	CA	MPAIGN F	INANCE REP	ORT		
Name:		RESTORE I	PA			
Address:		PO BOX 44				
City, State, Zi	p:	ALLENTON	VN PA 18104-446	54		
Candidate			Committee			X
Type of Repo	ort	<u> </u>	Election Date	Amend	ed	Termination
2017 – ANNU	JAL REPORT					
Termination	Report?					
Office Sough	t By Candidate	e	Party	County		
Lehigh Coun	ty PAC			Lehigh		
	Sumr	nary of Rec	eipts & Expend	litures		
From:	06/06/2017		To:	12/31/2	017	
A. Amount B	rought Forwa	rd From Las	t Report	<u> </u>	1,47	9.92
B. Total Mon	etary Contrib	utions & Rec	eipts (from Sche	edule I)	500.	00
C. Total Fun	ds Available (S	Sum of Lines	A & B)		1,97	9.92
D. Total Exp	enditures (fror	n Schedule I	II)		0.00	
E. Ending Ca	sh Balance (St	ubtract Line	D from Line C)		1,97	9.92
F. Value of In	n-Kind Contril	butions Rece	ived (from Scheo	dule II)	0.00	_
G. Unpaid De	ebts & Obligat	ions (from S	chedule IV)		(-12,	000.00)

^{*}Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
RESTOREPA	From:	6/6/	2017 To:	12/31/2017
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reportin	g Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reportin	ng Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				1
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	500.00
TOTAL for the Reporti	ng Period	(3)	\$	500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporti	ng Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover I	and enter an Page, Item B	nount .)	\$	500.00

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.

Name of Filing Committee or Candida	te		Reporting	Period			
			From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee	·		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL 0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Comm	nittee or Candidate	F	Reporting I	Period			
		F	rom:		Т	o:	
				DATE			AMOUNT
Full Name of Contribute	or		МО	DAY	YEAR		
Mailing Address			 			\$	0.00
City	State	Zip Code (Plus 4)				i I	
	<u> </u>		<u> </u>	<u> </u>	1		PAGE TOTAL
Enter Grand Tota	al of Part A on Schedule I,	Detailed Summary Page,	Section 2	2.		\$	0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candida	te		Reporting) Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Committee)			мо	DAY	YEAR		
Mailing Address			- · · · · · · · · · · · · · · · · · · ·				\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sc	hedule I, Detail	ed Summary P	age, Sectio	on 3.		ĺ	\$	0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Ca	andidate		Rep	orting Pe	riod			
RESTOREPA			Fron	n:	6/6/2	017 To):	12/31/2017
				D	ATE		АМ	IOUNT
Full Name of Contributor James R. Agras				МО	DAY	YEAR		
Mailing 750 Washing Address	ton Road, Apt 1605						\$	500.00
City Pittsburgh	State PA	Zip Code (Plu : 15228-2034	s 4)	12	26	2017		
Employer Name Triangle Tech	1 Group			Occupa	tion (CEO		
Employer Mailing Address/Princ Business	cipal Place of	City		<u> </u>	State		Zip Code	e (Plus 4)
1940 Perrysville Avenue		Pittsburg	jh		PA		15214-	-3897
Enter Grand Total of Part C	on Schedule I. Detai	led Summary Page	Section	on 3.			PA	GE TOTAL
		· · · · · · · · · · · · · · · · · · ·		-			\$	500.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee o	or Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Fuil Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description				<u>l</u>	<u> </u>	<u>ļ</u>		
	To a Calcadala T. Datailad (S B.	Cartian	4			PAG	SE TOTAL
inter Grand Total of Part I	E on Schedule I, Detailed S	Summary Page,	Section	4.			\$	0.00

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

Name of Filing Committee or Candidate	Reporting Peri	od	11
RESTOREPA	From:	<u>6/6/2017</u> To:	12/31/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS F	PER CONTRIBUTOR	3	
TOTAL for the Reporting Po	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	IT F)	70000 a j 1 d d d d d d d d d d d d d d d d d d	
TOTAL for the Reporting Po	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)	3	<u> </u>	
TOTAL for the Reporting Po	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candida	te		Reportin	g Period			
			From:			То:	
				DATE		АМО	UNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:			. 1				
Enter Grand Total of Part F on Sc	hedule II, In-Kin	nd Contributions Deta	iled Sum	mary Pa	ge,	PAGE	TOTAL
Section 2.							0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					Fro	m:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Ple	us 4)						
Employer of Contributor						Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of	City	!	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In	ı-Kind	Contribution	ns Del	taile	ed .				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	Reporting Period						
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
	····		. (·			
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	cpenditure		
							PAGE TOTAL
Enter Grand Total of Expenditur	es on Page 1, Ro	eport Cover Page, Item D) .			\$	0.00

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

Name (of Filing Com	mittee or Candidate			Reporti	ng Period					
RESTO	REPA				From:		6/6/2017	То:		12/31/2017	
							DATE			Outstanding Balance of Debt	:
-	of Creditor Woodman					МО	DAY	YEAR			
Mailing	g Address	751 Benner Road				5	13	2017	\$	3,500.	.00
City	Allentown		State PA	Zip Code (Plu 18104	us 4)	· ·	otion of Del ign Loan	ot			
							DATE			Outstanding Balance of Debt	:
	of Creditor Woodman					МО	DAY	YEAR			
Mailing	g Address	751 Benner Road				3	23	2017	\$	2,500.	.00
City	Allentown		us 4)		otion of Del ign Loan	ot	,				
							DATE			Outstanding Balance of Debt	
Name Lisa So	of Creditor cheller			<u> </u>		мо	DATE	YEAR	١.		
Lisa So		751 Benner Road				мо 3		YEAR 2017	\$	Balance of Debt	
Lisa So	cheller	751 Benner Road	State PA	Zip Code (Plu 18104	us 4)	3 Descrip	DAY	2017	\$	Balance of Debt	
Lisa So	cheller g Address	751 Benner Road		'	us 4)	3 Descrip	DAY 23	2017	\$	Balance of Debt	.00
Lisa So	g Address Allentown	751 Benner Road		'	us 4)	3 Descrip	23 otion of Del	2017	\$	2,500.	.00
Lisa So Mailing City Name Lisa So	g Address Allentown	751 Benner Road 751 Benner Road		'	us 4)	3 Descrip Campa	23 otion of Delign Loan	2017 ot		2,500. Outstanding Balance of Debt	.00
Lisa So Mailing City Name Lisa So	Allentown of Creditor cheller			'		Descrip Campa MO 5 Descrip	23 Pition of Delign Loan DATE DAY	2017 YEAR 2017		2,500. Outstanding Balance of Debt	.00
Lisa So Mailing City Name Lisa So Mailing City	Allentown of Creditor cheller g Address Allentown	751 Benner Road	PA State PA	2ip Code (Plu 18104	us 4)	Descrip Campa MO 5 Descrip Campa	DAY 23 ption of Delign Loan DATE DAY 13	2017 YEAR 2017		2,500. Outstanding Balance of Debt	.00
Lisa So Mailing City Name Lisa So Mailing City	Allentown of Creditor cheller g Address Allentown		PA State PA	2ip Code (Plu 18104	us 4)	Descrip Campa MO 5 Descrip Campa	DAY 23 ption of Delign Loan DATE DAY 13	2017 YEAR 2017		2,500. Outstanding Balance of Debt 3,500.	.00