CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

		J. Ug				
1. DATEO	FREPORT	2.a. NAMEOFC	ANDIDATE OR C	COMMITTEE T		
2.b. IF COM	MMITTEE, NAME OF CANDIDATE		·a /		3. ELECTION DATE	220/8
	AIGN ADDRESS AND PHONE OF RURAL ROUTE BUCK GOUP	City Wa	est m	State	Zip Code	Phone 384-9355
4.b. CANDII Street o	DATE'S HOME ADDRESS (if different for Rural Route		. 71 11 12	State	Zip Code	Phone
Count	SOUGHT (include district number	er, if applicable)	6. NAME O	of Political.	TREASURER (may be ca	ndidate)
FIRS QUART	TER QUARTER QUART	ER QUARTER	PRE- PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMENTAL	YEAR-END SUPPLEMENTAL
8.a. BEGINN	NING DATE OF REPORTING PERIOR)	8.b. ENDING	30 -	18	
	This campaign is exempt from de tures total \$1,000 or less for this This campaign is required to file a and/or expenditures total more the	reporting period. (Com a detailed financial disc	plete items 12d Iosure because	., 12e. and 12f.))	
accura Finand benefit	to solemnly swear or affirm that the accounting of campaign contricted Disclosure Act. Additionally, it of the candidate or for any other grature of candidate	butions and expenditure (we swear or affirm tha	es required to b t no campaign (e reported by trend the contributions had be federal internal	ne candidate committee by ve been expended for the	y the Campaign
Yay	ESS SIGNATURE Way he Bricketo signature of witness	n 1.9.18 date	Ų	Katharia signa	La Bickuta	7.9.18 date
12, SUMM	ARY	· · · · · · · · · · · · · · · · · · ·			0	
a. B.	ALANCE ON HAND LAST REPOR	EILE	D		197151	
	OTAL RECEIPTS THIS PERIOD		P.M		1471.51	
}	OTAL DISBURSEMENTS THIS PER	204	2018		\$	0
	ALANCE ON HAND (12.a. plus 12	SUMMER	OMMISSI	ON	\$	1731.54
	OTAL LOANS OUTSTANDING					0
f. T	OTAL OBLIGATIONS OUTSTANDII	NG			\$ ·	

SUMMARY PAGE - CANDIDATE

	14. REPORT COVERING THE PERIOD
13. NAME OF CANDIDATE OR COMMITTEE (In Full)	FROM: 4-1-18 TO: 6-30-18
RECEIPTS	Ì
15. CONTRIBUTIONS (other than loans and interest)	2(/4 4 2)
a. Unitemized Contributions (\$100 or less from each source this period)	\$ 470,00
and the second s	¢ ()
b. Itemized Contributions (over \$100 from each source this period)	\$ 10.71 TI
16. LOANS RECEIVED THIS REPORTING PERIOD	
17. INTEREST RECEIVED THIS REPORTING PERIOD	\$ <u> </u>
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	\$ 19 11,27
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postage, gasoline)
Voter CD = \$50,8	
Booth for Freedom Fest. \$ 25.6	90
approximate Residence of the second s	5 00
Condy for Fredom Fest \$ 32.5	57
candy to recessor.	
\$	
	
•	
	IST 51
Total of Expenditures (\$100 or less each payee)	\$ 101,31
I b Itemized Expenditures (Over \$100 each payee this period)	\$ <u>/ \ </u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	\$ [97/.59]
20. LOAN REPAYMENTS MADE THIS PERIOD	, , , , , , , , , , , , , , , , , , ,
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)	
22.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$
b. Itemized in-kind contributions (over \$100 from each source this period)	σ
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.	/. -
23. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$O
b. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite	[7]



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OF	R COMMITTEE /	<u>, </u>	^		2. REPORT COVER				
1. NAME OF CANDIDATE OF	e la ffla	<u> </u>			TO: 6 -	3018			
3. TOTAL ITEMIZED CAMPA	IGN CONTRIBUTIONS	FROI	M PRECEDING PA	GE (enter \$0 if first itemized p	oage)		0_		
. COMPLETE THE APPROPRI	ATE ITEMS FOR EACH IT	EMIZE	D CONTRIBUTION	(contributions totaling more than	\$100 from any contributo	r)			
First Name		e Name		Contribution Received For:	Amount of	Amount of Contribution			
ast Name/Organization Name		_	<u> </u>	Primary Election	☐ Primary Election ☐ General Election				
Address	<u> </u>		<u> </u>	Runoff (Local Election	Runoff (Local Elections Only)				
City	State	\Box	Zip Code	Date of Contribution		Aggregate	This Election		
Occupation		1	· .						
Employer			· <u> </u>						
	1,44			Contribution Received Fo		Amount o	of Contribution		
First Name	Midd	dle Nam	• _ 		General Election				
Last Name/Organization Name									
Address				Runoff (Local Election	ons Only)	<u> </u>	70.5		
City	State		Zip Code	Date of Contribution		Aggregate	This Election		
Occupation									
Employer				7					
First Name	Midd	de Name		Contribution Received Fo	or:	Amount	of Contribution		
Last Name/Organization Name		_		Primary Election					
Address				Runoff (Local Electi					
City	State	<u></u> .	Zip Code	Date of Contribution		Aggregate This Election	e This Election		
Occupation				_					
Employer							1.0		
First Name	Mid	die Nam	ne .	Contribution Received For	_	Amount	of Contribution		
Last Name/Organization Name	<u> </u>			Primary Election	General Election				
Address				Runoff (Local Election	ions Only)				
City	Stat	te	Zip Code	Date of Contribution		Aggregat	e This Election		
Occupation									
Employer	- <u>-</u>		···	_					
5. TOTAL ITEMIZED CON	TRIBUTIONS						Ω		
(Carry forward to item 3. of nex (If this is the last page of contril	t page if additional pages of thi	is form a hown in	ire used.) item 15b. of summarv.)			(
(ii bile is allo lest page of contain									

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR (COMMITTEE		-	2. REPORT COVE	RING THE PERIOD TO: 6-30-18			
•				<u> </u>	Amount			
B. TOTAL ITEMIZED IN-KIND C	CONTRIBUTIONS FROM	A PRECEDING PAGE	GE (enter \$0 if first itemized page)	1			
. COMPLETE THE APPROPRIATI	E ITEMS FOR EACH ITEM	IZED IN-KIND CONT	RIBUTION (in-kind contributions totaling		1			
First Name	Middle N	агне	In-Kind Contribution Receive Primary Election	d For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Election	ns Only)				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle h	ame	In-Kind Contribution Receive	ed For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			Runoff (Local Electio	ins Only)				
Address	///		Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	1				
Occupation	Employer							
First Name	Middle I	Name	In-Kind Contribution Received	········				
Last Name/Organization Name			Runoff (Local Election	ons Only)				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	n				
Occupation	Employer							
First Name	Middle	Name	In-Kind Contribution Receiv	_	Value of In-Kind Contribution			
Last Name/Organization Name		- Sf-	Runoff (Local Elections Only)					
Address		<i>//</i>	Date of In-Kind Contribution	ons Only)	Aggregate this Election			
City	State	Zip Code /	Description of In-Kind Contribution					
Occupation	Employer							
First Name	Middle I	lame	In-Kind Contribution Recei		Value of In-Kind Contribution			
Last Name/Organization Name			Primary Election Runoff (Local Election					
Address			Date of In-Kind Contribution	,	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contributio	ก	<u> </u>			
Occupation	Employer							
5. TOTAL ITEMIZED IN-KINI	CONTRIBUTIONS			· · · · · · · · · · · · · · · · · · ·				
(Carry forward to item 3, of next pa (If this is the last page of in-kind or	age if additional pages of this fo	m are used.) e shown in item 22b. of s	ummary.)					
SS-1128 (Rev. 2/06)				age of	RDA 1159			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			2. REPORT COVER	ING THE PERIOD
Moe Taylor			FROM4-1-18	Amount Amount
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU				0
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMIZED EXPENDITURE (ex) to any payee during the per	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Copital Pot Motio Address 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 -	Compaign	Signs	873.00
Address O, Box 73	State 4 Zin Code	,		
G/enside	Style A Zip Code 1 9038		······································	
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Address, O. Rox 23	Figh S State Zip Code	Compaign I	nk Pens	306,00
Glen Side	PA 19038			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Ner+C+ Fit Ino Addings 30 Airport D City Gallatin	State Zip Code 32066	Compoign	T-Shirds	345.78
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Capi 4a Promot Address D. Box 23 City	State Zip Code	Campaign /	Magnets	230,00
Glenside	PA 19038			
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Concept One Address Address City Callatin	5+ 5+ State / Zip Code 12 37066	Stakes Co Campaig	or gin Signs	109.25
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name	<u></u>	1		ļ
Address		_		
City	State Zip Code			
TOTAL ITEMIZED EXPENDITURES (Carry forward to Item 3. of next page if additional page (If this is the last page of expenditures, this amount mu	es of this form are used.) at be shown in item 19b. of summary.)			1864.03

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	lar					FRO			G THE PERIOD 0: 6-30-/5
3. COMPLETE THE APPROPRIATE TEMS F		EMIZED LO	OAN (to	ans totaling n	nore than \$100	, ,			0 - 1 -
Complete the Following for the Source of the Loan								Outston	nding Loan Balance
First Name Worling Middle Name Last Name/Organization Name	e 	Outsti (Be	anding Lo ginning of	an Balance Period)	Loans Received 1731	Pay	pan ments	(E	731.54
Address Buck Grave. City 1205 20 200 d State	S Pol		Primary I		General I	Election	Date of Loan	30	9-18
List All Endor	sers or Guara	<u> </u>				please attach	a page)		
First Name	Middle Name			First Name			•	Middle N	ame
Last Name/Organization Name	<u>L</u> .,			Last Name/Or	ganization Nam	10			
Address	·			Address			·		
City	State	Zip Code		City	<u></u>			State	Zip Code
Amount Guaranteed Outstanding				Amount Guara	anteed Outstand	ding			
First Name	Middle Name			First Name	•		<u>-</u>	Middle N	lame
Last Name/Organization Name	<u> </u>	<u> </u>		Last Name/O	rganization Nan	10			
Address		***		Address					
City	State	Zìp Code		City	-,-	-ii	AW-1	State	Zip Code
Amount Guaranteed Outstanding	<u> </u>	<u>. </u>		Amount Guar	anteed Outstan	ding			<u></u>
First Name	Middle Name			First Name				Middle	Name
Last Name/Organization Name	<u> </u>			Last Name/0	rganization Nar	ne			
Address	<u> </u>			Address		-			
City	State	Zip Code		City		<u> </u>		State	Zip Code
Amount Guaranteed Outstanding	<u> </u>			Amount Gua	ranteed Outstan	ding			. <u>. </u>
First Name	Middle Name			First Name				Middle	Name
Last Name/Organization Name				Last Name/C	rganization Na	me		<u> </u>	<u> </u>
Address				Address			-	•••	-
City	State	Zip Code		City			···	State	Zip Code
Amount Guaranteed Outstanding	1	1		Amount Gua	ranteed Outstar	eding		<u> </u>	
Totals for all Loans (complete on last page of Total loans received should also be shown in item 16. or [Total loan payments should also be shown in item 20. or [Total loan payments].	i summary page i summary page	.) .)		Outstanding (Beginnin	Loan Balance g of Period)	Loans Received	Loa Paym		Outstanding Loan Balance (End of Period)
(Total outstanding loan balance should also be shown in it SS-1132 (Rev. 4/02)	em 12.e. on front	page.)		<u></u>	<u>^</u> _	age	of Z		RDA 1159

ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE			<u> </u>	2. REPORT COV	RIOD	
11/100 IAVLO	R			FROM: 4-1-	18 TO:	6-3018
COMPLETE THE APPROPRIATE ITEMS ITEMS OBLIGATION (obligations totaling more that person/vendor at the end of the reporting parts of t	OR EACH	ITEMIZED ed to any	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Na	mê				
Last Name/Business Name	I <u></u>					
Address		<u> </u>	_			
City	State	Zip Code	7			
Description of Obligation		<u> </u>			<u> </u>	
First Name	Middle Na	nne				
Last Name/Business Name	/		1/			
Address	/					
City	State	Zip Code				
Description of Obligation	<u> </u>			7		
First Name	Middle Na	ame				
Last Name/Business Name	1	<u>/</u>	-\ <i>/</i> /			
Address	/_		*			
City	State	Zip Code	// /			
Description of Obligation						<u> </u>
First Name	Middle N	ame				
Last Name/Business Name	<u> </u>	<u>.</u>				
Address						Ì
City	State	Zip Code				
Description of Obligation	<u></u>				-	
First Name	Middle N	lame				
Last Name/Business Name	_L					
Address						
City	State	Zip Code				
Description of Obligation				•		
4. TOTALS	1) column m	net also he shown				7
(Total from Outstanding Balance - (End of Period in item 23b. on summary page.)	y column m	nar dian he allowill		1	1,,	
SS-1127 (Rev. 4/02)				Page/_	_ of	RDA 1159