

CAMPAIGN FINANCE REPORT

Name:		<i>RestorePA</i>		
Address:		<i>Po Box 4464</i>		
City, State, Zip:		<i>Allentown PA 18105</i>		
Candidate				
Type of Report		Election Date	Amended	Termination
30 Day Post Primary		05/18/2018		
Termination Report?				
Office Sought By Candidate		Party	County	
<i>Lehigh County PAC</i>			<i>Lehigh</i>	
Summary of Receipts & Expenditures				
From:	<i>05/01/2018</i>	To:	<i>06/04/2018</i>	
A. Amount Brought Forward From Last Report			<i>7,822.73</i>	
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>0.00</i>	
C. Total Funds Available (Sum of Lines A & B)			<i>7,822.73</i>	
D. Total Expenditures (from Schedule III)			<i>0.00</i>	
E. Ending Cash Balance (Subtract Line D from Line C)			<i>7,822.73</i>	
F. Value of In-Kind Contributions Received (from Schedule II)			<i>0.00</i>	
G. Unpaid Debts & Obligations (from Schedule IV)			<i>(-12,000.00)</i>	

*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: <u>5/1/2018</u> To: <u>6/4/2018</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor		
	TOTAL for the Reporting 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 Reporting 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 Period	(3)
		\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)		
	TOTAL for the Reporting Period	(4)
		\$ 0.00

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 Page1, Report Cover Page, Item B.)	\$	0.00
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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 Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT	
Full Name of Contributing Committee	MO	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

PART B
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 Committee or Candidate	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 0.00
Mailing Address				
City	State	Zip Code (Plus 4)		

PAGE TOTAL
\$ 0.00

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

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	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT			
Full Name of Contributing Committee	MO	DAY	YEAR				
Mailing Address				\$ 0.00			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; font-weight:normal;">City</td> <td style="width:20%; font-weight:normal;">State</td> <td style="width:50%; font-weight:normal;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
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 Candidate	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City				
State				
Zip Code (Plus 4)				
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART E
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 or Candidate	Reporting Period
	From: _____ To: _____

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 Period	
RESTOREPA		From: <u>5/1/2018</u>	To: <u>6/4/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
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, Reports Cover Page, Item F.)			\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL
							\$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 0.00

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate				Reporting Period			
				From		To:	
				DATE		AMOUNT	
To Whom Paid				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
							\$ 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 Committee or Candidate RESTOREPA				Reporting Period From: <u>5/1/2018</u> To: <u>6/4/2018</u>			
DATE							Outstanding Balance of Debt
Name of Creditor Wayne Woodman				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 751 Benner Road				3	23	2017	
City Allentown	State PA	Zip Code (Plus 4) 18104		Description of Debt Campaign Loan			
DATE							Outstanding Balance of Debt
Name of Creditor Wayne Woodman				MO	DAY	YEAR	\$ 3,500.00
Mailing Address 751 Benner Road				5	13	2017	
City Allentown	State PA	Zip Code (Plus 4) 18104		Description of Debt Campaign Loan			
DATE							Outstanding Balance of Debt
Name of Creditor Lisa Scheller				MO	DAY	YEAR	\$ 2,500.00
Mailing Address 751 Benner Road				3	23	2017	
City Allentown	State PA	Zip Code (Plus 4) 18104		Description of Debt Campaign Loan			
DATE							Outstanding Balance of Debt
Name of Creditor Lisa Scheller				MO	DAY	YEAR	\$ 3,500.00
Mailing Address 751 Benner Road				5	13	2017	
City Allentown	State PA	Zip Code (Plus 4) 18104		Description of Debt Campaign Loan			
DATE							Outstanding Balance of Debt
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 12,000.00

