

COPY

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	83-2861956	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	COLONIAL DEMOCRATS FOR SCHOOL BOARD						
Street Address	2199 OAKWYN ROAD						
City	LAFAYETTE HILL	State	PA	Zip Code	19444		

Type of Report (Place x under report type)								
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)			Year		Amendment Report	Termination Report		

Summary of Receipts and Expenditures	From Date	To Date
		01/01/2019
A. Amount Brought Forward From Last Report	\$	300
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	16822.20
C. Total Funds Available (Sum of Lines A and B)	\$	17122.20
D. Total Expenditures (From Schedule III)	\$	16730.66
E. Ending Cash Balance (Subtract Line D from Line C)	\$	391.54
F. Value of In-Kind Contributions Received (From Schedule II)	\$	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	

For Office Use Only

### 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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this  
8 day of May 2019  
*Jennifer D Amato-Dow*  
 Signature  
 My Commission expires 5 20 2021  
 MO. DAY YR.

*Denise Pygatt*  
 Signature of Person Submitting report  
Denise Pygatt  
 Printed Name  
215 498-2389  
 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. 1) amended.

Sworn to and subscribed before me this  
8 day of May 2019  
*Jennifer D Amato-Dow*  
 Signature  
 My Commission expires 5 20 2021  
 MO. DAY YR.

*Felix A. Raimondo*  
 Signature of Candidate  
Felix A. Raimondo  
 Printed Name  
610 825-7178  
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Jennifer D Amato-Dow, Notary Public  
 Plymouth Twp., Montgomery County  
 My Commission Expires May 20, 2021  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Schedule 1 - Summary

Filer Identification Number 83-2861956

<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period (1)		\$	1862.20
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	850
All Other Contributions (Part B)		\$	3110
Total for the reporting period (2)		\$	3960
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	7500
All Other Contributions (Part D)		\$	3500
Total for the reporting period (3)		\$	11000
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period (4)		\$	
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)		\$	16822.20

**Political Committees**  
 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.

<b>Filer Identification Number</b>	83-2861956
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Full Name of Contributing Committee	Date [MM/DD/YYYY]	Amount
FRIENDS OF KAREN SANCHEZ		\$ 100
House # 356 Street Address EVERGREEN ROAD	Date [MM/DD/YYYY]	\$
City JENKINTOWN State PA Zip Code 19046	Date [MM/DD/YYYY]	\$
HANES FOR REGISTER OF WILLS		\$ 250
House # 7918 Street Address PARK AVENUE	Date [MM/DD/YYYY]	\$
City ELKINS PARK State PA Zip Code 19027	Date [MM/DD/YYYY]	\$
FRIENDS OF KEN LAWRENCE		\$ 250
House # Street Address P.O. BOX 1732	Date [MM/DD/YYYY]	\$
City BLUE BELL State PA Zip Code 19422	Date [MM/DD/YYYY]	\$
HRG PAC		\$ 250
House # 369 Street Address EAST PARK DRIVE	Date [MM/DD/YYYY]	\$
City HANSBURG State PA Zip Code 17111	Date [MM/DD/YYYY]	\$
		\$
		\$
		\$
		\$
		\$

**PART B**  
**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:		83-2861956					
Full Name of Contributor		JOSEPH & RITA McGRATH			Date [MM/DD/YYYY]	\$	60
House #	4016	Street Address		N. WARNER ROAD		Date [MM/DD/YYYY]	\$
City	LAFAYETTE HILL	State	PA	Zip Code	19444	Date [MM/DD/YYYY]	\$
Full Name of Contributor		GROSSMAN, MARC & AMY			Date [MM/DD/YYYY]	\$	100
House #	10	Street Address		LOMBARDY CIRCLE		Date [MM/DD/YYYY]	\$
City	LAFAYETTE HILL	State	PA	Zip Code	19444	Date [MM/DD/YYYY]	\$
Full Name of Contributor		DROSSNER, MINDY & MICHAEL			Date [MM/DD/YYYY]	\$	250
House #	224	Street Address		BIRCH DRIVE		Date [MM/DD/YYYY]	\$
City	LAFAYETTE HILL	State	PA	Zip Code	19444	Date [MM/DD/YYYY]	\$
Full Name of Contributor		STERLING, MELISSA & SCOTT			Date [MM/DD/YYYY]	\$	100
House #	532	Street Address		OLIVIA WAY		Date [MM/DD/YYYY]	\$
City	LAFAYETTE HILL	State	PA	Zip Code	19444	Date [MM/DD/YYYY]	\$
Full Name of Contributor		HIGGINS, MARTIN & MARGARET			Date [MM/DD/YYYY]	\$	60
House #	12	Street Address		REVERE CIRCLE		Date [MM/DD/YYYY]	\$
City	PLYMOUTH MEETING	State	PA	Zip Code	19462-7115	Date [MM/DD/YYYY]	\$
Full Name of Contributor		BATES, JEFFREY & JOANNE			Date [MM/DD/YYYY]	\$	100
House #	1210	Street Address		WHEATSHEAF LANE		Date [MM/DD/YYYY]	\$
City	ABINGTON	State	PA	Zip Code	19001	Date [MM/DD/YYYY]	\$



**PART B (Continuation)**  
**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.  
 (Exclude contributions from political committees reported in Part A.)

Filer Identification Number:		83-2861956									
Full Name of Contributor		FERRIS, TIMOTHY & TERESA					Date [MM/DD/YYYY]		\$	200	
House #	300	Street Address			SUMMIT AVE.		01/12/2019		\$		
City		CONSHOHOCKEN		State	PA	Zip Code		19428-1640		Date [MM/DD/YYYY]	\$
Full Name of Contributor		WISLER PEARLSTINE, LLP					Date [MM/DD/YYYY]		\$	250	
House #	460	Street Address			NORRISTOWN RD. STE 110		01/11/2019		\$		
City		BLUE BELL		State	PA	Zip Code		19422-2323		Date [MM/DD/YYYY]	\$
Full Name of Contributor		FORD, TIMOTHY & TIMOTHY					Date [MM/DD/YYYY]		\$	60	
House #	1101	Street Address			E. HECTOR ST. UNIT 243		01/11/2019		\$		
City		CONSHOHOCKEN		State	PA	Zip Code		19428-2425		Date [MM/DD/YYYY]	\$
Full Name of Contributor		K.P. SCHRADER					Date [MM/DD/YYYY]		\$	100	
House #	35	Street Address			JODY DRIVE		02/07/2019		\$		
City		PLYMOUTH MEETING		State	PA	Zip Code		19462-7115		Date [MM/DD/YYYY]	\$
Full Name of Contributor		DAVID CONTOSTA					Date [MM/DD/YYYY]		\$	100	
House #	109	Street Address			RIDGE PIKE		02/26/2019		\$		
City		LAFAYETTE HILL		State	PA	Zip Code		19444		Date [MM/DD/YYYY]	\$
Full Name of Contributor		JOSEPH JOYCE					Date [MM/DD/YYYY]		\$	250	
House #	11506	Street Address			VALLEY FORGE CIRCLE		03/06/2019		\$		
City		KING OF PRUSSIA		State	PA	Zip Code		19406		Date [MM/DD/YYYY]	\$

**PART B**  
**All Other Contributions (Cont'd)**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.  
 (Exclude contributions from political committees reported in Part A.)

Filer Identification Number: 83-2861956

Full Name of Contributor		HERMAN DOUGLAS			Date [MM/DD/YYYY]	\$	100
House #	719	Street Address		E. VERNON ROAD	Date [MM/DD/YYYY]	\$	
City	PHILADELPHIA	State	PA	Zip Code	19119	Date [MM/DD/YYYY]	\$
Full Name of Contributor		JASON McCAULEY			Date [MM/DD/YYYY]	\$	200
House #	14426	Street Address		ADDISON ST. APT. 6	Date [MM/DD/YYYY]	\$	
City	SHERMAN OAKS	State	CA	Zip Code	91423	Date [MM/DD/YYYY]	\$
Full Name of Contributor		TINA SOKOLOWSKI			Date [MM/DD/YYYY]	\$	150
House #	415	Street Address		SPRING MILL AVE.	Date [MM/DD/YYYY]	\$	
City	CONSHOHOCKEN	State	PA	Zip Code	19428	Date [MM/DD/YYYY]	\$
Full Name of Contributor		JAMINA CLAY			Date [MM/DD/YYYY]	\$	140
House #	321	Street Address		OXFORD ROAD	Date [MM/DD/YYYY]	\$	
City	PLYMOUTH MEETING	State	PA	Zip Code	19462	Date [MM/DD/YYYY]	\$
Full Name of Contributor		SEAN P. KILKENNY			Date [MM/DD/YYYY]	\$	250
House #	715	Street Address		WASHINGTON LANE	Date [MM/DD/YYYY]	\$	
City	JENKINTOWN	State	PA	Zip Code	19046-2953	Date [MM/DD/YYYY]	\$
Full Name of Contributor		PHILIP H. LACHEMAYER			Date [MM/DD/YYYY]	\$	250
House #	1772	Street Address		BUTLER PIKE	Date [MM/DD/YYYY]	\$	
City	CONSHOHOCKEN	State	PA	Zip Code	19428-1565	Date [MM/DD/YYYY]	\$

**PART B (Cont'd)**  
**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.  
 (Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	83-2861956
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Full Name of Contributor		JANE WHITE				Date [MM/DD/YYYY]	\$	100
House #	1102	Street Address		MAPLE STREET		04/29/2019	\$	
City	CONSHOHOCKEN		State	PA	Zip Code	19428	Date [MM/DD/YYYY]	\$
Full Name of Contributor		ESTHER P. MORROW				Date [MM/DD/YYYY]	\$	250
House #	14426	Street Address		ADDISON ST. APT. 6		04/30/2019	\$	
City	SHERMAN OAKS		State	CA	Zip Code	91423	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address					\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address					\$	
City			State	PA	Zip Code	19462	Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address					\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address					\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$

## 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.

<b>Filer Identification Number:</b>	83-2861956
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Full Name of Contributing Committee	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	\$
FRIENDS OF JASON SALUS	P.O. BOX 1214	NORRISTOWN	PA	19404	01/10/2019	500
T AND M ASSOCIATES PAC c/o GARY C. DAHMS, CHAIRMAN	TINDALL ROAD	MIDDLETOWN	NJ	07748	01/14/2019	500
DISTRICT COUNCIL 21 PAC	SOUTHAMPTON ROAD	PHILADELPHIA	PA	19154	01/02/2019	1000
INT'L UNION OF OPERATING ENGINEERS LOCAL 542	VIRGINIA DRIVE, SUITE 100	FORT WASHINGTON	PA	19004-0001	01/07/2019	1000
BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 1 PA	BLACK LAKE PLACE	PHILADELPHIA	PA	19154-1008	01/08/2019	500
LOCAL UNION #98 I.B.E.W. COMMITTEE ON POLITICAL EDUCAT	SPRING GARDEN STREET	PHILADELPHIA	PA	19130	01/24/2019	2500

**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.

Filer Identification Number:	83-2861956
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Full Name of Contributing Committee		STEAMFITTERS LOCAL UNION NO 420				Date [MM/DD/YYYY]	\$	1500
House #	14420	Street Address		SPRING GARDEN STREET		03/07/2019	\$	
City	PHILADELPHIA	State	PA	Zip Code	19130	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	



**PART D  
All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:		83-2861956					
Full Name of Contributor		BRINKER SIMPSON				Date [MM/DD/YYYY]	\$ 2,500
House #	940	Street Address		WEST SPROUL RD. STE 101		01/12/2019	\$
City	SPRINGFIELD	State	PA	Zip Code	19064-1211	Date [MM/DD/YYYY]	\$
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		EBERT, KYRA & FREDERICK				Date [MM/DD/YYYY]	\$ 1,000
House #	2515	Street Address		FINN ROAD		01/22/2019	\$
City	PERKIOMENVILLE	State	PA	Zip Code	18074-9503	Date [MM/DD/YYYY]	\$
Employer Name		EBERT ENGINEERING				Occupation	ENGINEER
Employer Mailing Address / Principal Place of Business		4090 W. SKIFFACK PIKE, SCHWENKSVILLE, PA 19473					
Full Name of Contributor						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor						Date [MM/DD/YYYY]	\$
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name						Occupation	
Employer Mailing Address / Principal Place of Business							



SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	83-2861956
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To Whom Paid		JASON SALUS				Date [MM/DD/YYYY]	\$	370.71
House #	2059	Street Address	WISTERIA LN			01/29/2019		
City	LAFAYETTE HILL	State	PA	Zip Code	19444	Description of Expenditure		
To Whom Paid		JASON SALUS				Date [MM/DD/YYYY]	\$	1,650
House #	2059	Street Address	WISTERIA LANE			04/04/2019		
City	LAFAYETTE HILL	State	PA	Zip Code	19444	Description of Expenditure		
To Whom Paid		CHELTENHAM PRINTING COMPANY				Date [MM/DD/YYYY]	\$	876.39
House #	518	Street Address	RYERS AVENUE			04/04/2019		
City	CHELTENHAM	State	PA	Zip Code	19012	Description of Expenditure		
To Whom Paid		TODD TRICE PHOTOGRAPHY				Date [MM/DD/YYYY]	\$	450
House #	351	Street Address	EAGLE ROAD			04/04/2019		
City	NEWTOWN	State	PA	Zip Code	18940	Description of Expenditure		
To Whom Paid		DECISION COMMUNICATIONS				Date [MM/DD/YYYY]	\$	5,537
House #	68	Street Address	SECKELPEAR RD.			04/13/2019		
City	LEVITTOWN	State	PA	Zip Code	19056	Description of Expenditure		
To Whom Paid		SARAH CALVIN				Date [MM/DD/YYYY]	\$	150
House #	97	Street Address	W. 7TH AVE.			04/13/2019		
City	TRAPPE	State	PA	Zip Code	19426	Description of Expenditure		
To Whom Paid		DECISION COMMUNICATIONS				Date [MM/DD/YYYY]	\$	4,071
House #	68	Street Address	SECKELPEAR RD.			04/29/2019		
City	LEVITTOWN	State	PA	Zip Code	19056	Description of Expenditure		
To Whom Paid		DECISION COMMUNICATIONS				Date [MM/DD/YYYY]	\$	3,568
House #	68	Street Address	SECKELPEAR RD.			05/02/2019		
City	LEVITTOWN	State	PA	Zip Code	19056	Description of Expenditure		

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	83-2861956
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To Whom Paid	ACT BLUE FEES/ VANTIV FEES				Date [MM/DD/YYYY]	\$	57.56
House #	Street Address	P.O.BOX 441146		05/06/2019			
City	SOMERVILLE	State	MA	Zip Code	02144-0031		
Description of Expenditure							

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City		State		Zip Code			
Description of Expenditure							

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City		State		Zip Code			
Description of Expenditure							

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City		State		Zip Code			
Description of Expenditure							

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City		State		Zip Code			
Description of Expenditure							

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City		State		Zip Code			
Description of Expenditure							

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City		State		Zip Code			
Description of Expenditure							

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City		State		Zip Code			
Description of Expenditure							

AMENDED

# 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 <b>COLONIAL DEMOCRATS FOR SCHOOL BOARD</b>	Reporting Period From <b>1/1/19</b> To <b>5/6/19</b>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1) \$ - 0 -

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period	(2) \$ - 0 -

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period	(3) \$ 6,527.94

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 6,527.94
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AMENDED

SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00

Name of Filing Committee or Candidate <b>COLONIAL DEMOCRATS FOR SCHOOL BOARD</b>	Reporting Period From <b>1/1/19</b> To <b>5/6/19</b>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>FRIENDS OF JASON SALUS</b>	<b>4</b>	<b>29</b>	<b>19</b>	<b>\$ 1,527.94</b>
Mailing Address <b>P.O. BOX 1214</b>	MO.	DAY	YEAR	\$
City <b>NORRISTOWN</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19404 -</b>				
Employer of Contributor	Occupation <b>SIGNS</b>			
Employer Mailing Address/Principal Place of Business	Description of Contribution <b>CATERING FOR PIZZA + SUPPLIES</b>			
<b>COLONIAL AREA DEMOCRATIC COMMITTEE</b>	<b>5</b>	<b>3</b>	<b>19</b>	<b>\$ 5,000.00</b>
Mailing Address <b>P.O. BOX 55</b>	MO.	DAY	YEAR	\$
City <b>CONSHOHOCKEN</b>	MO.	DAY	YEAR	\$
State <b>PA</b>				
Zip Code (Plus 4) <b>19428 -</b>				
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution <b>ADVERTISING</b>			
<del>Full Name of Contributor</del>	<del>MO.</del>	<del>DAY</del>	<del>YEAR</del>	<del>\$</del>
<del>Mailing Address</del>	<del>MO.</del>	<del>DAY</del>	<del>YEAR</del>	<del>\$</del>
<del>City</del>	<del>MO.</del>	<del>DAY</del>	<del>YEAR</del>	<del>\$</del>
<del>State</del>				
<del>Zip Code (Plus 4)</del>				
<del>Employer of Contributor</del>	<del>Occupation</del>			
<del>Employer Mailing Address/Principal Place of Business</del>	<del>Description of Contribution</del>			
<del>Full Name of Contributor</del>	<del>MO.</del>	<del>DAY</del>	<del>YEAR</del>	<del>\$</del>
<del>Mailing Address</del>	<del>MO.</del>	<del>DAY</del>	<del>YEAR</del>	<del>\$</del>
<del>City</del>	<del>MO.</del>	<del>DAY</del>	<del>YEAR</del>	<del>\$</del>
<del>State</del>				
<del>Zip Code (Plus 4)</del>				
<del>Employer of Contributor</del>	<del>Occupation</del>			
<del>Employer Mailing Address/Principal Place of Business</del>	<del>Description of Contribution</del>			
<del>Full Name of Contributor</del>	<del>MO.</del>	<del>DAY</del>	<del>YEAR</del>	<del>\$</del>
<del>Mailing Address</del>	<del>MO.</del>	<del>DAY</del>	<del>YEAR</del>	<del>\$</del>
<del>City</del>	<del>MO.</del>	<del>DAY</del>	<del>YEAR</del>	<del>\$</del>
<del>State</del>				
<del>Zip Code (Plus 4)</del>				
<del>Employer of Contributor</del>	<del>Occupation</del>			
<del>Employer Mailing Address/Principal Place of Business</del>	<del>Description of Contribution</del>			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL  
**\$6,527.94**

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number: 83-2861956

Full Name of Contributor					FRIENDS OF JASON SALUS		Date [MM/DD/YYYY]	\$	5000
House #	Street Address			P.O. BOX 55		Date [MM/DD/YYYY]	\$		
City	CONSHOHOCKEN		State	PA	Zip Code	19428	Date [MM/DD/YYYY]	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business							Description of Contribution	ADVERTISING	
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business							Description of Contribution		
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business							Description of Contribution		
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business							Description of Contribution		
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$		
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business							Description of Contribution		