

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 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 type="checkbox"/>	<input checked="" 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	
	10/25/16	11/28/16		
A. Amount Brought Forward From Last Report	\$ 1798.25			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 1100.00			
C. Total Funds Available (Sum of Lines A and B)	\$ 2898.25			
D. Total Expenditures (From Schedule III)	\$ 1896.91			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 1001.34			
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 25.00			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0			

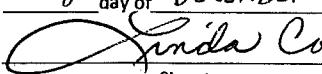
Affidavit Section

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

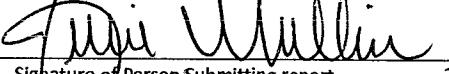
I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

8 day of DECEMBER 2016 COMMONWEALTH OF PENNSYLVANIA

	NOTARIAL SEAL LINDA CONNOR, Notary Public Lower Providence Twp., Montgomery County My Commission Expires Oct. 27th, 2017
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My Commission expires 10 27 2017


Signature of Person Submitting report
JULIE MULLIN
Printed Name

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

2016 DEC - 8 PM 3:03
RECEIVED
OFFICE OF
VOTER SERVICES
MONTG. CO. PA.

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number	UUPER PROVIDENCE FIRST
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period (1)	\$ 0
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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)	\$ 0
Total for the reporting period (2)	\$ 0

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 1100.00
Total for the reporting period (3)	\$ 1100.00

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)	\$ 1100.00

1100.00
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 1100.00
 1100.00

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.**

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:						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)	\$
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.

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		JULIE MULLIN				Date [MM/DD/YYYY]	\$	300.00
House #	117	Street Address	MEADOWLAND DRIVE				Date [MM/DD/YYYY]	\$
City	COLLEGEVILLE		State	PA	Zip Code	19426	Date [MM/DD/YYYY]	\$
Employer Name		ACI-TECH, INC				Occupation	ACCOUNTANT	
Employer Mailing Address / Principal Place of Business		203 E 10TH STREET, MARCUS HOOK, PA 19061						
Full Name of Contributor		KEVIN HOLOHAN				Date [MM/DD/YYYY]	\$	500.00
House #	318	Street Address	CONSTITUTION DRIVE				Date [MM/DD/YYYY]	\$
City	COLLEGEVILLE		State	PA	Zip Code	19426	Date [MM/DD/YYYY]	\$
Employer Name		SELF EMPLOYED				Occupation	CONSULTANT	
Employer Mailing Address / Principal Place of Business		PO BOX 26822 COLLEGEVILLE, PA 19426						
Full Name of Contributor		JOHN PEARSON				Date [MM/DD/YYYY]	\$	300.00
House #	266	Street Address	ARCOLA ROAD				Date [MM/DD/YYYY]	\$
City	COLLEGEVILLE		State	PA	Zip Code	19426	Date [MM/DD/YYYY]	\$
Employer Name		THE FITZ				Occupation	OWNER	
Employer Mailing Address / Principal Place of Business		264 CANAL STREET, PHOENIXVILLE, PA 19460						
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								

PART E
Other Receipts

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																																																																																																																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="width: 20%; padding: 5px;">Full Name</td> <td colspan="6" style="padding: 5px;"></td> </tr> <tr> <td style="width: 10%; padding: 5px;">House #</td> <td style="width: 10%; padding: 5px;">Street Address</td> <td colspan="2" style="width: 15%; padding: 5px;">City</td> <td style="width: 10%; padding: 5px;">State</td> <td style="width: 10%; padding: 5px;">Zip Code</td> <td style="width: 10%; padding: 5px;">Date [MM/DD/YYYY]</td> <td style="width: 10%; padding: 5px;">\$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Receipt Description</td> <td colspan="6" style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Full Name</td> <td colspan="6" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">House #</td> <td style="padding: 5px;">Street Address</td> <td colspan="2" style="padding: 5px;">City</td> <td style="padding: 5px;">State</td> <td style="padding: 5px;">Zip Code</td> <td style="padding: 5px;">Date [MM/DD/YYYY]</td> <td style="padding: 5px;">\$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Receipt Description</td> <td colspan="6" style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Full Name</td> <td colspan="6" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">House #</td> <td style="padding: 5px;">Street Address</td> <td colspan="2" style="padding: 5px;">City</td> <td style="padding: 5px;">State</td> <td style="padding: 5px;">Zip Code</td> <td style="padding: 5px;">Date [MM/DD/YYYY]</td> <td style="padding: 5px;">\$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Receipt Description</td> <td colspan="6" style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Full Name</td> <td colspan="6" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">House #</td> <td style="padding: 5px;">Street Address</td> <td colspan="2" style="padding: 5px;">City</td> <td style="padding: 5px;">State</td> <td style="padding: 5px;">Zip Code</td> <td style="padding: 5px;">Date [MM/DD/YYYY]</td> <td style="padding: 5px;">\$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Receipt Description</td> <td colspan="6" style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Full Name</td> <td colspan="6" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">House #</td> <td style="padding: 5px;">Street Address</td> <td colspan="2" style="padding: 5px;">City</td> <td style="padding: 5px;">State</td> <td style="padding: 5px;">Zip Code</td> <td style="padding: 5px;">Date [MM/DD/YYYY]</td> <td style="padding: 5px;">\$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Receipt Description</td> <td colspan="6" style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Full Name</td> <td colspan="6" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">House #</td> <td style="padding: 5px;">Street Address</td> <td colspan="2" style="padding: 5px;">City</td> <td style="padding: 5px;">State</td> <td style="padding: 5px;">Zip Code</td> <td style="padding: 5px;">Date [MM/DD/YYYY]</td> <td style="padding: 5px;">\$</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Receipt Description</td> <td colspan="6" style="padding: 5px;"></td> </tr> </table>								Full Name								House #	Street Address	City		State	Zip Code	Date [MM/DD/YYYY]	\$	Receipt Description								Full Name								House #	Street Address	City		State	Zip Code	Date [MM/DD/YYYY]	\$	Receipt Description								Full Name								House #	Street Address	City		State	Zip Code	Date [MM/DD/YYYY]	\$	Receipt Description								Full Name								House #	Street Address	City		State	Zip Code	Date [MM/DD/YYYY]	\$	Receipt Description								Full Name								House #	Street Address	City		State	Zip Code	Date [MM/DD/YYYY]	\$	Receipt Description								Full Name								House #	Street Address	City		State	Zip Code	Date [MM/DD/YYYY]	\$	Receipt Description							
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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

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	25.00
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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)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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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)	\$	25.00
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SCHEDULE II
PART F
In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	UPPER PROVIDENCE FIRST																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">Full Name of Contributor</td> <td colspan="3" style="padding: 2px;"></td> <td style="width: 10%; padding: 2px;">Date [MM/DD/YYYY]</td> <td style="width: 10%; padding: 2px;">\$</td> </tr> <tr> <td colspan="3" style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">House #</td> <td style="padding: 2px;"></td> <td style="width: 15%; padding: 2px;">Street Address</td> <td colspan="3" style="padding: 2px;"></td> </tr> <tr> <td colspan="3" style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="width: 10%; padding: 2px;">Date [MM/DD/YYYY]</td> <td style="width: 10%; padding: 2px;">\$</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="2" style="padding: 2px;"></td> <td style="width: 5%; padding: 2px;">State</td> <td style="width: 5%; padding: 2px;">Zip Code</td> <td style="width: 10%; padding: 2px;">Date [MM/DD/YYYY]</td> <td style="width: 10%; padding: 2px;">\$</td> </tr> <tr> <td colspan="6" style="padding: 2px;">Description of Contribution</td> </tr> </table>						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					
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SCHEDULE II
Part G
In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:		UPPER PROVIDENCE FIRST			
Full Name of Contributor					
House #		Street Address			
City		State	Zip Code		
Employer Name					
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor					
House #		Street Address			
City		State	Zip Code		
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City		State	Zip Code		
Employer Name					
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor					
House #		Street Address			
City		State	Zip Code		
Employer Name					
Employer Mailing Address / Principal Place of Business					

SCHEDULE III
Statement of Expenditures

Filer Identification Number:

UPPER PROVIDENCE FIRST

To Whom Paid		UNLIMITED GRAPHICS				Date [MM/DD/YYYY]	\$	
House #	357	Street Address	W MAIN STREET			10/26/16	1881.91	
City	TRAPPE		State	PA	Zip Code	Description of Expenditure		
To Whom Paid		FACEBOOK				Date [MM/DD/YYYY]	\$	
House #			Street Address				11/14/16	15.00
City			State		Zip Code	Description of Expenditure		
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			
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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

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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