


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.

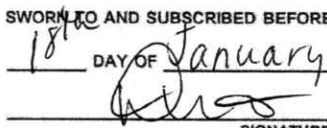
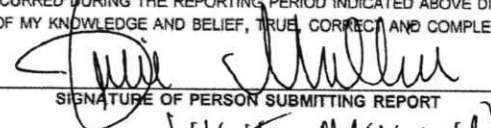
FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³														
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST UPPER PROVIDENCE FIRST																		
STREET ADDRESS 117 MEADOWLAND DRIVE																		
CITY COLLEGEVILLE		STATE PA	ZIP CODE 19426 -															
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE VARIOUS	DISTRICT NO.	PARTY R/D	DATE OF ELECTION														
				MO.	DAY	YEAR												
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>				11	5	2019												
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>																		
30 DAY POST-PRIMARY <input 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 <input checked="" type="checkbox"/>																		
DATES OF REPORTING PERIOD		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>26</td><td>19</td></tr> </table> TO <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>19</td></tr> </table>		MO.	DAY	YEAR	11	26	19	MO.	DAY	YEAR	12	31	19	FOR OFFICE USE ONLY 		
MO.	DAY	YEAR																
11	26	19																
MO.	DAY	YEAR																
12	31	19																
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>641.³⁴</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>1,690.⁷⁰</u>																		
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>									
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 <u>18th</u> DAY OF <u>January</u> 20 <u>20</u>  SIGNATURE MY COMMISSION EXPIRES <u>01</u> MO. <u>19</u> DAY <u>2021</u> YR.	 SIGNATURE OF PERSON SUBMITTING REPORT <u>JULIE MULLIN</u> PRINTED NAME <u>267</u> AREA CODE <u>278-1075</u> DAYTIME TELEPHONE NUMBER
--	---

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

DENISE M. MENTO, Notary Public
 Royersford Boro., Montgomery County
 My Commission Expires Sept. 19, 2021

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 _____ 20____ _____ SIGNATURE MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.	_____ SIGNATURE OF CANDIDATE _____ PRINTED NAME _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____
--	---

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

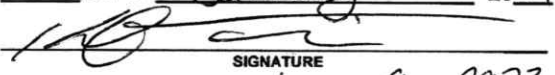
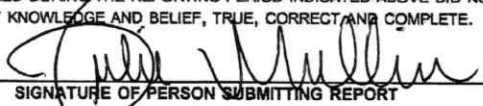
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³																														
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 (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE VARIOUS LOCAL	DISTRICT NO.	PARTY R/D	DATE OF ELECTION																														
				MO.	DAY	YEAR																												
6TH TUESDAY PRE-PRIMARY ¹	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3">DATES OF REPORTING PERIOD</td> <td colspan="3"></td> </tr> <tr> <td>MO.</td><td>DAY</td><td>YEAR</td> <td>TO</td> <td>MO.</td><td>DAY</td><td>YEAR</td> </tr> <tr> <td>1</td><td>1</td><td>20</td> <td></td> <td>12</td><td>31</td><td>20</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>641.34</u></p> <p>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>1,690.70</u></p> </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>			DATES OF REPORTING PERIOD						MO.	DAY	YEAR	TO	MO.	DAY	YEAR	1	1	20		12	31	20	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>	MO.	DAY	YEAR
DATES OF REPORTING PERIOD																																		
MO.				DAY	YEAR	TO	MO.	DAY	YEAR																									
1				1	20		12	31	20																									
AMENDMENT REPORT?				YES	NO	<input checked="" type="checkbox"/>																												
TERMINATION REPORT?				YES	NO	<input checked="" type="checkbox"/>																												
2ND FRIDAY PRE-PRIMARY ²							11	3	2020																									
30 DAY POST-PRIMARY ³				<div style="text-align: center;"> <p>FOR OFFICE USE ONLY</p> <p>2021 JAN 29 PM 12:29</p> <p>RECEIVED</p> <p>OFFICE OF VOTER SERVICES MONTGOMERY COUNTY, PA</p> </div>																														
6TH TUESDAY PRE-ELECTION ⁴																																		
2ND FRIDAY PRE-ELECTION ⁵																																		
30 DAY POST-ELECTION ⁶																																		
ANNUAL REPORT ⁷ <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 <u>27</u> DAY OF <u>January</u> 20 <u>21</u>  SIGNATURE MY COMMISSION EXPIRES <u>1</u> <u>9</u> 20 <u>23</u> MO. DAY YR.	 SIGNATURE OF PERSON SUBMITTING REPORT <u>JULIE MULLIN</u> PRINTED NAME <u>267</u> <u>278-1075</u> AREA CODE DAYTIME TELEPHONE NUMBER		

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 _____ 20____ _____ SIGNATURE MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.	_____ SIGNATURE OF CANDIDATE _____ PRINTED NAME _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____		

Commonwealth of Pennsylvania - Notary Seal
 KEITH A. GIBBONS, Notary Public
 Montgomery County
 My Commission Expires January 9, 2023
 Commission Number 1228067


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)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
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 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd 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)		5/18/2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/21	5/3/2021	
A. Amount Brought Forward From Last Report	\$	641.34	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	641.34	
D. Total Expenditures (From Schedule III)	\$	500.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	141.34	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1690.70	

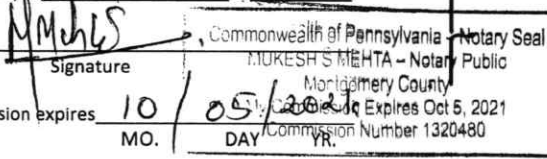
Affidavit Section

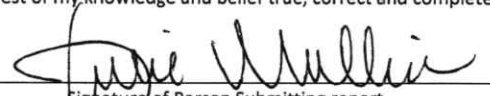
Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

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

5th day of MAY 20 21




 Signature of Person Submitting report
 JULIE MULLIN
 Printed Name

My Commission expires 10 / 05 / 2021
 MO. DAY YR.

267
 Area Code

278-1075
 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.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

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	UPPER PROVIDENCE FIRST
-------------------------------------	------------------------

To Whom Paid		FRIENDS OF WHITE & YEAGER			Date [MM/DD/YYYY]	\$	500.00
House #	21	Street Address			MEREDITH ROAD		
City	PHOENIXVILLE	State	PA	Zip Code	19460	Description of Expenditure	
							DONATION
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

COMMONWEALTH OF PENNSYLVANIA
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 ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³
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 (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE VARIOUS LOCAL		DISTRICT NO.	PARTY R/D
	DATE OF REPORTING PERIOD		DATE OF ELECTION	
6TH TUESDAY PRE-PRIMARY ¹	MO. DAY YEAR 5 4 21 TO 6 7 21		MO.	DAY YEAR
2ND FRIDAY PRE-PRIMARY ²			5	18 2021
30 DAY POST-PRIMARY ³ <input checked="" type="checkbox"/>			FOR OFFICE USE ONLY	
6TH TUESDAY PRE-ELECTION ⁴	CASH BALANCE AT END OF REPORTING PERIOD: \$ 141.34		OFFICE OF VOTER SERVICES MONTG. CO., PA 2021 JUN 21 AM 10:03	
2ND FRIDAY PRE-ELECTION ⁵	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 1690.70			
30 DAY POST-ELECTION ⁶	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
ANNUAL REPORT ⁷	TERMINATION REPORT? YES <input type="checkbox"/> 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

14 DAY OF June 20 21

[Signature]
 SIGNATURE

MY COMMISSION EXPIRES 07 06 2022
 MO. DAY YR.

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

JULIE MULLIN
 PRINTED NAME

267 278-1075
 AREA CODE DAYTIME TELEPHONE NUMBER

My Commission Expires July 6, 2022
 Commission Number 1083465
 MONTGOMERY COUNTY
 JESSICA L. KELLY, Notary Public

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 20

[Signature]
 SIGNATURE

MY COMMISSION EXPIRES MO. DAY YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

AREA CODE DAYTIME TELEPHONE NUMBER