

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 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 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	Termination Report	

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		
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		

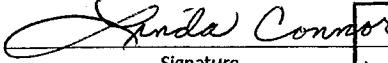
Affidavit Section

Part 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.

Sworn to and subscribed before me this

8 day of DECEMBER 2016 COMMONWEALTH OF PENNSYLVANIA

 
Signature

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

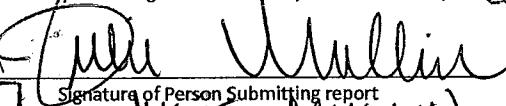
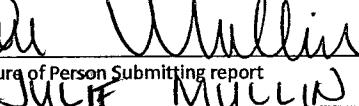
My Commission expires 10 27 MO. DAY YR.

Signature of Person Submitting report

Printed Name

2016 DEC - 8 PM 3:00
OFFICE OF
VOTER SERVICES
MONTG. CO. PA

RECEIVED



278-1075

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

Printed Name

My Commission expires

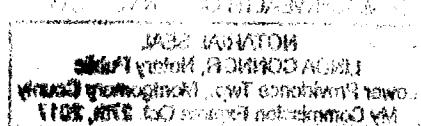
MO. DAY YR.

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

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



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

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

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					
Full Name of Contributor		ALBERT VAGNOZZI			Date [MM/DD/YYYY]	\$	
					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		TODD SCARPATO			Date [MM/DD/YYYY]	\$	
					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		CLAIRE BURNS			Date [MM/DD/YYYY]	\$	
					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

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

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

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.

Filer Identification Number:	UPPER PROVIDENCE FIRST																																						
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City			State		Zip Code																																		
Receipt Description																																							

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

N/A

Filler 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)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	
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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:								
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								

N/A

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:							
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

Statement of Unpaid Debts

N/A

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					
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							