |
| Employer Mailing Address/Principal Place of Business City |                 |                   |                    | State |          | Zip Code (Plus 4) |  |  |
| N/A   |                 |                   | PA                 |       |          | 19506             |  |  |

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

| PAGE TOTAL |          |  |  |  |  |  |  |  |
|------------|----------|--|--|--|--|--|--|--|
| \$         | 3,950.00 |  |  |  |  |  |  |  |

### 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:  |    |            |
|                           |                           |                  |        | D        | ATE |      |    | AMOUNT     |
| Full Name                 |                           |                  |        | мо       | DAY | YEAR | \$ | 0.00       |
| Mailing Address           |                           |                  |        |          |     |      | 7  |            |
| City                      | State                     | Zip Code (Plu    | ıs 4)  |          |     |      |    |            |
| Receipt Description       |                           | <b>.</b>         |        |          | •   | •    |    |            |
| Futor Crowd Total of Book | F an Cabadula I Batailad  | Summer Base Se   |        | 4        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, Se | ection | 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 Period | I                          |                 |  |  |  |  |  |
|--|------------------|----------------------------|-----------------|--|--|--|--|--|
| FRIENDS OF OSMER DEMING  | From:            | <u>1/1/2021</u> <b>To:</b> | <u>5/3/2021</u> |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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   | T 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)        | \$                         | 915.00          |  |  |  |  |  |
| 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, | •                | \$                         | 915.00          |  |  |  |  |  |

## 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   |       |                   | мо               | DAY  | YEAR |             |        |      |  |
| Mailing Address  |       |                   |                  |      |      | <b>~</b> \$ |        | 0.00 |  |
| City   | State | Zip Code (Plus 4) |                  |      |      |             |        |      |  |
| Description of Contribution:   | •     | •                 | •                | •    |      |             |        |      |  |
|  |       |                   |                  |      |      |             |        |      |  |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, |       |                   |                  |      |      | PAGE TOTAL  |        |      |  |
| Section 2.   |       |                   |                  |      |      | \$          |        | 0.00 |  |

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

Name of Filing Committee or Candidate

FRIENDS OF OSMER DEMING

Reporting Period

From: 1/1/2021 To: 5/3/2021

|   |                  |                  |                 | DATE   |                    |                  | AMOUNT        |                             |  |  |  |
|---|------------------|------------------|-----------------|--------|--------------------|------------------|---------------|-----------------------------|--|--|--|
| Full Name of Contributor  |                  |                  |                 | мо     | DAY                | YEAR             |               |                             |  |  |  |
| Todd Weikel   |                  |                  |                 |        |                    |                  |               | 015.00                      |  |  |  |
| Mailing Address   |                  |                  |                 |        | 4                  | 5                | 2021          | \$ 915.00                   |  |  |  |
| <b>City</b> Reading   | State            | Zip Code(Plus 4) |                 |        |                    |                  |               |                             |  |  |  |
|   | PA               |                  | 19606           |        |                    |                  |               |                             |  |  |  |
| Employer of Contributor Weikel Sportswear, Inc.   |                  |                  |                 | •      | Occupation Printer |                  |               |                             |  |  |  |
| Employer Mailing Address/Principal Place of Business  |                  | City Stat        |                 | State  | Zip                | Zip Code(Plus 4) |               | Description of Contribution |  |  |  |
|   |                  |                  | Reading PA      |        | 19606              |                  | Sign Discount |                             |  |  |  |
| Enter Grand Total of Part G on So   | hedule II. In-Ki | ind (            | Contributions D | etaile |                    |                  |               | PAGE TOTAL                  |  |  |  |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. |                  |                  |                 |        |                    | 915.00           |               |                             |  |  |  |
|   |                  |                  |                 |        |                    |                  |               |                             |  |  |  |

680.00

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate |  |                         | Reporting Period                                      |      |        |     |            |  |  |
|---------------------------------------|--|-------------------------|---|------|--------|-----|------------|--|--|
| FRIENDS OF OSMER DEMING               |  |                         | From <u>1/3</u>                                       |      | 1/2021 | То: | 5/3/2021   |  |  |
|                                       |  | ·                       |   | DATE |        |     | AMOUNT     |  |  |
| To Whom Paid                          |  |                         | МО  | DAY  | YEAR   |     |            |  |  |
| Beverly Hills Tavern                  |  |                         |   |      |        |     |            |  |  |
| Mailing Address                       |  |                         | 4   | 25   | 2021   | \$  | 520.00     |  |  |
| City Reading                          | State  | Zip Code (Plus 4)       | Description of Expenditure                            |      |        |     |            |  |  |
|                                       | PA   | 19608                   | Fee for meals and waitressing services for fundraiser |      |        |     |            |  |  |
| To Whom Paid                          |  |                         | МО  | DAY  | YEAR   |     |            |  |  |
| Democratic City Committee             | 2  |                         | MO  | DAI  | ILAN   |     |            |  |  |
| Mailing Address                       |  |                         | 4   | 20   | 2021   | \$  | 160.00     |  |  |
| City Reading                          | Reading State Zip Code (Plus 4) Description of Expenditure |                         |   |      |        |     |            |  |  |
|                                       | PA   | 19601                   | Fee for sign placement at city polling places         |      |        |     | places     |  |  |
| Enter Grand Total of Exp              | andituus an Bass 1 Ba                                      | mark Cassau Bana Tham I |   |      |        |     | PAGE TOTAL |  |  |