

Year: 2017

Committee: Upper Providence First

Candidate: \_\_\_\_\_

Office: Upper Providence

WAIVER:

Registered:

Financial Reports

Primary

- Sixth Tuesday Before
- Second Friday Before
- Thirty Day After

Late

- 
- 
- 

General

- Sixth Tuesday Before
- Second Friday Before
- Thirty Day After

- 
- 
- 

Annual

-

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		UPPER PROVIDENCE FIRST							
Street Address		117 MEADOWLAND DRIVE							
City	COLLEGEVILLE	State	PA	Zip Code	19426				

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)		5/16/17		Year	2017		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	
	1/1/2017	5/1/2017	
A. Amount Brought Forward From Last Report			\$ 991.34
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ 0
C. Total Funds Available (Sum of Lines A and B)			\$ 991.34
D. Total Expenditures (From Schedule III)			\$ 0
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 991.34
F. Value of In-Kind Contributions Received (From Schedule II)			\$ 0
G. Unpaid Debts and Obligations (From Schedule IV)			\$ 1690.70

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  
3<sup>rd</sup> day of MAY 2017  
Aldo J. Cuce  
 Signature  
 My Commission expires: Sept 10, 2018  
 MO. DAY YR.

Julie Muller  
 Signature of Person Submitting report  
Julie Muller  
 Printed Name  
267  
 Area Code  
278 1075  
 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Aldo J. Cuce, Notary Public  
 Trappe Boro, Montgomery County  
 My Commission Expires Sept. 10, 2018

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

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

# Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number: \_\_\_\_\_

Name of Creditor		WORK HOUSE SIGNS				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		1690.70	
528	N HANOVER STREET	1/4/2017					
City	POTTSTOWN	State	PA	Zip Code	19464		
Description of Debt		POSTCARDS AND BANNERS					
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City		State		Zip Code			
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City		State		Zip Code			
Description of Debt							

# CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE	LOBBYIST		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>UPPER PROVIDENCE FIRST</b>						
STREET ADDRESS <b>117 MEADOWLAND DRIVE</b>						
CITY <b>COLLEGEVILLE</b>		STATE <b>PA</b>	ZIP CODE <b>19426 -</b>			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <b>VARIOUS</b>	DISTRICT NO.	PARTY <b>R/D</b>	DATE OF ELECTION		
				MO.	DAY	YEAR
<input type="checkbox"/> 6TH TUESDAY PRE-PRIMARY				<b>5</b>	<b>16</b>	<b>2017</b>
<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY						
<input type="checkbox"/> 30 DAY POST-PRIMARY						
<input checked="" type="checkbox"/> 6TH TUESDAY PRE-ELECTION						
<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION						
<input type="checkbox"/> 30 DAY POST-ELECTION						
<input type="checkbox"/> ANNUAL REPORT						

DATES OF REPORTING PERIOD <table border="1" style="display: inline-table; margin-right: 10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>5</td><td>2</td><td>17</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>6</td><td>5</td><td>17</td></tr> </table>	MO.	DAY	YEAR	5	2	17	MO.	DAY	YEAR	6	5	17	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>991.<sup>34</sup><sub>XX</sub></u>  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>1690.<sup>70</sup><sub>XX</sub></u>	FOR OFFICE USE ONLY  RECEIVED 2017 JUN 13 AM 11:33 OFFICE OF VOTER SERVICES MONTG. CO. PA
MO.	DAY	YEAR												
5	2	17												
MO.	DAY	YEAR												
6	5	17												

AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>

## AFFIDAVIT SECTION

### PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

12 DAY OF June 2017

Michele C Purcell  
SIGNATURE

MY COMMISSION EXPIRES 7-16-19  
MO. DAY YR.

June Mullin  
SIGNATURE OF PERSON SUBMITTING REPORT

JUNE MULLIN  
PRINTED NAME

267 AREA CODE      278-1075 DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Michele C. Purcell, Notary Public  
 Tappan Boro, Montgomery County  
 Commission Expires July 16, 2019

### PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 \_\_\_\_\_ 2010

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

MY COMMISSION EXPIRES \_\_\_\_\_  
MO. DAY YR.

\_\_\_\_ AREA CODE      \_\_\_\_\_ DAYTIME TELEPHONE NUMBER

## CAMPAIGN FINANCE STATEMENT

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FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE	LOBBYIST													
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>UPPER PROVIDENCE FIRST</b>																		
STREET ADDRESS <b>117 MEADOWLAND DRIVE</b>																		
CITY <b>COLLEGEVILLE</b>		STATE <b>PA</b>	ZIP CODE <b>19426</b>															
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE <b>VARIOUS</b>		DISTRICT NO.	PARTY <b>R/D</b>	DATE OF ELECTION													
	<table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>6</td> <td>16</td> <td>17</td> </tr> </table> TO <table border="1"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td>10</td> <td>23</td> <td>17</td> </tr> </table>		MO.	DAY	YEAR	6	16	17	MO.	DAY	YEAR	10	23	17			MO. <b>11</b>	DAY <b>7</b>
MO.	DAY	YEAR																
6	16	17																
MO.	DAY	YEAR																
10	23	17																
6TH TUESDAY PRE-PRIMARY	1.	<table border="1"> <tr> <th colspan="3">FOR OFFICE USE ONLY</th> </tr> <tr> <td colspan="3"> </td> </tr> </table>					FOR OFFICE USE ONLY											
FOR OFFICE USE ONLY																		
2ND FRIDAY PRE-PRIMARY	2.																	
30 DAY POST-PRIMARY	3.																	
6TH TUESDAY PRE-ELECTION	4.																	
2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>																	
30 DAY POST-ELECTION	6.																	
ANNUAL REPORT	7.																	
CASH BALANCE AT END OF REPORTING PERIOD:		\$ <b>991.<sup>34</sup></b>																
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ <b>1,690.<sup>70</sup></b>																
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>														
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>														

## AFFIDAVIT SECTION

## PART I -

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 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DO NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS	NOTARIAL SEAL	SIGNATURE OF PERSON SUBMITTING REPORT
<b>27</b> DAY OF <b>October</b>	<b>KAREN M. HECKMAN</b> Notary Public East Norriton Twp, Montgomery County My Commission Expires March 22, 2019	<i>Julie Mullin</i>
<i>[Signature]</i>		<b>JULIE MULLIN</b>
MY COMMISSION EXPIRES	AREA CODE	DAYTIME TELEPHONE NUMBER
<b>3-22-2019</b>	<b>267</b>	<b>278-1075</b>
MO. DAY YR.		

## PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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	SIGNATURE OF CANDIDATE
_____ DAY OF _____ 20__	_____
_____ SIGNATURE	PRINTED NAME
_____	_____
MY COMMISSION EXPIRES	AREA CODE DAYTIME TELEPHONE NUMBER
_____	_____
MO. DAY YR.	

## CAMPAIGN FINANCE STATEMENT

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FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE	1.	COMMITTEE	2. <input checked="" type="checkbox"/>	LOBBYIST	3.	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>UPPER PROVIDENCE FIRST</b>									
STREET ADDRESS <b>117 MEADOWLAND DRIVE</b>									
CITY <b>COLLEGEVILLE</b>			STATE <b>PA</b>		ZIP CODE <b>19426</b>				
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE <b>VARIOUS</b>		DISTRICT NO.	PARTY <b>R/D</b>		DATE OF ELECTION		
6TH TUESDAY PRE-PRIMARY		1.				MO. DAY YEAR			
2ND FRIDAY PRE-PRIMARY		2.				MO. DAY YEAR			
30 DAY POST-PRIMARY		3.				MO. DAY YEAR			
6TH TUESDAY PRE-ELECTION		4.				MO. DAY YEAR			
2ND FRIDAY PRE-ELECTION		5.				MO. DAY YEAR			
30 DAY POST-ELECTION		6. <input checked="" type="checkbox"/>				MO. DAY YEAR			
ANNUAL REPORT		7.				MO. DAY YEAR			
		DATES OF REPORTING PERIOD		MO. DAY YEAR		TO		MO. DAY YEAR	
		10 24 17		11 27 17					
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		741. <sup>34</sup>			
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		1,690. <sup>70</sup>			
		AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>			
		TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>			
		FOR OFFICE USE ONLY				2017 DEC -7 AM 9:30		RECEIVED	

## AFFIDAVIT SECTION

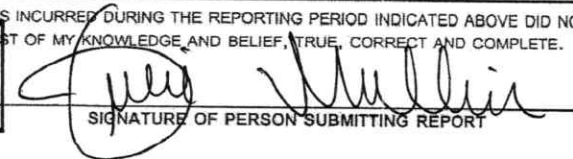
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NOTARIAL SEAL  
 KAREN M. HECKMAN, Notary Public  
 East Norriton Twp., Montgomery County  
 My Commission Expires March 22, 2019

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 6 DAY OF December 2017

SIGNATURE OF PERSON SUBMITTING REPORT  


SIGNATURE  


MY COMMISSION EXPIRES 3-22-2019  
 MO. DAY YR.

PRINTED NAME  
 AREA CODE DAYTIME TELEPHONE NUMBER

## PART II -

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SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 DAY OF 20

SIGNATURE OF CANDIDATE  
 PRINTED NAME

SIGNATURE  
 MY COMMISSION EXPIRES MO. DAY YR.

AREA CODE DAYTIME TELEPHONE NUMBER

# CAMPAIGN FINANCE STATEMENT

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NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <b>UPPER PROVIDENCE FIRST</b>																	
STREET ADDRESS <b>117 MEADOWLANDS DRIVE</b>																	
CITY <b>COLLEGETEVILLE</b>			STATE <b>PA</b>	ZIP CODE <b>19426</b>													
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DATE OF ELECTION													
6TH TUESDAY PRE-PRIMARY <sup>1</sup>		<b>VARIOUS</b>		MO. DAY YEAR													
2ND FRIDAY PRE-PRIMARY <sup>2</sup>				MO. DAY YEAR													
30 DAY POST-PRIMARY <sup>3</sup>				MO. DAY YEAR													
6TH TUESDAY PRE-ELECTION <sup>4</sup>				MO. DAY YEAR													
2ND FRIDAY PRE-ELECTION <sup>5</sup>				MO. DAY YEAR													
30 DAY POST-ELECTION <sup>6</sup>				MO. DAY YEAR													
ANNUAL REPORT <sup>7</sup> <input checked="" type="checkbox"/>				MO. DAY YEAR		FOR OFFICE USE ONLY											
		DATES OF REPORTING PERIOD		2018 JAN 30 AM 11:24													
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>11</td><td>28</td><td>17</td></tr> </table> TO <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>12</td><td>31</td><td>17</td></tr> </table>		MO.	DAY	YEAR	11	28	17	MO.	DAY	YEAR	12	31	17	RECEIVED OFFICE OF VOTER SERVICES MONTG. CO. PA	
MO.	DAY	YEAR															
11	28	17															
MO.	DAY	YEAR															
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		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>741.<sup>34</sup></u>															
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>1690.<sup>70</sup></u>															
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>															
		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>															

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SWORN TO AND SUBSCRIBED BEFORE ME THIS

28 DAY OF January, 2018

*Julie Mullin*  
 SIGNATURE OF PERSON SUBMITTING REPORT

**JULIE MULLIN**  
 PRINTED NAME

**KAREN M. HECKMAN, Notary Public**  
 East Norriton Twp, Montgomery County  
 My Commission Expires March 22, 2019

*Karen M. Heckman*  
 SIGNATURE  
3-22-2019  
 MO. DAY YR.

267 AREA CODE  
278-1075 DAYTIME TELEPHONE NUMBER

### PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

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SWORN TO AND SUBSCRIBED BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF CANDIDATE

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 PRINTED NAME

MY COMMISSION EXPIRES \_\_\_\_\_  
 MO. DAY YR.

\_\_\_\_\_  
 AREA CODE  
 \_\_\_\_\_  
 DAYTIME TELEPHONE NUMBER