

## 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 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	<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)	\$	1100.00	
C. Total Funds Available (Sum of Lines A and B)	\$	2898.25	
D. Total Expenditures (From Schedule II)	\$	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 20 18 COMMONWEALTH OF PENNSYLVANIA

*Linda Connor*  
Signature

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

Signature of Person Submitting report

Printed Name

My Commission expires 10 27 2017  
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

Signature of Candidate

Printed Name

My Commission expires  
MO. DAY YR.

Area Code

Daytime Telephone Number

**SCHEDULE I**  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	UUPER PROVIDENCE FIRST		
<b>1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor</b>			
Total for the reporting period		(1)	\$ 0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)			\$ 0
All Other Contributions (Part B)			\$ 0
Total for the reporting period		(2)	\$ 0
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)			\$ 0
All Other Contributions (Part D)			\$ 1100.00
Total for the reporting period		(3)	\$ 1100.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period		(4)	\$ 0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			\$ 1100.00

RECEIVED  
 JAN 11 2011  
 UUPER PROVIDENCE FIRST  
 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)

<b>Filer Identification Number:</b>	UPPER PROVIDENCE FIRST
-------------------------------------	------------------------

<b>Full Name of Contributor</b>		JULIE MULLIN		<b>Date [MM/DD/YYYY]</b>	10/27/16	<b>\$</b>	300.00
<b>House #</b>	117	<b>Street Address</b>	MEADOWLAND DRIVE	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>	COLLEGEVILLE	<b>State</b>	PA	<b>Zip Code</b>	19426	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Employer Name</b>		ACI-TECH, INC		<b>Occupation</b>	ACCOUNTANT		
<b>Employer Mailing Address / Principal Place of Business</b>		203 E 10TH STREET, MARCUS HOOK, PA 19061					
<b>Full Name of Contributor</b>		KEVIN HOLOHAN		<b>Date [MM/DD/YYYY]</b>	11/10/16	<b>\$</b>	500.00
<b>House #</b>	318	<b>Street Address</b>	CONSTITUTION DRIVE	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>	COLLEGEVILLE	<b>State</b>	PA	<b>Zip Code</b>	19426	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Employer Name</b>		SELF EMPLOYED		<b>Occupation</b>	CONSULTANT		
<b>Employer Mailing Address / Principal Place of Business</b>		PO BOX 26822 COLLEGEVILLE, PA 19426					
<b>Full Name of Contributor</b>		JOHN PEARSON		<b>Date [MM/DD/YYYY]</b>	11/15/16	<b>\$</b>	300.00
<b>House #</b>	266	<b>Street Address</b>	ARCOLA ROAD	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>	
<b>City</b>	COLLEGEVILLE	<b>State</b>	PA	<b>Zip Code</b>	19426	<b>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Employer Name</b>		THE FITZ		<b>Occupation</b>	OWNER		
<b>Employer Mailing Address / Principal Place of Business</b>		264 CANAL STREET, PHOENIXVILLE, PA 19460					
<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>Date [MM/DD/YYYY]</b>	<b>\$</b>
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							



## 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.

<b>Filer Identification Number:</b>	UPPER PROVIDENCE FIRST
-------------------------------------	------------------------

<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>								
<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>								

**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**

<b>Filer Identification Number:</b>	UPPER PROVIDENCE FIRST
-------------------------------------	------------------------

<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period (1)	\$	25.00

<b>2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period (2)	\$	0

<b>3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period (3)	\$	0

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
---	----	-------



SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	UPPER PROVIDENCE FIRST
-------------------------------------	------------------------

<b>Full Name of Contributor</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>Description of Contribution</b>						
<b>Full Name of Contributor</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>Description of Contribution</b>						
<b>Full Name of Contributor</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>Description of Contribution</b>						
<b>Full Name of Contributor</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>Description of Contribution</b>						

**SCHEDULE II**

**Part G**

**In-Kind Contributions Received**

**VALUE OVER \$250**

<b>Filer Identification Number:</b>	UPPER PROVIDENCE FIRST
-------------------------------------	------------------------

<b>Full Name of Contributor</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>Employer Name</b>				<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>				
<b>Full Name of Contributor</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>Employer Name</b>				<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>				
<b>Full Name of Contributor</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>Employer Name</b>				<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>				
<b>Full Name of Contributor</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>Employer Name</b>				<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>				

**SCHEDULE III**  
**Statement of Expenditures**

Filer Identification Number: UPPER PROVIDENCE FIRST

To Whom Paid		UNLIMITED GRAPHICS			Date [MM/DD/YYYY]	\$	1881.91
					10/26/16		
House #	357	Street Address	W MAIN STREET		Description of Expenditure		
City	TRAPPE	State	PA	Zip Code	19426	MAILER	
To Whom Paid		FACEBOOK			Date [MM/DD/YYYY]	\$	15.00
					11/14/16		
House #		Street Address			Description of Expenditure		
City		State		Zip Code		ADVERTISING	
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**

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

<b>Filer Identification Number:</b>	UPPER PROVIDENCE FIRST
-------------------------------------	------------------------

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt</b>							