

## 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	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/8/16	Year	2016	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	9/9/16	10/24/16	
A. Amount Brought Forward From Last Report	\$	N/A	<div style="text-align: center;"> <p>RECEIVED</p> <p>2016 DEC - 8 PM 3:03</p> <p>OFFICE OF VOTER SERVICES MONTG. CO. PA</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1798.25	
C. Total Funds Available (Sum of Lines A and B)	\$	1798.25	
D. Total Expenditures (From Schedule III)	\$	0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1798.25	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

## 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 DECEMBER 20 2016 COMMONWEALTH OF PENNSYLVANIA

Signature: *Linda Connor*

NOTARIAL SEAL  
LINDA CONNOR, Notary Public  
Lower Providence Twp., Montgomery County  
My Commission Expires Oct. 27th, 2017

My Commission expires 10 27 2017

MO. DAY YR.

Signature of Person Submitting report

Printed Name

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 I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	UUPER PROVIDENCE FIRST
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<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>	
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Total for the reporting period (1)	\$	48.25
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>	
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Contributions Received from Political Committees (Part A)	\$	0
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All Other Contributions (Part B)	\$	550.00
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Total for the reporting period (2)	\$	550.00
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<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>	
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Contributions Received from Political Committees (Part C)	\$	0
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All Other Contributions (Part D)	\$	1200.00
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Total for the reporting period (3)	\$	1200.00
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<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>	
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Total for the reporting period (4)	\$	0
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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)	\$	2898.25
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JAN 20 2008  
JAMES HANATON  
JAMES HANATON, JR.  
JAMES HANATON, JR.  
JAMES HANATON, JR.  
JAMES HANATON, JR.

**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.

N/A

<b>Filer Identification Number</b>	UPPER PROVIDENCE FIRST
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							Amount
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$

## 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:	UPPER PROVIDENCE FIRST
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
ALBERT VAGNOZZI					9/23/16		250.00
House #	128	Street Address		PATRIOT DRIVE	Date [MM/DD/YYYY]	\$	
City	COLLEGEVILLE	State	PA	Zip Code	19426	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
TODD SCARPATO					10/13/16		200.00
House #	25	Street Address		MEREDITH ROAD	Date [MM/DD/YYYY]	\$	
City	PHOENIXVILLE	State	PA	Zip Code	19460	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
CLAIRE BURNS					10/13/16		100.00
House #	26	Street Address		MEREDITH ROAD	Date [MM/DD/YYYY]	\$	
City	PHOENIXVILLE	State	PA	Zip Code	19460	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
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.

N/A

<b>Filer Identification Number:</b>	UPPER PROVIDENCE FIRST
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<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$	
<b>House #</b>		<b>Street Address</b>			Date [MM/DD/YYYY]	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Date [MM/DD/YYYY]	\$	
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$	
<b>House #</b>		<b>Street Address</b>			Date [MM/DD/YYYY]	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Date [MM/DD/YYYY]	\$	
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$	
<b>House #</b>		<b>Street Address</b>			Date [MM/DD/YYYY]	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Date [MM/DD/YYYY]	\$	
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$	
<b>House #</b>		<b>Street Address</b>			Date [MM/DD/YYYY]	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Date [MM/DD/YYYY]	\$	
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$	
<b>House #</b>		<b>Street Address</b>			Date [MM/DD/YYYY]	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Date [MM/DD/YYYY]	\$	
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$	
<b>House #</b>		<b>Street Address</b>			Date [MM/DD/YYYY]	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Date [MM/DD/YYYY]	\$	
<b>Full Name of Contributing Committee</b>					Date [MM/DD/YYYY]	\$	
<b>House #</b>		<b>Street Address</b>			Date [MM/DD/YYYY]	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	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)

<b>Filer Identification Number:</b>	UPPER PROVIDENCE FIRST
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
JIM WHITE					9/9/2016			1000.00
<b>House #</b>	21	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
		MEREDITH DRIVE			10/13/2016			200.00
<b>City</b>	PHOENIXVILLE		<b>State</b>	PA	<b>Zip Code</b>	19460		
<b>Employer Name</b>					<b>Occupation</b>			
VALIDITY					SALES			
<b>Employer Mailing Address / Principal Place of Business</b>					P O BOX 518 OAKS, PA 19456			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>			<b>State</b>		<b>Zip Code</b>			
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>			<b>State</b>		<b>Zip Code</b>			
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>			<b>State</b>		<b>Zip Code</b>			
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>								



PART E  
**Other Receipts**

N/A

**REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.**

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

<b>Filer Identification Number:</b>	UPPER PROVIDENCE FIRST
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<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>							
<b>Full Name</b>							
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Receipt Description</b>							

N/A

SCHEDULE II

## 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

Filer Identification Number	UPPER PROVIDENCE FIRST
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

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)		\$
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SCHEDULE II  
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

N/A

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code	Date [MM/DD/YYYY]	\$
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]	\$
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]	\$
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]	\$
Description of Contribution							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

N/A

Filer Identification Number:	
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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		

SCHEDULE III  
Statement of Expenditures

N/A

Filer Identification Number: UPPER PROVIDENCE FIRST

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		

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		

SCHEDULE IV

N/A

# 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:	UPPER PROVIDENCE FIRST
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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							
Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$			
City	State	Zip	Code				
Description of Debt							