Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed) Filer Identification Number 83-2861956 Candidate Name of Filing Committee, Candidate or ( Mark X) Lobbyist Lobbyist COLONIAL DEMOCRATS FOR SCHOOL BOARD Street Address 2199 OAKWYN ROAD City LAFAYETTE HILL State Type of Report (Place x under report type) PA Zip Code 19444 1-6th Tuesday 2- 2<sup>nd</sup> Friday 3-30 Day Post 4-6th Tuesday **Pre-Primary** 5- 2<sup>nd</sup> Friday **Pre-Primary** 6-30 Day Post **Primary** Pre- Election 7- Annual Special 2<sup>nd</sup> Friday **Pre- Election** Election Special 30 Day Pre-Election Post-Election **Date Of Election** Year (MM/DD/YYYY) Amendment Termination Summary of Receipts and Report From Date Report **Expenditures** To Date For Office Use Only 01/01/2019 A. Amount Brought Forward From Last Report 05/06/2019 **B. Total Monetary Contributions and Receipts** 300 (From Schedule I) 16822.20 C. Total Funds Available (Sum of Lines A and B) 17122.20 D. Total Expenditures (From Schedule III) E. Ending Cash Balance 16730.66 (Subtract Line D from Line C) F. Value of In-Kind Contributions Received 391.54 (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV) Part 1- 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. Signature of Pers My Commission expires MO. Area Code 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. 1937) Sworn to and subscribed before me this My Commission expires **Printed Name** ATION OF NOTARIE May 20, 2021

Schedule 1 - Summary Filer Identification Number Pg 2 of 13 83-2861956 1. Unitermized Contributions and Receipts-\$50.00 or Less per Contributor Total for the reporting period 2. Contributions of \$50.01 to \$250.00 (From (1) 1862.20 Part A and Part B) Contributions Received from Political Committees (Part A) All Other Contributions (Part B) 850 3110 Total for the reporting period 3. Contributions Over \$250.00 (From Part C and Part D) (2) 3960 Contributions Received from Political Committees (Part C) All Other Contributions (Part D) 7500 3500 Total for the reporting period (3) 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) 11000 Total for the reporting period Total Monetary Contributions and Receipts during this reporting period (Add and (4) enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report \$

16822.20

#### \$50.01 TO \$250.00 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.

Filer Identification Number 83-2861956

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### 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.)

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# 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.)

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#### PART B

### All Other Contributions (Contd)

\$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.)

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### PART B ((ont'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.)

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#### 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.

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#### 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.

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### PART D **All Other Contributions**

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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)

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340		w	EST SPROU	L RD. STE 1	01		Date [MM)	DD/YYYY]	\$	
City	No. at		State						2010	1
And and the second	GFIELD		State	PA	Zip Code	19064-1211	Date [MM/	DD/YYYY]	\$	
<b>Employer Na</b>	me		Estable	4		150071211		10/10/2017	1	
Employer Ma	iling Address						Occupation	4		
Principal Plac	e of Business						15.3.10 NE			
Full Name of										
		EBERT, KYRA &	FREDERIC				Date [MM/D	D/YYYY]	\$	
House #			- MEDERICK				01/22/			1,000
251	Stree	t Address					Date [MM/D	2019	44	
	1,000	FIN	IN ROAD					-7 (1)	\$	
City	MENVILLE		State		Zip Code	Γ	Deter forms for		4	
Employer Nan			1.	PA		18074-9503	Date [MM/DI	D/YYYY]	\$	1000
			ERGO		A10 16		Occupation			
Employer Mai	ling Address /		0270		015:116	11 11 /8	Occupation	ENGI	IFF	K.
		* C C C C C C C C C C C C C C C C C C C	11/10/							
			4012	(A).	SK. EFAC	K PIKE	St Un Eals	11/11/11	- 6	r .00
			4019	· (M.	SK leffic	K PIKE	SCHWENE	SVILLE	, 9	4 194
Full Name of (			4019	(λ).	SK leffic	CK PIKE	SCHWENE Date [MM/DD	SVILLE	\$ 5	× 194
Full Name of (	Contributor	Address	40.0	ω. ————————————————————————————————————	SK JEFRE	ik flikt.	Date (MM/DD)	mm	, 9	4 194
Full Name of (	Contributor		4019	· ω.	SK JEFAC	CK PIKE	SCHWENE	MM)	, 9	4 194
Full Name of (	Contributor			ω,		CK PIKE	Date [MM/DD]	mmi :	\$   6	4 194
Full Name of (	Street		State	ω.	SK (FF(	CK PIKE	Date (MM/DD)	mmi :	\$   0,	4 194
Full Name of (	Street			ω.		CK PIKE	Date [MM/DD/	mm :	\$   0,	× 194
Full Name of ( House #  City  Employer Name	Street			ω.		CK PIKE	Date [MM/DD]	mm :	\$   0,	4 194
Full Name of ( House #  City  Employer Name  Employer Mail  Principal Place	Street  Street  ing Address / of Business			, ω,		CK PIKE	Date [MM/DD/	mm :	\$   0,	4 194
Full Name of ( House #  City  Employer Name  Employer Mail  Principal Place	Street  Street  ing Address / of Business			. W.		CK PIKE	Date [MM/DD/ Date [MM/DD/  Date [MM/DD/  Occupation	mmi s	\$   0,	4 194
Full Name of C  House #  City  Employer Name  Employer Mail  Principal Place  Full Name of C	Street  Street  of Business  ontributor			·		CK PIKE	Date [MM/DD/	mmi s	\$   0,	4 194
Full Name of C  House #  City  Employer Name  Employer Mail  Principal Place  Full Name of C	Street of Business ontributor Street	Address		. W.		CK PIKE	Date [MM/DD/ Date [MM/DD/ Date [MM/DD/ Date [MM/DD/ Date [MM/DD/	mm s	\$   0,	× 194
Full Name of C  House #  City  Employer Name  Employer Mail  Principal Place  Full Name of C	Street  Street  of Business ontributor	Address		. W.		CK PIKE	Date [MM/DD/ Date [MM/DD/  Date [MM/DD/  Occupation	mm s	\$   0,	4 194
Full Name of C  House #  City  Employer Nam  Employer Mail  Principal Place  Full Name of C	Street  Street  of Business ontributor	Address	State		Zip Code	CK PIKE	Date [MM/DD/ Date [MM/DD/ Date [MM/DD/ Date [MM/DD/ Date [MM/DD/	mmi s	\$   0,	4 194
Full Name of C  House #  Employer Name  Employer Mail  Principal Place  Full Name of C  House #	Street  Street  of Business ontributor	Address				CK PIKE	Date [MM/DD/ Date [MM/DD/ Date [MM/DD/ Date [MM/DD/ Date [MM/DD/	mm s	\$   0,	× 194
Full Name of C  House #  City  Employer Name  Employer Mail  Principal Place  Full Name of C  House #	Street  Street  ing Address / of Business ontributor	Address	State		Zip Code	CK PIKE	Date [MM/DD/ Date [MM/DD/ Date [MM/DD/  Occupation  Date [MM/DD/Y  Date [MM/DD/Y	mmi s	\$   0,	4 194
Principal Place Full Name of C  House #  City  Employer Nam  Employer Mail  Principal Place Full Name of C  House #	Street  Street  Street  Street  Street	Address	State		Zip Code	CK PIKE	Date [MM/DD/ Date [MM/DD/ Date [MM/DD/  Occupation  Date [MM/DD/Y  Date [MM/DD/Y	mmi s	\$   0,	4 194

## SCHEDULE III

Filer Identification N	imber.		Statement of Expend	ditures
	umber:	83-2861956		
To Whom Paid				
	JASON S	ALUS		Date [MM/DD/YYYY]   \$
House # 2059	Street	Address	NISTERIA IN	01/29/2019 370.71

	om Paid	JASON SALUS					
		1000					Date [MM/DD/YYYY] \$
House #	7050	Street Address	s !	1.5			01/29/2019 370.71
City	1- 1		111	STER	16	LN	Description of Expenditure
L	AFAYETTE H	ILL	St	ate PA	Zip		- spenuture
To Who	- D-11		100	PA	Co		REIMRI IRSENEAT SON O
.0 441101	au raid	JASON SALUS			20 T T	And shipp	REIMBURSEMENT FOR FUNDRAISER
Davis a	T						Date [MM/DD/YYYY]   \$
House #	2059	Street Address	1130	-			04/04/2019 1,650
City		Service Service		TERIA	4	ANE	Description of Expenditure
LAI	FAYETTE HI	ц	Sta	te PA	Zip	100	
o Whon	n Paid		in the same	1.4000	Cod	e 19444	REIMBURSEMENT FOR STAMPS
		CHELTENHAM PRIN	TING COM	DAAN		V. C. C. A. C.	
ouse#		Place discount of the second	- THO COM	PANY			Date [MM/DD/YYYY] \$
	518	Street Address	RYERS AVE	NIIE			04/04/2019 876.39
ity							Description of Expenditure
	ELTENHAM		Stat	PA	Zip		
Whom			D 87 4000	Y KALL	Code	19012	DOOR HANGERS & HANDOUTS
	.	ODD TRICE PHOTO	GRAPHY		8 20.00		Date [MM/DD/YYYY]   \$
ouse#		Street Address					04/04/2019 450
• 100 %	351	E. Address	AGLE ROA	D			Description of Expenditure
NEW	VTOWN		State		1 - 160		- escription of Expenditure
			9572 VBS-1	PA	Zip	18940	PRINCIPAL PHOTOGRAPHY
Whom		CISIONI CON MARIA			A STATE OF STATE	26.98	
		ECISION COMMUNIC	CATIONS				Date [MM/DD/YYYY]   \$
use#	8	treet Address	CVELDE				04/13/2019 5,537
VI		SE Control of the second	CKELPEAR	RD.			Description of Expenditure
LEVIT	TOWN		State	PA	Zip		
Whom P	Paid		Way Assess	Andrew Contra	Code	19056	PRODUCTION & MAILINGS
		RAH CALVIN					Date [MM/DD/YYYY] \$
	- 15	treet Address					04/13/2019 150
use #	i.	W.	7TH AVE.				Description of Expenditure
97							Cocipuoli of Expenditure
97	PF	127 12	State	7714			- paratus
97 TRAPP			State	PA	Zip	19426	
97 TRAPP	aid	ISION COMMUNICA	Make Ville	PA	Zîp Code	19426	HEADSHOTS
TRAPP	DEC	SION COMMUNICA	Make Ville	PA		19426	HEADSHOTS
TRAPP	DEC	reet Address	TIONS	78		19426	Date [MM/DD/YYYY] \$ 4,071
y TRAPP Whom Pose # 68	DEC SI	reet Address	ATIONS KELPEAR R	78		19426	HEADSHOTS  Date [MM/DD/YYYY] \$
y TRAPP Whom Pa	DEC SI	reet Address	ATIONS KELPEAR R State	D.	Code		Date [MM/DD/YYYY] \$ 4,071  Description of Expenditure
Whom Pose # 68	DEC Si	reet Address	ATIONS  KELPEAR R  State P	D.	Code	19426	Date [MM/DD/YYYY] \$ 4,071
TRAPP Whom Pa	DEC Si	reet Address	ATIONS  KELPEAR R  State P	D.	Code		Date [MM/DD/YYYY] \$ 4,071  Description of Expenditure  PRODUCTION & MAILINGS
TRAPP Whom Pa	OWN  DECL	SECONICOMMUNICAT	ATIONS KELPEAR R State P	D.	Code		Date [MM/DD/YYYY] \$ 4,071  Description of Expenditure  PRODUCTION & MAILINGS  Date [MM/DD/YYYY] \$
TRAPP Whom Pa	OWN  DECL	SECONICOMMUNICAT	ATIONS  KELPEAR R  State P	D.	Code		Date [MM/DD/YYYY] \$ 4,071  Description of Expenditure  PRODUCTION & MAILINGS  Date [MM/DD/YYYY] \$ 3,568
Whom Pa	Si OWN DECI	SION COMMUNICAT	ATIONS KELPEAR R State P	D.	Code		Date [MM/DD/YYYY] \$ 4,071  Description of Expenditure  PRODUCTION & MAILINGS  Date [MM/DD/YYYY] \$

Filer Identific	ation Number: 83-286	Sta	SCHEDULE III  Atement of Expend	itures 12
To Whom Pa	ACT BLUE FEI	ES/ VANTIV FEES P.O.BOX 441146		Date [MM/DD/YYYY]   \$   57.56
To Whom Pa	RVILLE	State	Zip Code 02144-0031	ONLINE RECORDING OF CONTRIBUTION FEES
House #	Street Address	State		Date [MM/DD/YYYY] \$  Description of Expenditure
To Whom Pai	id	State	Zip Code	
House #	Street Address			Date [MM/DD/YYYY] \$
City To Whom Pai	i,	State	Zip Code	Description of Expenditure
House #	Street Add			Date [MM/DD/YYYY] \$

Zip

Zip

Zip

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Zip Code

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Street Address

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**Description of Expenditure** 

Date [MM/DD/YYYY]

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Date [MM/DD/YYYY]

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Description of Expenditure

**Description of Expenditure** 

Description of Expenditure

**Description of Expenditure** 



#### SCHEDULE II

PAGE \_\_\_\_OF

### 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  COLONIAL DEMOCRATS FOR SCHOOL BURRS	Reporting Per		· <u>5/6/19</u>
THE WIND AND THE WORLD ON THE RESTRICT OF THE WIND AND THE WORLD OF TH	Colon con		elektrik (Perforte)
TOTAL for the Reporting Period	d (1)	\$ - 0	3 —
PARTIES OF STREET STREET, STREET, CARE TO THE STREET,	etoor Filely		
TOTAL for the Reporting Period	d (2)	\$ -0	) —
STANSAND CONTRIBUTION RECEIVED TO VIVIE TO VEHICLE VALUE (EVO			
TOTAL for the Reporting Period	(3)	\$ 6,5	27.94

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.)

\$6,527.94

DSEB-502 (7-99)

# AMENDED

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

PAGE	OF	
	 0	

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate		Reporting Perio	od ,	
COLONIAL DEMOCRATS FOR SI	HOOL BOARD	From	1/19 to 185/6/19	
		DATE	AMOUNT	
Full Name of Contributor	M-MO	29 1/9	\$ / 52 > 0//	
FRIENDS OF JASON SALUS	Mod		\$ 1,527.94	
P.O. BOX 1214 .			\$	
I State I ZID	Code (Plus 4) MO	DAY	S	
Employer of Contributor	Occupa	ition		
Employee Mailling Address (Ch. 1997)			SIGNS	
Employer Mailing Address/Principal Place of Business	Descrip	otion of Contributi	OR PIZZA + SUPPLIE	
Full Name of Contributor		III III - AY - A		
COLONIAL AREA DEMOCRATIC COM Mailing Address	MITTEE 5	3 19	\$ 5,000,00	
P.O. BOX 55	i Xo	DAY YEA	\$	
CONSHOHOLEN State Zip	ode (Plus 4)	TO THE PARTY OF TH	<b>s</b>	
Employer of Contributor	Occupa	Lion		
Employer Mailing Address/Principal Place of Business		tion of Contribution  VERTISI		
Full Name of Contributor		DAY YEAR		
			\$	
Mailing Address	and the state of t	WENT	\$	
City State Zip	ode (Plus 4)			
Employer of Contributor	-		\$	
comployer of Contributor .	Occupat	ion		
Employer Mailing Address/Principal Place of Business	Descript	Description of Contribution		
Full Name of Contributor	Secretary top (1.5) (c. 16)	d Market (Marchane) market market	aber .	
			\$	
Mailing Address	· · · · · · · · · · · · · · · · · · ·	DAY	\$	
City State Zip C	ode (Plus 4)	Maria Maria		
Employer of Contributor	-		\$	
	Occupati	on		
Employer Mailing Address/Principal Place of Business	Descript	ion of Contribution		
Full Name of Contributor	CASE - A CASE			
		DAY WAR	\$	
Mailing Address	<b>建設工门</b>	BENTA MINISTER	\$	
City State Zip C	ode (Plus 4)	PEDAYAS BY AR	T \	
Employer of Contributor	-		\$	
	Occupation	on		
Employer Mailing Address/Principal Place of Business	Description	Description of Contribution		
			DAGE TOTAL	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed \$6,527.9				
DSEB-502 (7-99)			361201.11	

# SCHEDULE II Part G In-Kind Contributions Received

**VALUE OVER \$250** Filer Identification Number: 83-2861956 Full Name of Contributor Date [MM/DD/YYYY] FRIENDS OF JASON SALUS 5000 05/03/2019 House # Street Address Date [MM/DD/YYYY] P.O. BOX 55 City State Zip Code Date [MM/DD/YYYY] CONSHOHOCKEN \$ PA 19428 **Employer Name** Occupation **Employer Mailing Address / Principal** Place of Business Description of **ADVERTISING** Contribution **Full Name of Contributor** Date [MM/DD/YYYY] House # Street Address Date [MM/DD/YYYY] \$ City State Zip Gode Date [MM/DD/YYYY] \$ **Employer Name** Occupation Employer Mailing Address / Principal Place of Business Description 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 **Full Name of Contributor** Contribution 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 Contribution