Commonwealth of Pennsylvania

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: ▶ 82-1085212	Report Filed By: ▶	CANDIDATE 1.		COMMITTEE 2. X		LOBBYIST 3.	

Name of Filing Committee, Candidate or Lobbyist: Building Colonial's Future

Street Address: 120 Hollyhock Dr.

City: Lafayette Hill | State: PA | Zip Code: 19444 -

TYPE OF REPORT (place X to the right of report type)											
	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	YES		NO	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES		NO	
	ANNUAL REPORT	7.	▶ YEAR		FILING METHOD (CHECK ONE ▶		PAPER	X	DISKETTE		

Name of Office Sought by Candidate: Colonial School Board Director

DATE OF ELECTION MO.	DAY	YEAR	District Number	Office Code	Party Code	County Code
5	16	2017	AL	OTH	DEM	46

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: ▶ 4 / 6 / 2017 To 5 / 1 / 2017

FOR OFFICE USE ONLY

A.	Amount Brought Forward From Last Report	$ Ø
B.	Total Monetary Contributions and Receipts (From Schedule I)	$ 5,010.00
C.	Total Funds Available (Sum of Lines A and B)	$ 5,010.00
D.	Total Expenditures (From Schedule III)	$ 365.67
E.	Ending Cash Balance (Subtract Line D from Line C)	$ 4,644.33
F.	Value of In-Kind Contributions Received (From Schedule II)	$ Ø
G.	Unpaid Debts and Obligations (From Schedule IV)	$ Ø

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 2 day of May 2017

Sheila G. Ramirez Murillo
Signature

My commission expires June 09 2020 (MO. DAY YR.)

Laura C Carey
Signature of Person Submitting Report

Laura C. Carey
Printed Name

215 738-1792
Area Code Daytime Telephone Number

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

WELLS FARGO

Acknowledgment by Individual

State of Pennsylvania County of Montgomery

On this 2 day of May, 2017, before me, Sheila Ramirez
Name of Notary Public

the undersigned Notary Public, personally appeared Laura C Carey Laura C Carey

Name of Signer(s)

- ○ Proved to me on the oath of _____
- ○ Personally known to me
- ● Proved to me on the basis of satisfactory evidence DL PA 19 602 456 Exp 07/02/2017
(Description of ID)

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed it.

WITNESS my hand and official seal.

Commonwealth of Pennsylvania
NOTARIAL SEAL
Sheila G Ramirez Murillo, Notary Public
Conshohocken Borough, Montgomery County
My Commission Expires June 09, 2020

Notary Seal

Sheila G. Ramirez Murillo
(Signature of Notary Public)

My commission expires June 09 2020

Optional: *A thumbprint is only needed if state statutes require a thumbprint.*

Right Thumbprint of Signer
Top of thumb here

Description of Attached Document

Type or Title of Document
Campain Finance Report

Document Date
5/2/2017

Number of Pages
13

Signer(s) Other Than Named Above
none

Scanner Enabled Stores should scan this form
Manual Submission Route to Deposit Operations

DSG5350 (Rev01-01/15)

FO01-00000DSG5350-01

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Building Colonial's Future	From 4.6.17 To 5.1.17

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	$ 550.00

2. CONTRIBUTIONS $50.01 TO $250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		$ 250.00
All Other Contributions (Part B)		$ 1,210.00
TOTAL for the Reporting Period	(2)	$ 1,460.00

3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		$ 1,500.—
All Other Contributions (Part D)		$ 1,500.—
TOTAL for the Reporting Period	(3)	$ 3,000.—

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	$ Ø

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.)*	$ 5,010.00

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 Candidate	Reporting Period
Building Colonial's Future	From 4.6.17 To 5.1.17

			DATE MO.	DAY	YEAR	AMOUNT
Full Name of Contributing Committee: Bucks-Mont Good Government PA			05	01	2017	$ 250.00
Mailing Address: 60 E. Court St., Box 1389						$
City: Doylestown	State: PA	Zip Code (Plus 4): 18901 -				$
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 $ 250.00

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: Building Colonial's Future

Reporting Period: From 4.6.17 To 5.1.17

Full Name of Contributor / Mailing Address / City, State, Zip Code (Plus 4)	DATE (MO. DAY YEAR)	AMOUNT
Adam Schupack 3013 Edmonds Rd. Lafayette Hill, PA 19444 -	04 06 2017	$ 100.00
Laura Carpey 120 Hollyhock Dr. Lafayette Hill, PA 19444 -	04 24 2017	$ 100.—
Philip Lachenmayer 1772 Butler Pike Conshohocken, PA 19428 -	04 24 2017	$ 100.—
Karen Bramblett 2700 Butler Pike Plymouth Meeting, PA 19462 -	04 24 2017	$ 100.—
Rosemary Northcutt 112 E. 6th Ave. Conshohocken, PA 19428 -	04 24 2017	$ 100.—
Linda Hansell 6907 Henley St. Philadelphia, PA 19119 -	04 24 2017	$ 100.—
Steven Silbiger 127 W. Meetinghouse Lane Plymouth Meeting, PA 19462 -	04 24 2017	$ 100.—
Andrew Napier 13806 233rd St. Laurelton, NY 11422 -	05 01 2017	$ 100.—

PAGE TOTAL $ 800.00

Enter Grand Total of Part B 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	Reporting Period
Building Colonial's Future	From 4·6·17 To 5·1·17

Full Name of Contributor / Mailing Address / City, State, Zip Code (Plus 4)	DATE MO.	DAY	YEAR	AMOUNT
Marjorie Shiekman 4 Horsetrail Lane Blue Bell, PA 19422 -	05	01	2017	$ 100.00
Jon Harris-Shapiro 7820 Whitewood Rd. Elkins Park, PA 19027 -	05	01	2017	$ 150.00
Sean Kennedy 1650 Arch Street Rd. Blue Bell, PA 19422 -	04	24	2017	$ 80.00
Heather Gannon 36 Terrace Rd. Plymouth Meeting, PA 19462 -	04	24	2017	$ 80.00
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

PAGE TOTAL $ 410.00

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	Reporting Period
Building Colonial's Future	From 4·6·17 To 5·1·17

Full Name of Contributing Committee / Mailing Address / City	State	Zip Code (Plus 4)	DATE MO.	DAY	YEAR	AMOUNT
Friends of Jason Salus			04	24	2017	$ 500.00
PO BOX 1214						$
Norristown	PA	19404 –				$
Colonial Area Democrats			04	24	2017	$ 1,000.00
PO BOX 55						$
Conshohocken	PA	19428 –				$
						$
						$
		–				$
						$
						$
		–				$
						$
						$
		–				$
						$
						$
		–				$
						$
						$
		–				$
						$
						$
		–				$

PAGE TOTAL $ 1,500.00

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: Building Colonial's Future

Reporting Period: From 4.6.17 To 5.1.17

Full Name of Contributor: Obermayer, Rebmann Maxwell & Hippel, LLC
Mailing Address: Centre Square West, 34th Floor, 1500 Market St.
City: Philadelphia | State: PA | Zip Code (Plus 4): 19102 –
Employer Name: above
Occupation: Law firm
Employer Mailing Address/Principal Place of Business: above
DATE: MO. 05 DAY 01 YEAR 2017
AMOUNT: $ 500.00

Full Name of Contributor: Fox Rothschild LLP
Mailing Address: 2000 Market St., 20th
City: Philadelphia | State: PA | Zip Code (Plus 4): 19103 –
Employer Name: above
Occupation: Law firm
Employer Mailing Address/Principal Place of Business: above
DATE: MO. 05 DAY 01 YEAR 2017
AMOUNT: $ 1,000.00

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

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

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

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

PAGE TOTAL $ 1,500.00

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	Reporting Period
Building Colonial's Future	From 4-6-17 To 5-1-17

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 $ Ø

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
Building Colonial's future	From 4·6·17 To 5·1·17

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

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

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

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD *(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)*	$ Ø

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF $50.01 TO $250.00

Name of Filing Committee or Candidate	Reporting Period
Building Colonial's Future	From 4·6·17 To 5·1·17

			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
$ Ø

SCHEDULE II
PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER $250.00

Name of Filing Committee or Candidate	Reporting Period
Building Colonial's Future	From 4·6·17 To 5·1·17

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

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
	From 4·6·17 To 5·1·17

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
Jason Salus	2059 Wisteria Lane	Lafayette Hill	PA	19444-	04	24	2017	$ 365.67	fundraiser food & beverage
				–				$	
				–				$	
				–				$	
				–				$	
				–				$	
				–				$	
				–				$	

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

PAGE TOTAL $ 365.67

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	Reporting Period
Building Colonial's Future	From 4·6·17 To 5·1·17

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 $ Ø