PAGE 1 OF \_ (COVER PAGE)

### CAMPAIGN FINANCE REPORT

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

Filer Identification	· •		Report Filed By:	CANDID	ATE 1.	COMM	WE \	<i>[</i> ] 4.08	3. BYISI
	ittee, Candidate or Lobby	"Horsh	nm !	PPOLIHIL	ran	part	1	2,00000	(4).
Street Address:	PO BOX	95	WIII	rchwii.	<u> </u>	1/(1-1	1	,	
City:	forsham			State: P	A	zip Cod	044	_	
TYPE OF REPORT	one rugoday 1. PRE-PRIMARY	2ND FRIO PRE-PRIM	W.	POST PRIMA	v X	AMENON REPORT			No
(place X to	PRE-EXECTION	2MD FAID PRE-ELECT		90 DAY POST ELECT		TERMINA REPORTS			N.C.
the right of report type	ARRIUAL 7. REPORT	YEAR	2019	FILING METH		PAPE	P	DISK	(STPTE
Name of Office Sough	it by Candidate:	-		DATE OF 360	and the second resembles belong the St. A. William	District Number	-		County Code LL 6 FOR CODES)
Summary of Re and Expenditure	sceipts 🛌 🖺	MO DAY W	2) (2)	. 64Y	2019		er offic	_	NEY
A. Amount Brought	Forward From Last R	eport		41289.1	0		<b>3</b> ⊗	2019 JUN 20	70
B. Total Monetary	Contributions and Rece	ipts (From Sch	edule I) \$	60.00	0 :		울렸다	<b>×</b>	RECEIVED
C. Total Funds Ava	ifable (Sum of Lines A	and B)	\$	41349.11	0		G. CC		
D. Total Expenditur	es (From Schedule III)		\$	18960.7	2				<u>M</u>
E. Ending Cash Bala	ance (Subtract Line D	from Line C)	,	22386.3	8 1		PACES	, <sup>i</sup>	
F. Value of In-Kind	d Contributions Receive	ed (From Sched	íule II)      {		••		O,	47	
G. Unpaid Debts an	d Obligations (From So	hedule IV)	\$	<i>S</i>			.,,,,		
g/Aufro Etilegoisas	a Committee report		AFFIDAVIT		n (BOOT )	ndidate) s	go dere		
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.  COMMONWEALTH OF PENNSYLVANIA  James Courteen Saint Notary Public  Whitpain two., Montgomery County  Whitpain two., Montgomery County  Whitpain two., Montgomery County  Mensen Pennst Lyanist Sandarion of Notaries  My commission expires  3 21 2021  MO. DAY YR. Area Code  Daytime Telephone Number									
	A rapor of a Candi					.,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
I swear (or affirm) tha (P.L. 1333, No. 320) as	it to the best of my know amended.	riedge and belief	this politica	l committee has no	t violated an	y provisio	ns of the A	ct of June	3, 1937
Sworn to and subscri	bed before me this		<b>1</b>						
day of		20	— [		Signa	ture of Ca	ndidate		<del></del>
	Signature		— ſ			Printed Nar	ne		
My commission expir	MO. DA	Y YR.	_ J	Area Cod	e	D	ytime Tele	phone Nun	nber

Department of State 

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

#### SCHEDULE I

PAGE 2 OF \_\_\_\_\_

## CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period From 5	7 To 610
( UNITEMIZED CONTRIBUTIONS AND RECEIPTS = \$50.00 OR	LESS PER CONTI	RIBUTOR
TOTAL for the Reporting	Period (1)	\$ 60.00
2 CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND	PAHL BI	
Contributions Received from Political Committees (Part A)		\$ 8
All Other Contributions (Part B)		\$ 60.00
TOTAL for the Reporting	Period (2)	\$ 60.00
3 CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART	D) FF	
Contributions Received from Political Committees (Part C)		\$ &
All Other Contributions (Part D)		\$ &
TOTAL for the Reporting	Period (3)	\$ Q
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURN	ED CHECKS, ETC	(FROM PART E)
TOTAL for the Reporting	Period (4)	\$ Q
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report		\$ 60.00

Cover Page, Item B.)

PAGE	OF	

#### 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				From 5	17	то <u>6/10</u>
11151				DATE		AMOUNT
Full Name of Contributing Committee			2 MO.	- COAY	SYEAR /	\$
Mailing Address			Mo	S DAY	YEAR	
Matting / testes						\$
City	State	Zip Code (Plus 4)	× MO:	Z XXXXX	eveane.	\$
Full Name of Contributing Committee			.⊗MO.	S PROAY	YEAR	\$
Mailing Address	<del> </del>		МО	Ø/DAY	YEAR	\$
City	State	Zip Code (Plus 4)	∞мо:	, DAY	YEAR	\$
				AND SECOND	Boean S	Ψ
Full Name of Contributing Committee						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	⊚MQ.	.bay	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY.	YEAR	
				1200-2004-557	######################################	\$
City	State	Zip Code (Plus 4)	.⊹.MO.	DAY	YEAH	\$
Full Name of Contributing Committee			≫MG.	DAY	YEAR	\$
Mailing Address			∴ MO	2.60AV	YEAR!	\$
City	State	Zip Code (Plus 4)	€ Мб	C DAY	EYFAR	\$
			28000	DAY	VEAR	
Full Name of Contributing Committee						\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	® MO	DAY	YEAR	\$
Full Name of Contributing Committee			∕ MO	SSI SSIDAYS	YEAR	
Mailing Address				DAY	YEAR	
	State	Zip Code (Plus 4)	2001E			\$
City	21010					\$
Full Name of Contributing Committee			ESS XIC	E SAY	1	\$
Mailing Address	<del></del>		MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	S. M.C	DAY	YEAH	\$
						PAGE TOTAL
Enter Grand Total of Part A on School	dule I,	, Detailed Summa	ry Pag	je, Sectio	on 2.	\$

PAGE	QF	
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# 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 F	Period	- (0/17)
HKY				ے From	4 ! _	To <u>\( \text{O} \) \( \text{I} \)</u>
			- 120.2117.00	DATE DAY	MAY SATERA	AMOUNT
Full Name of Contributor HRP Brian	Vas	50LI	Ų	7	19	\$ 60.00
Mailing Address 133 FAIRVIEW 1	WC	·		Ø Ø Ø AVØ ®	YEAR	\$
"BOID CYNWYD	State PA	19004-	₹ MO			\$
Full Name of Contributor				E 63 DAY		\$
Mailing Address			e, Mos	J.DAY.	<b>SYEARY</b>	\$
City	State	Zip Code (Plus 4)	Mo	DAY	YEAR	\$
Full Name of Contributor			A MO	Z Z DAY	YEAR	\$
Mailing Address			MO.	% SOAY &	SYEAR &	\$
City	State	Zip Code (Plus 4)	SEMO:	DAY	EYEARS	\$
Fut! Name of Contributor			W. NO.	DAY:		\$
Mailing Address			MO.	# DAYAS	ZYEAR	\$
City	State	Zip Code (Plus 4)	≥ MO:	DAY	YEAR	_
			33M02	# DAY	YEAR	\$
Full Name of Contributor						\$
Mailing Address				# VISOAYA		\$
City	State	Zip Code (Plus 4)		DAY		\$
Full Name of Contributor	·			A V DAY		\$
Malling Address			MO!	N.DAY®	YEAR	\$
City	State	Zip Code (Pius 4) —	MO:	DAY	YEAH	\$
Full Name of Contributor	محبجيك	ł	Z MO	E ZDAYZ	2YEAR	s
Mailing Address			Мо	SX SEDAYE	YEAR	\$
City	State	Zip Code (Pius 4)	27ИО	DAY	YEAR	\$
Fuil Name of Contributor	<u> </u>		%.W0	ZZDIAY.	YEAR	\$
Meiling Address			<b>⊗M</b> 0	SO SO S	XEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
						PAGE TOTAL
Enter Grand Total of Part B on Sche	dule i	l, Detailed Summa	ry Pag	e, Sectio	on 2.	s 40.00

DSEB-502 (7-99)

PAGE	OF	

#### 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		From 5		9 TO 6/10/19		
1117				DATE	<u></u>	AMOUNT
Full Name of Contributing Committee			MO	S S DAYS	WYEAR/	\$
Mailing Address			S-MO	S/DAY.	YEAR	\$
	State	Zip Code (Plus 4)	Mb.	Ø Ø DAŸ	YEAR	
City		-				\$
Full Name of Contributing Committee			ACMO.	M. SZDAYZA	PARA	\$
Mailing Address	-	<u> </u>	MÖ.	DAY	S/EAR	\$
City	State	Zip Code (Plus 4)	.∞ мо	DAY	XEAR :	¢.
			27.22473.023		eserenese	\$
Full Name of Contributing Committee				Z DAY		\$
Mailing Address			SAMO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	⊗ <b>M</b> Ó	DAY	YEAR	\$
·		-	5500 (6	DAY	**************************************	<b>3</b>
Full Name of Contributing Committee						\$
Melling Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO		ZYEAS.	\$
		_	80000		VÇAH (	
Full Name of Contributing Committee						\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Z MO	DAY.	YEAR	\$
		_	1007/6	DAY	anventar.	<b>Y</b>
Full Name of Contributing Committee						\$
Mailing Address			¥2MO	DAY	WEAR	\$
City	State	Zip Code (Plus 4)	<b></b> ₩0	Z DAY	XEAR &	\$
			a e Mo	SAN KATENYAYAY	YEAR	
Full Name of Contributing Committee						\$
Mailing Address			- ₩ MC	(DAY	YEAR	\$
City	State	Zip Code (Plus 4)	S MC	DAY	YEAR	\$
Full Name of Contributing Committee			Z MC	TO STATE OF	EXYEARS	\$
					yeze.	
Mailing Address						\$
City	State	Zip Code (Plus 4)		DAY	YEAR	\$
		<u></u>			1	PAGE TOTAL
Enter Grand Total of Part C on Sch	edule I	Detailed Summa	ry Pag	e, Sectio	n 3.	\$
PRINT CHAIR LAIM OF LAIR P OIL COLL	·			-		

# ALL OTHER CONTRIBUTIONS

PAGEOF	
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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	9			From		то 6/10
[18]				DATE		AMOUNT
Full Name of Contributor			<b>第47.73</b> 26	Ø DAY.	ESS/EVXE	\$
Mailing Address	<u> </u>		MO	DAY	2877A;88	\$
City	State	Zip Code (Plus 4)	2/3/(0//	DAY	- YEAR	\$
Employer Name			Occupat	ion	<u> </u>	
Employer Mailing Address/Principal Place of Business				<del></del>		
			2000 Y 7000	a marketana	WEAR !	
Full Name of Contributor			- MO.			\$
Mailing Address			* MO			\$
City	State	Zip Code (Plus 4)	340	DAY	YEAR	\$
Employer Name			Occupat	ilon		
Employer Mailing Address/Principal Place of Business			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
			le saune	DAY	-SYEAR	······································
Full Name of Contributor						\$
Mailing Address	<del>,</del>		€ MO	e resdates	SKYEARS.	\$
City	State	Zip Code (Plus 4)	MOS	DAY	YEAR	\$
Employer Name	<u> </u>		Occupa	tion	. <del></del>	
Employer Mailing Address/Principal Place of Business			<u>l</u>			
Full Name of Contributor			MOA	S S DAY E	YEAR	\$
Mailing Address			.≥ WO.	@ DAY	YEAR	\$
City	State	Zip Code (Plus 4)	SSM02	DAY	SYEAR	\$
Employer Name	L		Occupa	tion	<u> </u>	
Employer Mailing Address/Principal Place of Business						
		· .		ran pilipanamarah	V MACOUTO CONTRA	
Full Name of Contributor				DAY		\$
Mailing Address				<b>⊘</b> DAY∂		<b>\$</b>
City	State	Zip Code (Plus 4)	MO.	M.DAY	YEAR	\$
Employer Name	1		Оссира	rtion		
Employer Mailing Address/Principal Place of Business	Employer Mailing Address/Principal Place of Business					
				·		PAGE TOTAL
Enter Grand Total of Part D on Sched	dule I	, Detailed Summa	ry Page	, Section	on 3.	\$

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PAGE	1	OF

# 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			Re	porting P	eriod	6110
HR	P		ļ	From 5	1/	то <u>6/10</u>
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	Morro	DAY	YEAR	Amount \$
Receipt Description			<u>l</u> .		<b>_</b>	
Full Name	***************************************					
Mailing Address						
City	State	Zip Code (Plus 4)	MO	DAY	677-A:788	Amount \$
Receipt Description	<u></u>		1	L		
Full Name						
Mailing Address	<del></del>	<u> </u>				
City	State	Zip Code (Plus 4)	WO.	DAY	YEAR	Amount \$
Receipt Description	1		<u></u>			
Full Name						
Mailing Address			<del></del>		_	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	<u></u>		.l			
Full Name					. —	
Mailing Address						
City	State	Zip Code (Plus 4)	-% M.O. 223	@day @	YEAR	Amount \$
Receipt Description	<u> </u>		<u></u>			
Full Name						
Mailing Address				<del>, , , , , , , , , , , , , , , , , , , </del>		
City	State	Zip Code (Plus 4)	MO.	DAY	SY ANS	Amount \$
Receipt Description	<u></u>		1	<u>.                                    </u>	I	
				<u></u>		PAGE TOTAL
Enter Grand Total of Part E on Sched	dule I,	Detailed Summary	Page,	Section	n 4.	\$

#### SCHEDULE II

P	۹(	ŝΕ	OF	

## 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 Pe	riod		
		From		To	
		<del></del>			
() UNITEMIZED (IN-KIND CONTRIBUTIONS RECEIVE	D - VALUE OF	\$50.00 GR	iess/fi	ite dell'orniel	prel:
TOTAL for the	Reporting Period	iod (1)	\$		
		نکیک کینی سان به مصوری بیرین بیرین بیرین از است. ا			
ZAZINZKIND ZONTRIBUTIONS RECEIVEDES VALUE (	)F:\$50.01:TO.\$	250/00 (FRE	V PART	ř.	
TOTAL for the	Reporting Period	od (2)	\$		
		<u></u>			
S. (IN-KIND CONTRIBUTION RECEIVED - VALUE OV	/ER \$250.00 (FR	iem pait	1		
TOTAL for the	Reporting Perio	od (3)	\$	<b>B</b>	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURIN REPORTING PERIOD (Add and enter amount totals fil and 3; also enter on Page 1, Report Cover Page, Ite	rom Boxes 1, 2,		\$		

AGE	OF	

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting From	) / <b>7</b>	то 10/10
HRP						AMOUNT
Full Name of Contributor			≥∂MO.	DATE DAY	en ear	\$
Mailing Address			MO	DAY	MEARS.	
		Zip Code (Plus 4)	000166	‰ eadaye.s	9430 EA 1502	\$
City	State	Zip Code (rius 4)	SSENIO?			\$
Description of Contribution:						
Full Name of Centributor			ANG.	DAY	VEAR	\$
Mailing Address			18 <b>3410</b>	O DAY	SYEAR	\$
A	State	Zip Code (Plus 4)	S-MO	DAY	VEAGO	
City	Jiaie	-	35,800			\$
Description of Contribution:						
Full Name of Contributor			-∛MO	DAY.	YEAR	\$
Mailing Address			7/MO	O DAY	EXEAR	\$
City	State	Zip Code (Plus 4)	w io	Ø S. DAY	YEAR	
		_				\$
Description of Contribution:						
Full Name of Contributor			S.MO.	DAY	MYE ARE	\$
Mailing Address			E MO	# DAY	AYEARY)	\$
City	State	Zip Code (Plus 4)	MG	Ø DAY	AVEAS:	\$
Description of Contribution:	L	-				<b>3</b>
Description of Contribution:						
Full Name of Contributor	. ,,.		* MD	DAY .	YEAR	\$
Mailing Address	<del></del>		<b>ЗМО</b>		<b>EYEAR</b>	\$
City	State	Zip Code (Plus 4)	MO	DAY		\$
Description of Contribution:			<u></u>		<u> </u>	
			wereness to		a processore de la constitución	
Full Name of Contributor						\$
Mailing Address			МО	DAY	HYEAR S	\$
City	State	Zip Code (Plus 4)	eMO	ELDAYE	SYEARES	\$
Description of Contribution:						
						DAGE FOR
Enter Grand Total of Part F on Sched	ule II	l, In-Kind Contribu	itions	Detailed		PAGE TOTAL \$
Summary Page, Section 2.						*

PAGE	OF	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			1	Reporting		
				From _		To
				DATE		AMOUNT
Full Name of Contributor	.,		© MO∑	S SDAY!	SYEAR S	\$
Melling Address			MO:	PAY	ZYEATI S	\$
City	State	Zip Code (Plus 4)	<b>®</b> мо\$	(bay)	YEAR	\$
Employer of Contributor			Occupe	ation	<u>.I</u>	
Employer Mailing Address/Principal Place of Business			Descri	ption of Co	ntribution	
					المستنبس والمستوال	
Full Name of Contributor					YEAR	\$
Mailing Address			₹ NO	SE SECONTR	YEAR	\$
City	State	Zip Code (Plus 4)	≫ MOS	YAO:	SEYEARE	\$
Employer of Contributor			Occupa	ation		
Employer Mailing Address/Principal Place of Business			Descri	ption of Co	ntribution	
Full Name of Contributor	<u></u>		MO:	PAX	X/EAS.	\$
Mailing Address			Ø MO	S SODAYS	YEAR	\$
City	State	Zip Code (Plus 4)	€ MO	SE SECOND	SSYEARS	\$
Employer of Contributor	<u> </u>		Occup	ation	_1	
Employer Mailing Address/Principal Place of Business			Descri	ption of Co	ontribution	
			84 TY 16	Selvenio	X YEAR Z	
Full Name of Contributor						\$
Mailing Address					YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY.	YEAR	\$
Employer of Contributor	<u> </u>		Occup	ation	<del>_</del> _	
Employer Mailing Address/Principal Place of Business			Descr	iption of C	ontribution	
Full Name of Contributor			MO.	E DAY	Ø YEAT	\$
Mailing Address	<del> </del>		MO	86 /50/AV	** **YEARV	\$
City	State	Zip Code (Plus 4)	MO	ZZZ ZZZDAYA	EXTEARS:	\$
Employer of Contributor	نـــــــــــــــــــــــــــــــــــــ		Occup	ation		
Employer Mailing Address/Principal Place of Business			Descr	iption of C	ontribution	
			!			PAGE TOTAL
Enter Grand Total of Part G on Sche Summary Page, Section 3.	dule II	l, In-Kind Contrib	utions	Detaile	d	\$
auminiary rage, section s.						

DSEB-502 (7-99)

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate  HRP	From <u>5/7</u> To <u>6/10</u>
To Whom Paid COMCAST	MO. DAY YEAR!! Amount
Malling Address PO BOX 1872	Description of Expenditure    This is a second true   This is a second true
SOMITTON State Zip Code (Plus 4)	Vitingo
To Whom Paid avadient pata USA Inc	MO. DAY YEAR Amount 5 14 19 \$ 1095,00
Mailing Address  City   State   Zip Code (Plus 4)	Description of Expenditure WESTC
To Whom Paid	MD: TO DAY YEAR !! Amount
Mailing Address O.M. (112 Clo.C.)	S 9 \$ 707.8
PO 412860  City Ft. Washington   State   Zip Code (Plus 4) PA 19034 -	1 Stamps
To Whom Paid USPS	5 16 19 \$ 235.00
Mailing Address PO 412860	Description of Expenditure
City State Zip Code (Plus 4)	
To Whom Paid STUPICS Mailing Address	MO. DAY YEAR Amount \$ 236.36
1210 Bethlehum Pike	paper/supplies
North Wates 18A 19454 -	Mo. I DAY YEAR Amount (1) 00
Mailing Address 100 WEISH RO	Description of Expenditure
HOKSham PA 19044 -	chairmans meeting
To Whom Paid Walmart	MO. DAY YEAR Amount 84.34
Mailing Address 2101 BIQIY MIII RO	Description of Expenditure
WILLOW GOVE PA 19090-	Se de després
BOUND BEV.	MO. DAY YEAR Amount \$0.91
308 EUSTON KU State Zip Code (Plus 4)	chairmas muting
WALLING UN 1 PA 189/0-	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page	sge, Item D. \$ 2757.34

#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate  HRP	Reporting Period
111/1	
To Whom Paid Graeme Park Pizza	MO. DAY YEAR Amount \$ 390.15
Mailing Address SOI COUNTILLINE RO	Description of Expenditures Mext.
HORSHAM PA 1904 4	
To Whom Paid Green TUrtle	MO. DAY YEAR Amount (6.00)
Mailing Address 1100 Bethfehem Pike	Description of Exponditure Charmans roll.
NOrth Walts PA 19464	
To Whom Paid MP WED CENTERS	6 3 19 \$ 79.00
Mailing Address	Description of Expenditure
Greensboro State Zip Code (Plus 4) NC 18107 -	
To Whom Paid Facebook	MO. DAY YEAR Amount 9.94
Mailing Address 1 Hacker Way	Description of Expenditure AGS
Menio Park CAF4025	
To Whom Paid COMCAST	MO. DAY YEAR: Amount \$ 127.92
Mailing Address PO BOX 18702	Description of Expenditure  U+11175
SOCITON State Zip Code (Plus 4) PA 19717 -	
Peco Peid	MO. 1 DAY YEAR Amount 71.37
Meiling Address PO BOX 37629	Description of Expenditure
Philadelphia PA 19103 -	
To Whom Paid Growth Opportunity Fund	MD. DAY YEAR Amount 5,000
Mailing Address PO BOX 193	bohation
Harrisbura PA 1780 -	
To Whom Pald William Fitzpatrick	MO. DAY YEAR Amount 399.00
Mailing Address 229 S 4th St	Charman Pas.
OXFORD PA 19363 -	
Enter Grand Total of Expenditures on Page 1, Report Cover Page	PAGE TOTAL  s \ \ \ \ 2 \ \ 3 \ .38

PAGE	OF	

# 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	TIRP		Reporting From	5/1 	то 6/10
Name of Creditor		· ·			Outstanding Balance of Debt \$
Mailing Address	DATE	MO:	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor		<del> </del>	<del></del>		Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	Mo	S. BAY S	YEAR	
City	Incomed	State	Zip Code	(Plus 4)	
Description of Debt		<u> </u>			<u> </u>
Name of Creditor	· · · · · · · · · · · · · · · · · · ·			<del> </del>	Outstanding Balance of Debt \$
Mailing Address	DATE DEBT INCURRED	Mo	DAY 3	YEAR	
City		State	Zip Code	(Plus 4)	Section 1
Description of Debt					
Name of Creditor			<u></u>		Outstanding Balance of Debt
Mailing Address	DATE DEBT INCURRED	<b>∴M0</b> .∜	, DAY	YEAR	
		<del></del>	Zip Code	(Plus 4)	
City		State	_	•	
City  Description of Debt		State			
		State			Outstanding Balance of Debt
Description of Debt  Name of Creditor  Mailing Address	DATE DEBT INCURRED		OAY	YEAR	\$
Description of Debt  Name of Creditor	DEBT		Zip Code		\$
Description of Debt  Name of Creditor  Mailing Address	DEBT				\$
Description of Debt  Name of Creditor  Mailing Address  City	DEBT				\$ Outstanding Balance of Debt
Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt	DEBT INCURRED  DATE DEBT		Zip Code	(Plus 4)	\$
Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor	DEBT INCURRED	MQ2 State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address	DEBT INCURRED  DATE DEBT	MO2 State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Description of Debt  Name of Creditor  Mailing Address  City  Description of Debt  Name of Creditor  Mailing Address  City	DEBT INCURRED  DATE DEBT	MO2 State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt