

## Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	20-8257035	1 1 1 1 1 1 1	ort Filed E rk X)	Sy Candida	ite	Committee		Lobbyist		
Name of Filing Committee, Lobbyist	Candidate or		AN FOR LA	NCASTER	A	1	ma (1), (1) (1) (1) (1) (1) (1) (1)	1		
Street Address		РОВО	OX 608							
<b>City</b> ELIZABETHTOWN				State	PA Zip Code 17022					
Type of Report (Place x und	er report type)					· · · · · · · · · · · · · · · · · · ·				
1-6 <sup>th</sup> Tuesday   2-2 <sup>nd</sup> Friday   3-30 Day Post Pre-Primary   Pre-Primary   Primary			Tuesday lection	5- 2 <sup>nd</sup> Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 30 Day Post-Election			
Date Of Election (MM/DD/YYYY)	05/16/2017	Year		2017	Amendment Report		Termination Report			
Summary of Receipts and	From Date		To Date			For	Office Use Only			
Expenditures	USAN : 도시 500 M. 전 본 전투다 전환, 1500 프로그램 지수 있다. 그 전 전 등 등 및 도시 2011를 가득하는 경우 전문 경우 등 등 표시 전 4 원 경우 교육			/05/2017						
A. Amount Brought Forwar	d From Last Repo	t \$	2	28,729.62						
B. Total Monetary Contributions and Receipts (From Schedule I)				0	an					
C. Total Funds Available (Sum of Lines A and B)			\$ 28,729.62		REGISTRA					
D. Total Expenditures (From Schedule III)			\$ 833.1							
E. Ending Cash Balance (Subtract Line D from Line (	\$	2	7,896.52				<b>公</b>			
F. Value of In-Kind Contribu (From Schedule II)	\$		0							
G. Unpaid Debts and Obligations (From Schedule IV)				0	ection S					
Don't 1 lifebining Committee		ara If t	his is a Car	Affidavit Se				ÇA.		
Part 1- If this is a Committee re I swear (or affirm) that this repo	port, treasurer sign i ort, including the att	iere. ir u	hedules or	n paper, is to the	best of my knowled	lge and belief tr	ue, correct and comple	te.		
Sworn to and subscribed before  13 day of June	20 17		·	<u>_</u>		- May of Person Sulpm	WELL itting report			
Signatuse			OF PENNSYLVANIA L JANE MAXWELL Printed Name					<del></del>		
MARY M. LA  My Commission expires City of Lanca			V, Notary ancaster (	County   🗥						
MO.	My/Commiss	on Exp	irea July	2, 2020 A	Area Code		time Telephone Numbe	er		
Part II- If this is a report of a Call I swear (or affirm) that to the barnended.						y provisions of t	he Act of June 3, 1937 (	(P.L. 1333, NO.320) as		
Swom to and subscribed before	me this				2	•				
13 day of June	20 17	_	٠,١	6	The					
Mary Signature	SOMONWEALTH	OF P	ENNSYL	VANIA P	AIGÆ LEHMAN	nature of Candid Printed Name	aate	_		
My Commission expires MARY M. LATSH			iotary Pul		7	394-44		· 		
Md. City Languater, Languater County Area Code Daytime Telephone Number My Commission Expires July 2, 2020							r			

## **SCHEDULE 1**

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	-	-	
20-8257035			
EV 423/033			
	فيججب	-	
	-		
1.Uniternized Contributions and Receipts-\$50.00 or Less per Contributor		_	
		_	
Total for the reporting period	(1)	\$	
the second barrows	'-'	1	10
2 Cambridge CEFO ACL. SAFA EXTE		_	
2. Contributions of \$50.01 to \$250.00 (From			
Part A and Part B)			
Contributions Passived from Polisical Committee (Dant 4)	<del></del>	<del></del>	T
Contributions Received from Political Committees (Part A)	J	\$	1
		1	
All Other Contributions (Part B)		\$	
•	- 1	1	1
AND THE PROPERTY OF THE PROPER	-,+	<u> </u>	
Total for the reporting period	(2)	\$	0
		1	۲
3. Contributions Over \$250.00 (From Part C and Part D)		_	
		-	
Contributions Received from Political Committees (Part C)	1	\$	
	İ	•	1
All Cabon Contails at any 100 and 100			
All Other Contributions (Part D)		\$	
		٠	
Total for the reporting period	(3)	\$	
isom ist the rehoring herror	121		o
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		_	
Total for the reporting period	(4)	\$	
		- I	О
Total Monatany Contributions and Possints during this		_	
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, Repo	ort	i i	1
Cover Page, Item B)	1	i	
<del>~</del>			1

## Statement of Expenditures

Filer Identification Number:	
response transfer to the contract of	20-8257035
Court Service HELD STORY	

To Whom Paid:						Date [MM/DD/YYYY]	\$		
LACAWANNA COUNTY DEMOCRATIC COMMITTEE					05/03/2017	5.4% 2.5%	35		
House #	Street Address P O BOX 441					Description of Expendi	ture		
City OLYPHANT	State PA Zip 18447			18447	ANNUAL BREAKFAST TICKET				
To Whom Paid						Date [MM/DD/YYYY]	\$		
LEAGUE OF WOMEN VOTERS OF LANCASTER COUNTY						05/09/2017		25	
House #	Street Address P O BOX 1261					Description of Expendit	ture	<b>1</b>	
City				Feedow Wolsten		11、11、12、12、12、12、12、12、12、12、12、12、12、1			
LANCASTER	LANCASTER State PA Zip 17608					BIRTHDAY BASH			
To Whom Paid CRISPUS ATTUCKS COMMUNITY CENTER				Date [MM/DD/YYYY]	\$	200			
Property of Control of					05/22/2017				
404	House # 404 Street Address SOUTH DUKE ST, 3RD FLOOR					Description of Expendit	ure		
City	State PA Zip 17602				17602	MEN WHO COOK	107.60000		
To Whom Paid  EMERGE PENNSYLVANIA					Date [MM/DD/YYYY]	\$			
	n 				05/21/2017		25		
House#	Street Address P O BOX 60078					Description of Expendit	ure		
City PHILADELPHIA	DELPHIA State PA Zip 19102				19102	2017 GRADUATION TICKET			
To Whom Paid  LANCASTER COUNTY DEMOCRATIC COMMITTEE (LCDC)						Date [MM/DD/YYYY]	\$		
						05/25/2017		275	
House # 53	Street Address N DUKE STREET, SUITE 10					Description of Expendit	ure		
City LANCASTER	State PA Zip Code 17602			17602	LCDC PICNIC				
To Whom Paid CUMBERLAND COUNTY DEMOCRATIC COMMITTEE					Date [MM/DD/YYYY]	Š.	<b>75</b>		
		DEINIOCIO	THE COMMITTEE	•		05/26/2017		/3	
House # 46	Street Address W LUTHER ST, P O BOX 1121					Description of Expenditure			
CARLISLE	State PA Zip 17013			17013	FDR/JFK DINNER TICKET				
To Whom Paid ART PRINTING						Date [MM/DD/YYYY]	<b>.\$</b>	196.1	
						06/1/2017		190.1	
House # 446	Street Address LAFAYETTE STREET					Description of Expendit	ure	a 1990 (A 1990) 255 (27)	
City LANCASTER	State PA Zip Code 17603				17603	BUSINESS CARD-LEHMAN-PA DEMO CAUCUS			
To Whom Paid FULTON ANK						Date [MM/DD/YYYY] 05/17/2017	Ş	2	
House#	Se # Street Address P O BOX 4887					Description of Expenditure			
City LANCASTER	State PA Zip 17604			17604	SERVICE CHARGE				