

CAMPAIGN FINANCE REPORT

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

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}						
Name of Filing Committee, Candidate or Lobbyist: Horsham Republican Party														
Street Address: PO BOX 95														
City: HORSHAM					State: PA		Zip Code: 19044 -							
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY		2ND FRIDAY PRE-PRIMARY		30 DAY POST-PRIMARY		AMENDMENT REPORT?		YES	NO				
	4TH TUESDAY PRE-ELECTION		2ND FRIDAY PRE-ELECTION		90 DAY POST-ELECTION		TERMINATION REPORT?		YES	NO				
	ANNUAL REPORT		YEAR		FILING METHOD (CHECK ONE)		PAPER		DISKETTE					
				2019		<input checked="" type="checkbox"/>								
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code			
					MO. DAY YEAR					REP	46			
					5 21 2019			(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from:					MO. DAY YEAR			FOR OFFICE USE ONLY						
					5 7 2019			RECEIVED 2019 JUN 20 PM 2:47 OFFICE OF VOTER SERVICES MONTG. CO. PA						
A. Amount Brought Forward From Last Report					To							6 10 2019		
B. Total Monetary Contributions and Receipts (From Schedule I)														
C. Total Funds Available (Sum of Lines A and B)														
D. Total Expenditures (From Schedule III)														
E. Ending Cash Balance (Subtract Line D from Line C)														
F. Value of In-Kind Contributions Received (From Schedule II)														
G. Unpaid Debts and Obligations (From Schedule IV)														

AFFIDAVIT SECTION

PART I If this is a Committee report, Treasurer sign here. If this is a Candidate report, Candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 20th day of June, 2019

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
 James Courtenay Saring, Notary Public
 Whippany Twp., Montgomery County
 My Commission Expires March 09, 2021
 MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES

My commission expires 3 21 2021
 MO. DAY YR.

Signature of Person Submitting Report: Sharon C. Diasio
 Printed Name: SHARON C. DIASIO
 Area Code: 215 Daytime Telephone Number: 527-4680

PART II If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this _____ day of _____, 20____

Signature: _____

My commission expires _____ MO. DAY YR.

Signature of Candidate: _____

Printed Name: _____

Area Code: _____ Daytime Telephone Number: _____

Department of State • Bureau of Commissions, Elections and Legislation
210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <div style="text-align: center; font-size: 1.5em; font-family: cursive;">HRP</div>	Reporting Period From <u>5/7</u> To <u>6/10</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>60.00</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>2</u>
All Other Contributions (Part B)	\$ <u>60.00</u>
TOTAL for the Reporting Period	(2) \$ <u>60.00</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>2</u>
All Other Contributions (Part D)	\$ <u>2</u>
TOTAL for the Reporting Period	(3) \$ <u>2</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <u>0</u>

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <u>60.00</u>
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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 Candidate HRP	Reporting Period From 5/7 To 6/10
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					
Full Name of Contributing Committee							\$
Mailing Address							\$
City	State	Zip Code (Plus 4)					\$
		-					

PAGE TOTAL	\$
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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.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate HRP	Reporting Period From 5/7 To 6/10
---	--

				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor Brian Vasoli				6	7	19	\$ 60.00
Mailing Address 133 Fairview Ave				MO.	DAY	YEAR	\$
City Bala Cynwyd		State PA		Zip Code (Plus 4) 19004-			\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State		Zip Code (Plus 4)			\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State		Zip Code (Plus 4)			\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State		Zip Code (Plus 4)			\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State		Zip Code (Plus 4)			\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State		Zip Code (Plus 4)			\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State		Zip Code (Plus 4)			\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State		Zip Code (Plus 4)			\$

PAGE TOTAL
\$ 60.00

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

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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate <div style="font-size: 2em; font-weight: bold; text-align: center; margin-top: 10px;">HRP</div>	Reporting Period From <u>5/7/19</u> To <u>6/10/19</u>
--	--

	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City State Zip Code (Plus 4)				\$
PAGE TOTAL				\$

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

PART D
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 <div style="font-size: 2em; font-family: cursive; margin-left: 100px;">HRP</div>	Reporting Period From <u>5/7</u> To <u>6/10</u>
---	--

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL
\$

**PART E
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 <p align="center" style="font-size: 1.5em;">HRP</p>	Reporting Period From <u>5/7</u> To <u>6/10</u>
--	--

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
		-				
Receipt Description						

PAGE TOTAL
\$

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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 From _____ To _____
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <p align="center" style="font-size: 1.2em;">HRP</p>	Reporting Period From <u>3/7</u> To <u>6/10</u>
--	--

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Description of Contribution:							

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$

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

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate <p align="center" style="font-size: 1.2em;">HRP</p>	Reporting Period From <u>5/7</u> To <u>6/10</u>
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To Whom Paid	MO.	DAY	YEAR	Amount	Description of Expenditure
comcast Mailing Address: PO BOX 1872 City: soderton PA 19717 -	5	7	19	\$ 127.92	Utilities
quadiant data USA INC Mailing Address: City:	5	14	19	\$ 1095.00	website
USPS Mailing Address: PO 412860 City: Ft. Washington PA 19034 -	5	16	19	\$ 707.81	stamps
USPS Mailing Address: PO 412860 City:	5	16	19	\$ 235.00	stamps
staples Mailing Address: 1210 Bethlehem Pike City: North Wales PA 19454 -	5	17	19	\$ 236.36	paper / supplies
Anthony cold fire pizza Mailing Address: 100 Welsh Rd City: Horsham PA 19044 -				\$ 90.00	chairmans meeting
walmart Mailing Address: 2101 Blairmill Rd City: willow Grove PA 19090 -	5	20	19	\$ 184.34	supplies
Bound Bev. Mailing Address: 308 Easton Rd City: Warrington PA 18976 -				\$ 80.91	chairmans meeting

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$ 2757.34

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate HRP	Reporting Period From 5/7 To 6/10
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To Whom Paid	MO.	DAY	YEAR	Amount
Graeme Park Pizza 801 County Line Rd Horsham PA 19074	5	22	19	\$ 390.15
	Description of Expenditure			Chairmans Meet.
Green Turtle 1100 Bethlehem Pike North Wales PA 19454	5	28	19	\$ 66.00
	Description of Expenditure			Chairmans Meet.
MA Web Centers Greensboro NC 18107 -	6	3	19	\$ 79.00
	Description of Expenditure			Website
Facebook 1 Haeker Way Menlo Park CA 94025	6	3	19	\$ 69.94
	Description of Expenditure			Ads
Comcast PO Box 18702 Soderton PA 19717 -	6	6	19	\$ 127.92
	Description of Expenditure			Utilities
PECO PO Box 37629 Philadelphia PA 19103 -	5	13	19	\$ 71.37
	Description of Expenditure			Util.
Growth Opportunity Fund PO Box 193 Harrisburg PA 17180 -	5	14	19	\$ 15,000
	Description of Expenditure			Donation
William Fitzpatrick 229 S 4th St Oxford PA 19363 -	5	22	19	\$ 399.00
	Description of Expenditure			Chairman pos.

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 16203.38

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 <div style="text-align: center; font-size: 1.5em; font-family: cursive;">HRP</div>	Reporting Period From <u>5/7</u> To <u>6/10</u>
---	--

Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State	Zip Code (Plus 4)			
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State	Zip Code (Plus 4)			
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State	Zip Code (Plus 4)			
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State	Zip Code (Plus 4)			
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State	Zip Code (Plus 4)			
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State	Zip Code (Plus 4)			
Description of Debt							
Name of Creditor					Outstanding Balance of Debt \$		
Mailing Address			DATE DEBT INCURRED		MO.	DAY	YEAR
City			State	Zip Code (Plus 4)			
Description of Debt							

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$
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