

# 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: <input type="checkbox"/>	Report Filed By: <input type="checkbox"/>	CANDIDATE <input type="checkbox"/>	1. COMMITTEE <input checked="" type="checkbox"/>	2. LOBBYIST <input type="checkbox"/>	3. <input type="checkbox"/>
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Name of Filing Committee, Candidate or Lobbyist: HIGGINS CALIF PEARSON for UPPERPROV (HCP for U.P.)

Street Address: 300 WILLOWBROOKE LANE

City: ROYERSFORD State: PA Zip Code: 19468

TYPE OF REPORT (place X to the right of report type)	1. 6TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST-PRIMARY	AMENDMENT REPORT?	YES	NO
	4. 6TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION	TERMINATION REPORT?	YES	NO
	7. ANNUAL REPORT	YEAR	FILING METHOD <input checked="" type="checkbox"/> CHECK ONE	PAPER	DISKETTE	

Name of Office Sought by Candidate: <u>UPPER PROVIDENCE SUPERVISOR</u>	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR <u>11 7 2017</u>		<u>0TH</u>	<u>DEM</u>	<u>46</u>
(SEE INSTRUCTIONS FOR CODES)					

Summary of Receipts and Expenditures from:	MO. DAY YEAR <u>5 1 2017</u>	To	MO. DAY YEAR <u>5 31 2017</u>	FOR OFFICE USE ONLY
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A. Amount Brought Forward From Last Report	\$ <u>1500.55</u>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <u>700.00</u>
C. Total Funds Available (Sum of Lines A and B)	\$ <u>2200.55</u>
D. Total Expenditures (From Schedule III)	\$ <u>1480.82</u>
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <u>719.73</u>
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <u>0</u>
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <u>349.42</u>

RECEIVED  
 2017 JUN 15 PM 1:35  
 OFFICE OF  
 VOTER SERVICES  
 MONTG. CO. PA

### 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 6th day of JUNE 2017

Signature of Person Submitting Report: [Signature]  
 Printed Name: JOSEPH HANLEY  
 Area Code: 610 Daytime Telephone Number: 745 5017

Notary Public: David Whitner, Notary Public  
 My commission expires Dec. 29, 2020

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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Candidate: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Area Code: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

# CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

Name of Filing Committee or Candidate <i>HCP for J.P.</i>	Reporting Period From <i>5.1.17</i> To <i>5.31.17</i>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>		
	<b>TOTAL for the Reporting Period</b>	(1) \$ <i>ϕ</i>

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>		
Contributions Received from Political Committees (Part A)		\$ <i>ϕ</i>
All Other Contributions (Part B)		\$ <i>400 -</i>
	<b>TOTAL for the Reporting Period</b>	(2) \$ <i>400 -</i>

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>		
Contributions Received from Political Committees (Part C)		\$ <i>ϕ</i>
All Other Contributions (Part D)		\$ <i>300 -</i>
	<b>TOTAL for the Reporting Period</b>	(3) \$ <i>300 -</i>

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>		
	<b>TOTAL for the Reporting Period</b>	(4) \$ <i>ϕ</i>

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <i>700 -</i>
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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 <u>HCP for U.P.</u>	Reporting Period From <u>5.1.17</u> To <u>5.31.17</u>
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			DATE			AMOUNT
			MO.	DAY	YEAR	
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)				\$
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)				\$

*None*

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

PAGE TOTAL
\$ <u>0</u>

**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				Reporting Period			
H.C.P. for U.S.				From <u>5.1.17</u> To <u>5.31.17</u>			
				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
LAURIE HIGGINS				5	7	2017	\$ 250-
Mailing Address				MO.	DAY	YEAR	\$
181 ARCOMA LAWE							
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR
Co NECEVILLE		PA	19426-				\$
ROSE DI SANTO				5	11	2017	\$ 150-
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR
		-	-				\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR
		-	-				\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR
		-	-				\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City		State	Zip Code (Plus 4)		MO.	DAY	YEAR
		-	-				\$

PAGE TOTAL  
\$ 400-

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 <u>HCP for U.P.</u>	Reporting Period From <u>5.1.17</u> To <u>5.31.17</u>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO	DAY	YEAR	
Mailing Address	MO	DAY	YEAR	\$
City	MO	DAY	YEAR	\$
State	MO	DAY	YEAR	\$
Zip Code (Plus 4)	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	MO	DAY	YEAR	\$
State	MO	DAY	YEAR	\$
Zip Code (Plus 4)	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	MO	DAY	YEAR	\$
State	MO	DAY	YEAR	\$
Zip Code (Plus 4)	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	MO	DAY	YEAR	\$
State	MO	DAY	YEAR	\$
Zip Code (Plus 4)	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	MO	DAY	YEAR	\$
State	MO	DAY	YEAR	\$
Zip Code (Plus 4)	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	MO	DAY	YEAR	\$
State	MO	DAY	YEAR	\$
Zip Code (Plus 4)	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	MO	DAY	YEAR	\$
State	MO	DAY	YEAR	\$
Zip Code (Plus 4)	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	MO	DAY	YEAR	\$
State	MO	DAY	YEAR	\$
Zip Code (Plus 4)	MO	DAY	YEAR	\$
Mailing Address	MO	DAY	YEAR	\$
City	MO	DAY	YEAR	\$
State	MO	DAY	YEAR	\$
Zip Code (Plus 4)	MO	DAY	YEAR	\$

PAGE TOTAL

\$ 0

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

# 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 <b>HCP for U.P.</b>	Reporting Period From <b>5.1.17</b> To <b>5.31.17</b>
--	--

				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
<b>JOHN F. KISTNER</b>	5	23	2017		\$ 300 -
Mailing Address <b>1201 VILSMER RD</b>					\$
City <b>LANSDALE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19426</b>			\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor					\$
Mailing Address					\$
City	State	Zip Code (Plus 4)			\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor					\$
Mailing Address					\$
City	State	Zip Code (Plus 4)			\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor					\$
Mailing Address					\$
City	State	Zip Code (Plus 4)			\$
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor					\$
Mailing Address					\$
City	State	Zip Code (Plus 4)			\$
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  
\$ **300 -**

**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 <b>HCP for U.P.</b>	Reporting Period From <b>5.1.17</b> To <b>5.31.17</b>
--	--

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						

None

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL	\$ <u>0</u>
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# 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 <i>HCP for V.P.</i>	Reporting Period From <u>5.1.17</u> To <u>5.31.17</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>ϕ</u>

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

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

<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.)	\$ <u>ϕ</u>
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**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>HCP for U.P.</i>	Reporting Period From <i>5.1.17</i> To <i>5.31.17</i>
--	--

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Description of Contribution:				
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				
Zip Code (Plus 4)				
Description of Contribution:				

NONE

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL  
\$ 0

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

Name of Filing Committee or Candidate <i>HCP for D.P.</i>	Reporting Period From <u>5-1-17</u> To <u>5-31-17</u>
--	--

				DATE			AMOUNT
				MO.	DAY	YEAR	
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			
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			
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			
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			
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			
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  
\$ 0

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>HCP for U.P.</b>	Reporting Period From <u>5.1.17</u> To <u>5.31.17</u>
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To Whom Paid <b>CAPITOL PROMOTIONS</b>	MO. <b>5</b>	DAY <b>18</b>	YEAR <b>2017</b>	Amount <b>\$ 1480.82</b>
Mailing Address <b>P.O. Box 231</b>		Description of Expenditure <b>CANDIDATE SIGNS AND</b>		
City <b>GLENSIDE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>19038-</b>		<b>WIRE FRAMES.</b>

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <b>-</b>		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <b>-</b>		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL <b>\$ 1480.82</b>
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**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 <u>H.C.P. for D.P.</u>	Reporting Period From <u>5.1.17</u> To <u>5.31.17</u>
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Name of Creditor <u>LAURIE HIGGINS</u>					Outstanding Balance of Debt <u>\$ 98.90</u>		
Mailing Address <u>101 ARCOMA LANE</u>	DATE DEBT INCURRED <u>4/29/17</u>	MO <u>4</u>	DAY <u>29</u>	YEAR <u>17</u>			
City <u>COLLEGEVILLE PA</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19426</u>					

Description of Debt <u>STAPLES CUSTOM COPY AND PRINT</u>							
Name of Creditor <u>LAURIE HIGGINS</u>					Outstanding Balance of Debt <u>\$ 94.20</u>		
Mailing Address <u>101 ARCOMA LANE</u>	DATE DEBT INCURRED	MO <u>5</u>	DAY <u>1</u>	YEAR <u>17</u>			
City <u>COLLEGEVILLE</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19426</u>					

Description of Debt <u>CUSTOM COPY + PRINT @ STAPLES</u>							
Name of Creditor <u>LAURIE HIGGINS</u>					Outstanding Balance of Debt <u>\$ 22.78</u>		
Mailing Address <u>101 ARCOMA LANE</u>	DATE DEBT INCURRED	MO <u>5</u>	DAY <u>9</u>	YEAR <u>17</u>			
City <u>COLLEGEVILLE</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19426</u>					

Description of Debt <u>PAPER @ STAPLES</u>							
Name of Creditor <u>LAURIE HIGGINS</u>					Outstanding Balance of Debt <u>\$ 66.77</u>		
Mailing Address <u>101 ARCOMA LANE</u>	DATE DEBT INCURRED	MO <u>5</u>	DAY <u>10</u>	YEAR <u>17</u>			
City <u>COLLEGEVILLE</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19426 -</u>					

Description of Debt <u>COLOR INK @ STAPLES</u>							
Name of Creditor <u>LAURIE HIGGINS</u>					Outstanding Balance of Debt <u>\$ 66.77</u>		
Mailing Address <u>101 ARCOMA LANE</u>	DATE DEBT INCURRED	MO <u>5</u>	DAY <u>10</u>	YEAR <u>17</u>			
City <u>COLLEGEVILLE</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19426</u>					

Description of Debt <u>COLOR INK @ STAPLES</u>							
Name of Creditor					Outstanding Balance of Debt <u>\$</u>		
Mailing Address	DATE DEBT INCURRED	MO	DAY	YEAR			
City	State	Zip Code (Plus 4)					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL  
\$ 349.42