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 2008	3200			Repo Filed			CANDI	ANDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Candid	ate or L	obbyist:	Ī	KLINE	BRIA	N	FOR UPP	ER BU	ICKS							
Street Address:																	
City:	QUAKERTOW	N						State:	PA			Zip Cod	le: 18	3951-1	511		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	PRE-	2.	30 E PRII			POST-	3.		AMENDM REPORT		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5.	30 E		Y P ION	OST-	6.		TERMINA REPORT		Yes	No		\
report type)	ANNUAL REPORT	7. X	Year 2019					G METHO				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candida	te:				-		DATE O	TE OF ELECTION District Office Number Code					Par	ty Code	Coun	
								МО	DAY	YE	AR		10000	DEN	1	-	
							Ī	11		5	2019		(SEE IN	STRUCTIO	ONS FOR (CODES)
	Receipts and	МО	DAY Y	EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:	:	11 26	20)19	то		12		31	2019						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$				0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)							\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				0.00						
D. Total Expenditures (From Schedule III)							\$				0.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			3	47.45						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	edul	e II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$			4,0	36.71			•			
			Α	\FF	[DA\	IT S	EC	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	re. I	f this	is a Ca	an	didate re	port, c	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sched	lules	filed o	n pape	er o	or by electi	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before me this day of	5	20							S	ignature	of Perso	n Submit	ting Rep	ort		_
	Signatu	ire				_						Prin	ted Name	=			-
My Commission Ex	cpires							•				Ema	il				
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	ittee,	Candi	ida	te shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and belief	this	politic	al com	mit	ttee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this day of		20								S	ignature o	of Candid	ate			_
												Printe	d Name				-
My Commission Exp	Signature					_						Ema	il				-
•						_											_
	мо	D	AY	YR					Area	Code		D	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period					
KLINE BRIAN FOR UPPER BUCKS	From:	11/26/202	<u>l9</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) 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 or Candidat	Name of Filing Committee or Candidate			Reporting Period						
		F	rom:		То	:				
				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.

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 Comn	nittee or Candidate		Reporting Period						
From: To:						o:			
				DATE			AMOUNT		
Full Name of Contribut	or		мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							
							DAGE TOTAL		
							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	ame of Filing Committee or Candidate		Reporting	Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
enter Grand Total of Part C on Schedule I, Detailed Summary P			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 Pe	riod					
				Fron	n:		1	Го:			
					D	ATE			AN	MOUNT	
Full Name of Contributor					МО	DAY	YEAR	2	\$		0.00
Mailing Address											
City	State	Zip Code (Plus 4)									
Employer Name					Occupation						
Employer Mailing Address/Principal Plac	e of Business		City			State		Zi	ip Cod	e (Plus 4))
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, S					on 3.				P	AGE TOTA	L
								\$		C	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:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, 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 Per	od	
KLINE BRIAN FOR UPPER BUCKS	From:	<u>11/26/2019</u> To:	<u>12/31/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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)	\$	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	Name of Filing Committee or Candidate				Reporting Period					
			From:			To				
		DATE AM								
Full Name of Contributor				DAY	YEAR					
Mailing Address						7 \$		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	ailed 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	Reporting Period	
	From:	То:

				FIG				10:		
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address							\$	0.00		
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation		<u> </u>		
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zip	Code(Plus 4)	Descri	ption of	Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3.				etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			ng Period			
	From			То:			
		DATE			AMOUNT		
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Crand Total of Evranditures on Dags 1 Depart Cover Dags 1 tom							PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item I						\$	0.00

SCHEDULE IV 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 Repo					ting Period					
KLINE BRIAN FOR UPPER BUCKS					<u>11</u>	<u>11/26/2019</u> To:			12/31/2019	
						DATE		Outsta Baland	anding ce of Debt	
Name of Creditor						DAY	YEAR			
BRIAN S. KLINE						DAI	ILAK			
Mailing Address								\$	1,700.00	
City	QUAKERTOWN	State	Zip Code (F	lus 4)	Description of Debt		ot			
		PA	18951		LOAN T	DAN TO CAMPAIGN COMMITTEE				
Name of Creditor						DAY	YEAR			
STEVE	BIDDLE				МО		ILAK			
Mailing	g Address				5	7	2014	\$	407.14	
City	QUAKERTOWN	State	Zip Code (P	Plus 4)	Description of Debt					
		PA	18951		NEWSPAPER INSERTS (REIMBURSE)					
Name of Creditor BRIAN S. KLINE					мо	DAY	YEAR			
Mailing	g Address							\$	267.51	
City	QUAKERTOWN	State	Zip Code (F	Plus 4)	Description of Debt					
	•	PA	18951		ROBO C	ALLS (REI)			
Name of Creditor										
STEVE BIDDLE				МО	DAY	YEAR				
Mailing Address								\$	1,219.80	
City	City QUAKERTOWN State Zip Code (Plus 4)		Plus 4)	Description of Debt						
		PA	18951		POSTAGE STAMPS - UPS BULK (REIMBURSE)					
Name	of Creditor									
STEVE	BIDDLE				МО	DAY	YEAR			
Mailing Address					5	12	2014	\$	130.00	
City	QUAKERTOWN	State	Zip Code (F	Plus 4)	Descrip	l tion of Deb	t t			
	•	PA	18951		CLASSIFIED ADS (REIMBURSE)					
Name	Name of Creditor									
STEVE BIDDLE					МО	DAY	YEAR			
Mailing Address					5	17	2014	\$	39.00	
City	QUAKERTOWN	State	Zip Code (F	Plus 4)	Descrip	l tion of Deb	ot .	I		
		PA	18951		CAMPAIGN STAFF DINNER MEETING (REIMBURSE)					

Name of Creditor					DAY	YEAR		
STEVE BIDDLE					DAT	ILAK		
Mailing Address					19	2014	\$	255.26
City	QUAKERTOWN	Description of Debt						
		PA	18951	PRINTING (REIMBURSE)				
Name of Creditor					DAY	YEAR		
STEVE BIDDLE						ILAK		
Mailing Address					20	2014	\$	18.00
City	QUAKERTOWN	State	Zip Code (Plus 4)	Description of Debt				
		PA	18951	ELECTION	ON NIGHT	FOOD (F	REIMB	URSE)
				PAGE TOTAL				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								4,036.71
						_		