| | CA | MPAIGN F | INANCE REP | ORT | | |
|-----------------|-----------------|---------------|------------------|----------|-------|-------------|
| | | | | | | |
| Name: | | RestorePA | | | • | |
| Address: | | Po Box 4464 | 4 | | | |
| City, State, Zi | p: | Allentown P | A 18105 | | | |
| | | | | | | |
| Candidate | | | Committee | | | |
| Type of Repo | ort | | Election Date | Amend | ed | Termination |
| 30 Day Post F | Primary | | 05/18/2018 | | | |
| Termination | Report? | | | | | |
| Office Sough | t By Candidate | e | Party | County | | |
| Lehigh Coun | ty PAC | | | Lehigh | | |
| | Sumn | nary of Rec | eipts & Expend | litures | | |
| From: | 05/01/2018 | | To: | 06/04/2 | 018 | , q |
| A. Amount B | rought Forwa | rd From Las | t Report | I | 7,85 | W, 73 |
| B. Total Mon | etary Contribu | utions & Rec | eipts (from Sche | edule I) | 0.00 | |
| C. Total Fun | ds Available (S | oum of Lines | A & B) | | 7,82 | 2.73 |
| D. Total Exp | enditures (fron | n Schedule II | (I) | | 0.00 | |
| E. Ending Ca | ish Balance (Su | ıbtract Line | D from Line C) | | 7,80 | w.13 |
| F. Value of In | n-Kind Contrib | outions Recei | ved (from Scheo | lule II) | 0.00 | |
| G. Unpaid Do | ebts & Obligat | ions (from So | 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 | g Period | | |
|--|-----------|----------|----------|----------|
| RESTOREPA | From: | 5/1/ | 2018 To: | 6/4/2018 |
| . Unitemized Contributions Received - \$ 50,00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | g Period | (1) | \$ | 0.00 |
| . 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 | g Period | (2) | \$ | 0.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) Contributions Received From Political Committees (Part C) | | | \$ | 0.00 |
| All Other Contributions (Part D) | | · | \$ | 0.00 |
| TOTAL for the Reporting | g Period | (3) | \$ | . 0.00 |
| . Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | *** | | | |
| TOTAL for the Reporting | g Period | (4) | \$ | 0.00 |
| Total Monetary Contributions and Receipts During this Reporting Period (Add at totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 0.00 |

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 Candidat | e | | Reporting | Period | | | |
|--------------------------------------|----------|------------------|-----------|--------|------|----|--------|
| | | | From: | | То | : | |
| | | I | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 | *) | | | | |
| | <u> </u> | <u> </u> | | | | | |

PAGE TOTAL 0.00

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

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.

| Name of Filing Committee | e or Candidate | | Repo | rting P | eriod | | | |
|--------------------------|----------------|-------------------|------|---------|-------|------|----|--------|
| | | | From | n: | | То |): | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | /EAR | | |
| Mailing Address | | | | | | | \$ | 0.0 |
| City | State | Zip Code (Plus 4) | | | | | | |

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 | Candidate | | Reportin | g Period | | | | |
|------------------------------|--------------------------|---------------|------------|----------|------------|------|----|------------|
| | | | From: | | | То: | | |
| | | | | D.A | ATE | | A | MOUNT |
| Full Name of Contributing Co | mmittee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code | (Plus 4) | | | | | |
| | | 1 | | 1 | • | | - | PAGE TOTAL |
| Enter Grand Total of Part (| C on Schedule I, Detaile | ed Summary Pa | ge, Sectio | on 3. | | | \$ | 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 Committe | Reporting Po | eriod | | | | | |
|--------------------------------------|------------------------------|---------------------|-----------|-------|------|-------------|---------|
| | | | From: | | To |): | |
| | | | | ATE | | AMOU | INT |
| Full Name of Contributor | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 |) | | | | |
| Employer Name | | | Occupa | ation | 1 | | |
| Employer Mailing Address Business | s/Principal Place of | City | <u> </u> | State | | Zip Code (P | 'lus 4) |
| Enter Grand Total of P | Part C on Schedule I, Detail | led Summary Page, S | ection 3. | | | PAGE | TOTAL |
| | | , | | | | \$ | 0.00 |

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 of | r Candidate | | Repor | ting Peri | od | | | |
|-----------------------------|---------------------------|-------------------|--------|-----------|------------------|------|------|---------|
| | | | From: | | | To: | | |
| | | | | E | ATE | | AMO | UNT |
| Full Name | | | | мо | DAY | YEAR | | |
| Mailing Address | | _ | | | | | \$ | 0.00 |
| City | State | Zip Code (Pl | us 4) | | - - - - | | | |
| Receipt Description | <u> </u> | 1 | | <u> </u> | | 1 | | |
| nter Grand Total of Part I | on Schedule I. Detailer | d Summany Dage S | ection | . 4 | | ſ | PAGI | E TOTAL |
| inter Grand Total of Part E | . on Schedule 1, Detailet | a Summary Page, S | ection | 7. | | Į | \$ | 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 | Report | ing Period | | |
|---|----------------|------------|----------------------------|----------|
| RESTOREPA | From: | | <u>5/1/2018</u> To: | 6/4/2018 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS I | L PER CONTI | RIBUTOR | | |
| TOTAL for the Reporting Po | eriod | (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | rTF) | | | |
| TOTAL for the Reporting Po | eriod | (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | | |
| 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, | | enter | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidat | e | | Reporting | Period | | | |
|--|------------------|-----------------------|-----------|----------|------|-------------|------------|
| | | | From: | | | To: | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |
| Description of Contribution: | | | | | | | |
| Enter Grand Total of Part F on Sch Section 2. | edule II, In-Kin | d Contributions Detai | iled Sum | mary Pag | ge, | | PAGE TOTAL |
| Section 2. | | | | | 1 | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | Reportin | g Period | | | |
|---|---------------|----------------|-----------|----------|----------|--------------------|--------|------------|--------------------|
| | | | | | From: | | То: | | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | · | | | | | | \$ | 0.00 |
| City | State | | Zip Code(| (Plus 4) | | | | | |
| Employer of Contributor | L | | <u> </u> | | Occu | pation | | <u> </u> | |
| Employer Mailing Address/Princip Business | pal Place of | City | | State | | ip Code(Plus I) | Descri | ption of (| Contribution |
| Enter Grand Total of Part G o Summary Page, Section 3. | n Schedule II | i , In-Kind | Contribut | ions Det | ailed | | | | PAGE TOTAL 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | | ting Period | | | |
|---------------------------------------|---------------|------------------------|-------|--------------|------------|-----|------------|
| | | | From | | | To: | |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | Desci | iption of Ex | kpenditure |) | |
| Enter Grand Total of Expenditures o | n Page 1. Ren | ort Cover Page. Item D |). | | | | PAGE TOTAL |
| and the state of Expenditures | | | | | | \$ | 0.00 |

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 | DREPA | | | | From: | | <u>5/1/2018</u> | То: | | 6/4/2018 |
| | | | | | | | DATE | | | outstanding salance of Debt |
| | of Creditor | | | | | мо | DAY | YEAR | | |
| | e Woodman | | <u></u> | | | | | | | |
| Mailin | g Address | 751 Benner Road | | | | 3 | 23 | 2017 | \$ | 2,500.00 |
| City | Allentown | | State | Zip Code (Pl | us 4) | Descrip | otion of Del | ot | <u>.l</u> | |
| | | | PA | 18104 | | Campa | ign Loan | | | |
| | | | • | | | | DATE | | | outstanding salance of Debt |
| | of Creditor e Woodman | | | | | МО | DAY | YEAR | | |
| Mailin | g Address | 751 Benner Road | | | | 5 | 13 | 2017 | \$ | 3,500.00 |
| City | Allentown | | State | Zip Code (Pl | us 4) | Descrip | tion of Del | ot | | |
| | | | PA | 18104 | | Campa | ign Loan | | | |
| | | | | | | • | | | | |
| | | | | | | | DATE | | | outstanding Falance of Debt |
| | of Creditor | | | | <u>.</u> | MO | DATE | YEAR | | |
| | of Creditor Scheller | | | | <u> </u> | мо | | YEAR | | |
| Lisa S | | 751 Benner Road | | | | MO | | YEAR 2017 | | |
| Lisa S | Scheller og Address | 751 Benner Road | State | Zip Code (Pl | us 4) | 3 | DAY | 2017 | В | alance of Debt |
| Lisa S Mailin | Scheller | 751 Benner Road | State PA | Zip Code (Plo | us 4) | 3 Descrip | DAY 23 | 2017 | В | alance of Debt |
| Lisa S Mailin | Scheller og Address | 751 Benner Road | | 1 | us 4) | 3 Descrip | DAY 23 otion of Del | 2017 | \$ | alance of Debt |
| Lisa S Mailin City | Scheller og Address | 751 Benner Road | | 1 | us 4) | 3 Descrip | DAY 23 otion of Delign Loan | 2017 | \$ | 2,500.00 |
| Mailin City Name | Allentown of Creditor | 751 Benner Road 751 Benner Road | | 1 | us 4) | 3 Descrip Campa | 23 Detion of Delign Loan DATE | 2017 | \$ | 2,500.00 |
| Mailin City Name | Allentown of Creditor Scheller | | | 1 | | 3 Descrip Campa MO | 23 Dition of Delign Loan DATE | 2017 ot YEAR 2017 | \$ C B | 2,500.00 Qutstanding lalance of Debt |
| Lisa S Mailin City Name Lisa S Mailin | Allentown of Creditor Scheller ag Address | | PA | 18104 | | 3 Descrip Campa MO 5 Descrip | DAY 23 Dition of Deligin Loan DATE DAY | 2017 ot YEAR 2017 | \$ C B | 2,500.00 Qutstanding lalance of Debt |
| Name Lisa S Mailin City Name City City | Allentown Allentown Allentown Allentown Allentown | 751 Benner Road | PA State PA | Zip Code (Pl | us 4) | MO 5 Descrip | DAY 23 Dition of Delign Loan DATE DAY 13 | 2017 ot YEAR 2017 | \$ C B | 2,500.00 Qutstanding lalance of Debt |
| Name Lisa S Mailin City Name City City | Allentown Allentown Allentown Allentown Allentown | 751 Benner Road | PA State PA | Zip Code (Pl | us 4) | MO 5 Descrip | DAY 23 Dition of Delign Loan DATE DAY 13 | 2017 ot YEAR 2017 | \$ C B | 2,500.00 Dutstanding lalance of Debt 3,500.00 |