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.	30 DAY POST PRIMARY	3. X	AMENDMENT REPORT?	YES	X	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: ▶ 05/02/2017 To 06/05/2017

FOR OFFICE USE ONLY

A. Amount Brought Forward From Last Report	$	4644.33
B. Total Monetary Contributions and Receipts (From Schedule I)	$	1,145.—
C. Total Funds Available (Sum of Lines A and B)	$	5,789.33
D. Total Expenditures (From Schedule III)	$	806.82
E. Ending Cash Balance (Subtract Line D from Line C)	$	4,982.51
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 7 day of June 2017

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Christina Jakielaszek, Notary Public
Conshohocken Boro, Montgomery County
My Commission Expires May 25, 2021
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Christina Jakielaszek
Signature

My commission expires 5/25/21 (MO. DAY YR.)

Laura C Carpey
Signature of Person Submitting Report

Laura C. Carpey
Printed Name

215 (Area Code) 738-1792 (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 12th day of June 2017

Mindy R Drosos
Signature

My commission expires 11 06 2019 (MO. DAY YR.)

Signature of Candidate

Adam N. Schrupth
Printed Name

847 (Area Code) 915-5490 (Daytime Telephone Number)

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Mindy R. Drossner, Notary Public
Newtown Twp., Delaware County
My Commission Expires Nov. 6, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Building Colonial's Future	From 5.2.17 To 6.5.17

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	$ 385.00

2. CONTRIBUTIONS $50.01 TO $250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		$ 100.00
All Other Contributions (Part B)		$ 660.00
TOTAL for the Reporting Period	(2)	$ 760.00

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

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.)*	$ 1,145.00

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 5·2·17 To 6·5·17

Full Name of Contributing Committee / Mailing Address / City	State	Zip Code (Plus 4)	DATE MO.	DAY	YEAR	AMOUNT
Jeff Saltz for Judge			05	11	2017	$ 100.00
PO Box 338						$
Wynnewood	PA	19096-				$
		–				$
						$
						$
		–				$
						$
						$
		–				$
						$
						$
		–				$
						$
						$
		–				$
						$
						$
		–				$
						$
						$
		–				$
						$

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

PAGE TOTAL $ 100.00

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 5·2·17 To 6·5·17

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE (MO. DAY YEAR)	AMOUNT
Leslie Richards	2106 Basswood Dr.	Lafayette Hill	PA	19444 -	05 11 2017	$ 100.—
Algund Hermann	1601 Walnut St., Ste. 1515	Philadelphia	PA	19102 -	05 11 2017	$ 100.—
Kristin Roth	312 Wadsworth Ave.	Philadelphia	PA	19119 -	05 11 2017	$ 100.—
Heather Mackay	1212 Ash Dr.	Ft. Collins	CO	80521 -	05 11 2017	$ 200.—
Maria Weidinger	19 Kormar Rd.	Plymouth Meeting	PA	19462 -	05 11 2017	$ 60.—
Florence Northcutt	1190 North Ave.	Beacon	NY	12508-1470	05 02 2017	$ 100.—
						$
						$
						$
						$
						$
						$

PAGE TOTAL $ 660.00

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 5·2·17 To 6·5·17

			DATE MO.	DAY	YEAR	AMOUNT
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 $ Ø

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	Reporting Period
Building Colonial's Future	From 5·2·17 To 6·5·17

	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 $ Ø

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 5·2·17 To 6·5·17

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 5.2.17 To 6.5.17

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 5·2·17 To 6·5·17

			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 5·2·17 To 6·5·17

			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			

			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			

			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			

			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			

			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			

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
Building Colonial's Future	From 5.2.17 To 6.5.17

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount	Description of Expenditure
Rosemary Northcutt	112 E. 6th Ave.	Conshohocken	PA	19428 -	05	11	2017	$ 354.00	PAC t-Shirts
Jason Salus	2059 Wisteria Lane	Lafayette Hill	PA	19444 -	05	17	2017	$ 423.12	FaceBook ad (50.00) Doorhangers (373.12)
Tompkins Vist Bank	1240 Broadcasting Rd.	Wyomissing	PA	19610 -	05	02	2017	$ 29.70	check order
								$	
								$	
								$	
								$	
								$	

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

PAGE TOTAL $ 806.82

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 5.2.17 To 6.5.17

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