CAMPAIGN FINANCE REPORT

PAGE 1 OF 12

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

SEASON INCOMES AND A SEASON OF THE SEASON OF				a) as types of pint	tou iii	Dide Of Black	11 11.7		
Filer Identification	" 82-1085	2.12	Report Filed By:	CANDIDATE	1.	COMMITTEE	X	LOBBYIST	3,
Name of Filing Comr	mittee Candidate or Lobbyis	"CXIAN	ial(0)	5410	<u>-</u>		/		
Street Address:	Banaria	401011	1015	PUTUIC					
City:	120 HOTIL	MACK	DY.	1		·			
	Latayett	2 HIII		State: PA		Zip Code: 4L	14 -	•	
TYPE OF REPORT	6TH TUESDAY 1.	2ND FRIDA PRE PRIMA		30 DAY PRIMARY	3.	AMENDMENT	YES	NO	
REPORT	8TH TUESDAY 4.	2ND FRIDA	y 5.	30 DAY	6.	TERMINATION		200	
(place X to the right of	ANNUAL 7.	PRE-ELECT YEAR	ON	POST ELECTION		REPORT?	YES	NO	
report type)	REPORT			FILING METHOD () CHECK ONE	>	PAPER	X	DISKETTE	
Name of Office Soug		0	-)	DATE OF ELEC	TION	District Offi Number Cod			ounty Code
Colonial	School Boar	a DIK	Stor	110720	1/7	AL OF	HI	SEM L	16
	MIDTER CONTRACTOR STATE OF THE			11101120	/	THE PROPERTY HAS SOME AND AND AND	Charles of the	TIONS FOR	THE RESERVE THE PARTY OF THE PA
Summary of R	eceipts	O. DAY YE	AR I	MO. DAY YE	AR .	FOR O	FIUE (JSE ONLY	3435
and Expenditur		5/24/W	To	[1] [21] 20	17				STATE
	t Forward From Last Rep		\$	4,393.50					
	Contributions and Receip		dule I) \$	2,525					
	ailable (Sum of Lines A	and B)	\$	6,918.50	2				
	res (From Schedule III)		\$	4,128.14					
Man and the state of the state	ance (Subtract Line D fro	Ver of the party of the latest and t	\$	4,790.3	6				Sheepen
	nd Contributions Received		ile II) \$						SPECIFICAL
G. Unpaid Debts ar	nd Obligations (From Scho	edule IV)	\$	Ø		阿尔斯 阿克纳 亚铁色铁谱画		A West State Print	
PART IS THE BOOK		A	FFIDAVIT S	ECTION					
I swear (or affirm) th	s a Committee report, to	easurer sign n	ere, if this	r computer diskette a	ort, car	ndidate sign he	e.		
Sworn to and subscr				Tomparor Oronoste, a	16 10 11	e pest of the kur	owieage	and belief t	rue,
	November	2 20	17 7	Louis	1	CANE	011	1	
0-	0 1			Signa	ture of	Person Submittin)	
the	Signatur	<u> </u>	}	Laura		rinted Name	'W		
My commission exp	TWO CONTRACTOR		LVANIA	_ 215	-	_738.	170	12	
	Omnstine Jakier	THEOLINE	ublic	Area Code	SECTION S	Daytime	l'elephor	ne Number	
	s a repolición de	1878 AUTHOUTE	POUR itte	e, candidate shall sig	n here				
l swear (or affirm) the (P.L. 1333, No. 320) as	at to the BER, PENNSYEVAN	AASSOCIATION OF	NOTARIES Cal C	ommittee has not viola	ted any	provisions of th	e Act o	f June 3, 19	37
Sworn to and subscr	ibed before me this		4 : >						NAN .
30 day of	November	e	11	5.52	0			- 38	The series
nun	ayor Dros	on	_ }	Eunice +	Signatu Va r	re of Candidate	eck	O - S	EAL Stary
My commission expi	Signature II 06	20/	9	484	Pr	inted Name	172	(0/2	SO SO
	MO. DAY	YR.	- J	Area Code		Daytime	elephon	e Number	San San
			AND COL MEDICAL				7 1 To 64-00 Co. o. o.	N S S	Sio Z.
	Danartmant of C.	Yata @ D		* * * * * * * * * * * * * * * * * * *	4 (4)	72 20 27		c	A . 47 /2

SCHEDULE I

PAGE 2 OF 12

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	lod
		То
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTOR
TOTAL for the Reporting Period	i (1)	\$ 25
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART	в)	
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ Ø
TOTAL for the Reporting Period	3 (2)	\$ Ø
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ Ø
All Other Contributions (Part D)		\$ 2500.
TOTAL for the Reporting Period	i (3)	\$ 2,500.
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	. (FROM PART E)
TOTAL for the Reporting Period	(4)	\$ 0
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 Cover Page, Item B.)		* 2,525.—

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.

Building Colonials	S Fu	ture	l H	From _		-17 то 11-27-17
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		The state of the s	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contribute Contribute		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		The state of the s	MO.	DAY	YEAR.	\$
City	State	Zip Code (Plus 4)	MO.	DAŸ	YEAR	\$
Full Name of Contributing Committee			Mo.	DAY	VEAD	7
			IMO.	DAT	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		ALL MEDICAL CONTRACTORS AND	MO.	DAY	YEAR	
Mailton Addana		The second secon				\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Pius 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	Ψ
		Constitution Committee Committee	1.00	UA:	I I LAN	\$
Full Name of Contributing Committee			- MO.	DAY	YEAR	\$
Mailing Address	1 - 1		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	œ.
Full Name of Contributing Committee			l Mo	DAY	VEAD	\$
			Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAB	\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	·MO.	DAY	YEAR	4
				or seem to be not	TO MICH SHOW SHAPE	\$
Enter Grand Total of Part A on Sch	redule I,	Detailed Summa	ry Page,	Sectio	n 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 Candidate	1 -	-	10	icpo. thig	Period	
Building Colonial	.'St	uture		From 1	0.24	·17 To 11.27.17
				DATE	HELD POPULATION AND ADDRESS OF THE PARTY OF	AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address			140			\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-	7 10 10			\$
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address			-			\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	T
		(1 73)	1	1	TEAN	\$
Full Name of Contributor	Service Constitution of the Constitution of th		MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	6
City	T C4-4- 1	7. 0. 1.0.				\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢.
Full Name of Contributor			DE SECURIOR DE LA COMPANSION DE LA COMPA			\$
Tall Halle of Collinouter			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
A AND SOME SERVICE						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Euli Name of Cassibuses						
Full Name of Contributor			MO.	DAY	YEAR	A.
Commission of the Commission o						\$
Mailing Address			MO.	DAY	YEAR	
Commission of the Commission o	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Mailing Address	State	Zip Code (Plus 4) —				\$
Mailing Address	State	Zip Code (Plus 4) —	MO.	DAY	YEAR. YEAR	\$
Mailing Address City Full Name of Contributor	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Mailing Address City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR. YEAR	\$ \$
Mailing Address City Full Name of Contributor Mailing Address			MO. MO.	DAY DAY DAY	YEAR YEAR YEAR	\$
Mailing Address City Full Name of Contributor	State	Zip Code (Plus 4) — Zip Code (Plus 4)	MO.	DAY DAY	YEAR YEAR YEAR	\$ \$ \$
Mailing Address City Full Name of Contributor Mailing Address City			MO. MO. MO. MO.	DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR	\$ \$
Mailing Address City Full Name of Contributor Mailing Address			MO. MO.	DAY DAY DAY	YEAR YEAR YEAR	\$ \$ \$ \$
Mailing Address City Full Name of Contributor Mailing Address City			MO. MO. MO. MO.	DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR	\$ \$ \$
Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor Mailing Address			MO. MO. MO. MO.	DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$
Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor			MO. MO. MO. MO.	DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$ \$
Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor Mailing Address City	State	Zip Code (Plus 4)	MO. MO. MO. MO.	DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$
Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor Mailing Address	State	Zip Code (Plus 4) Zip Code (Plus 4)	MO. MO. MO. MO.	DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$ \$ \$
Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor Mailing Address City	State	Zip Code (Plus 4) Zip Code (Plus 4)	MO. MO. MO. MO. MO. MO. MO. MO.	DAY DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$ \$
Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor	State	Zip Code (Plus 4) Zip Code (Plus 4)	MO. MO. MO. MO. MO. MO.	DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor	State	Zip Code (Plus 4) Zip Code (Plus 4)	MO. MO. MO. MO. MO. MO. MO. MO.	DAY DAY DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$ \$ \$
Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor Mailing Address	State	Zip Code (Plus 4) Zip Code (Plus 4)	MO. MO. MO. MO. MO. MO. MO. MO.	DAY DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor Mailing Address	State	Zip Code (Plus 4) Zip Code (Plus 4)	MO. MO. MO. MO. MO. MO. MO. MO.	DAY DAY DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor Mailing Address City Full Name of Contributor Mailing Address	State	Zip Code (Plus 4) Zip Code (Plus 4) Zip Code (Plus 4)	MO. MO. MO. MO. MO. MO. MO. MO.	DAY DAY DAY DAY DAY DAY DAY	YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

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.

Building Colonial &	5 Fi	nture		Reporting From 1	D-24	17 то 11-27-17
				DATE	NATIONAL PROPERTY.	AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	of the same		Mo.	DAY	YEAR	
Mailing Address		programme and the second secon				\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR.	\$
Full Name of Contributing Committee	THE RESERVE OF THE PERSON NAMED IN		MO.	DAY	YEAR	
Mailing Address		The Carlotte Control of the Control				\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	\$
Malling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	
Mallia III						\$
Malling Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			Mo.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO;	DAY	YEAR	\$
Full Name of Contributing Committee	dennesseed		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
	ducum			·	Marian de compositor de	PAGE TOTAL /
Enter Grand Total of Part C on Sche	dule I,	Detailed Summar	y Page,	Section	1 3.	\$ Ø

ALL OTHER CONTRIBUTIONS

PAGE 6 OF 12

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.)

Ruilding Colonial	SF	uture	ĮF	From _		17 то 11:27:17	
				DATE		AMOUNT	
Full Name of Contributor Dounas Muller			Mo. 10	BAY BAY	YEAR 17 YEAR	\$ 2500	
Mailing Address 800 Layfield Ro	800 Layfield Kd						
Perkiomenville	TA	Zip Code (Plus 4) 18074 -	MO.	DAY	YEAR	\$	
Eastern Environment	Occupati	on. 1910 00	r/ou	ner			
Employer Mailing Address/Principal Place of Business	the St	-, Green Lanc	-	180	54		
Full Name of Contributor	AND THE PROPERTY OF THE PARTY O		Mo.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer Name	11	THE STATE SHAPE TO SHAPE THE PARTY OF THE STATE OF THE ST	Occupati	ion	L	L	
Employer Mailing Address/Principal Place of Business				***	West Management		
Full Name of Contributor			MO.	DAY -	YEAR	\$	
Mailing Address	ailing Address				YEAR	\$	
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$	
Employer Name	11		Occupation				
Employer Mailing Address/Principal Place of Business		With the State of					
Full Name of Contributor			Mo.	DAY	T VEAD		
Tan 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						The state of the s	
Full Name of Contributor			Mo.	DAY	YEAR	•	
Mailing Address			ļ.,,,	1 5.00	VE 15	\$	
City	Steta	Zin Code (Div. 4)	.MO.	DAY	YEAR	\$	
	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$	
Employer Name			Occupati	on			
Employer Mailing Address/Principal Place of Business							
					C. S. Sandalla & M. School and	PAGE TOTAL	

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

\$ 2500.

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 Building Colonial'S FLH	ure	,	R	eporting From _	Period 0·24	·17 то <u>11·27·17</u>
Full Name		PARTITION OF THE PURPOSE OF THE			e de la companya de	

Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	===	1			L	
Full Name			estimated to service of the	erakensensky ge		
Mailing Address						
City	Ctata	Tio Code (Dlue 1)	1		ricaz esteral	
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Namo	Security			e Balling of State Control		
Mailing Address	Transfer			***************************************		
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	Amount
Receipt Description						\$
Full Name				***************************************	Department of the section of the	
Mailing Address		PROPERTY OF THE PROPERTY OF TH				
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
Receipt Description						\$
Full Name	5700000000		NAME OF STREET			
Mailing Address						
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	Amount \$
Receipt Description						D
Full Name .	Marie Constitution			Park Company Company of the Company	a di la seria de la companione	
Mailing Address						
	27/1					
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description		II.				
	With the second		NAME OF TAXABLE PARTY.	CERTIFICATION OF THE PARTY OF T	PERSONAL PRO	PAGE TOTAL ,
Enter Grand Total of Part E on Sched	lule I,	, Detailed Summary	Page,	Section	1 4.	\$ Ø

DSEB-502 (7-99)

SCHEDULE II

PAGE 8 of 12

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

Building Colonial'S Future	Reporting Per		7 го 11.27.17
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	F \$50.00 OR L	ESS P	ER CONTRIBUTOR
TOTAL for the Reporting Per	riod (1)	\$	Ø
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO S	\$250.00 (FROM	A PART	Γ F)
TOTAL for the Reporting Per	riod (2)	\$	Ø
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (F	FROM PART G)	
TOTAL for the Reporting Per	riod (3)	\$	Ø
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2		Φ.	\prec
and 3; also enter on Page 1, Report Cover Page, Item F.)	*	\$	\wp

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			R	eporting	Period	
Name of Filing Committee or Candidate Building Colonial'S	. Fir	ture	Ī	From	0.24	·17 TO 11.27.17
Section S			an market and one	District Control		
Full Name of Contributor		THE RESERVE OF THE PROPERTY OF THE PARTY OF	MO.	DATE	- YEAR	AMOUNT
Mailing Address						\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:					1	
Full Name of Contributor			Mo.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY -	YEAR	\$
Description of Contribution:	L1	790000000000000000000000000000000000000				
Full Name of Contributor	TEANING A		Mo.	DAY	YEAR	
Mailing Address			1,10		TEAR	\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	- DAY	YEAR	\$
Description of Contribution:	'					
Full Name of Contributor	WAS TO VE		Mo.	DAY	YEAR	
					- IGAN	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:		portion				
Full Name of Contributor			Constant was	NAMES AND DESCRIPTIONS		
			. 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	_
Molto						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
Description of Contribution:			LL			
					STATE OF THE PARTY	DACE TOTAL
Enter Grand Total of Part F on Sched Summary Page, Section 2.	ule II,	In-Kind Contributi	ions De	tailed		\$
						/ -

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	~ \		R	eporting	Period	110 110710
Building Colonial's	rut	WE		From _	0.20	(·1) To 11.27.17
	CHONINGS S			DATS	A CASCALLA PARA PARA PARA PARA PARA PARA PARA	AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
Сіту	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		la manifesta de la filosopia d	Occupati	on	1	
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor	ntribution	
Fuli Name of Contributor	NOTE WHEN DE		Mo.	DAY-	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Employer of Contributor					L
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor	ntribution	
Full Name of Contributor	Managara		MO.	DAY	YEAR	
Ton Name of Contributor						\$
Mailing Address	Mailing Address				YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	Anno a common	<u> </u>	Occupati	on	.	I
Employer Mailing Address/Principal Place of Business			Descripti	on of Cor	ntribution	
Full Name of Contributor			мо.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	_MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	on	<u> </u>	L
Employer Mailing Address/Principal Place of Business			Descripti	on of Cor	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		1	Occupati	on .	A	I
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor	ntribution	
Enter Grand Total of Part G on Schee Summary Page, Section 3.	dule I	l, In-Kind Contribu	utions D	etailed		PAGE TOTAL

DSEB-502 (7-99)

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Building Colonial's	Fut	rure	Reporting Period From (0.24.17 to 11.27.17
	000000000000000000000000000000000000000		
A. Trice Photographi	CS,	Inc.	MO. DAY YEAR Amount 450.—
351 Eagle Rd.			Description of Expenditure Candidate photos
Newtown	PA	Zip Code (Plus 4) 18940-	
The Sexton Group			MO. DAY YEAR Amount \$ 3,420.85
Mailing Address 405 W. Superior 7	150	3	Description of Expenditure phone calling
Chicago	State	Zip Code (Plus 4) 60654 -	
To Whom Paid Sunice Franklin-Be	cti	er	MO. DAY YEAR Amount 117.75
Mailing Address 311 Anthony Drive			Description of Expenditure Firmburse for Wix. Comdomain
Plymouth Meeting	PA	Zip Code (Plus 4) 19462-	for BCF
To Whom Paid Eunice Franklin-B	ect	ex	MO. DAY YEAR Amount 72.19
Mailing Address 311 Anthony Dri	C		reimanse for printing, envelopes
Plymouth Meeting	State PA	Zip Code (Plus 4)	temading labers for fundraising letters
To Whom Paid Tompkins Vist F	en Autosand		MO. DAY YEAR Amount \$ 67.35
Mailing Address		X	Description of Expenditure
Conshohocken	State	Zip Code (Plus 4)	bank fees 10:24.17 to 11.27.17
To Whom Paid			MO DAY YEAR Amount
Mailing Address			Description of Expenditure
City	State	Zip Code (Plus 4)	
To Whom Paid	and the second		MO. DAY YEAR Amount
Mailing Address			Description of Expanditura
City	State	Zip Code (Plus 4)	
To Whom Paid	47.05.000		MO: DAY YEAR Amount
Mailing Address	*****		Description of Expenditure
City	State	Zip Code (Plus 4)	
Enter Grand Total of Expenditures on Pag	ge 1,	Report Cover P	Page, Item D. \$ 4,128.14

STATEMENT OF UNPAID DEBTS

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

Name of Filing Committee or Candidate			Reporting		
Name of Filing Committee or Candidate Building Colonial's Futur	e		From]	0.24	·17 TO 11.27.17
			NES ES ESTADOS DE LA CONTRACTOR DE LA CO		
Name of Creditor				ing a state of the state of the	Outstanding Balance of Debt
Malling Address	IDATE	T-Same	1	1	\$
	DEBT INCURRED	MO.	DAY	YEAR	
City	Tittotines	State	Zip Code	(Plus 4)	
Description of Debt			-	_	
Name of Creditor	The state of the s				Outstanding Balance of Debt
					\$
Mailing Address	DATE	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Pius 4)	
			-	-	
Description of Debt		<u> </u>			Last Street March William
Name of Creditor		North State of the State of the		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Name of Clear(o)					Outstanding Balance of Debt
Mailing Address	DATE	MO:	DAY.	YEAR	\$
	DEBT INCURRED				
City		State	Zip Code		
Description of Debt					
Name of Creditor		4.5			Outstanding Balance of Debt
Mailing Address	15.75	Principle Services	1	1	\$
•	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Description of Debt					
Name of Creditor		Market Const	STATE OF THE PARTY	California de Cal	Outstanding Balance of Debt
					\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plue A)	
and the state of t				11 100 47	
Description of Debt					MAN ALTO THOUSE TO A MAN A NOT A A ST
Name of Creditor	National Association of the Control	1542 (MATERIA)			
Name of Greator					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$
	DEBT INCURRED	200		3,27,01	
City		State	Zip Code	(Plus 4)	
Description of Debt			-		
		OF THE SECTION			PAGE TOTAL
					В /
Enter Grand Total of Unpaid Debts on Page 1, Re	port Cover P	age, It	tem G.		s Ø