Commonwealth of Pennsylvania - Campaign Finance Report
(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		a write-in	Repor (Mari	t Filed E (X)	y Ca	ndida	te	X	Committee			Lobbyist	
Name of Filing Committee, Candidate or Lobbyist			Paige Van Wirt										
Street Address			42 W.	42 W. Market St.									
City	Bethlehe	m			Sta	ate	PA		Zip Code	18018			
Type of Report (Place	e x under i	report type)											
1-6 th Tuesday 2-1 Pre-Primary Pre	2 nd Friday -Primary		4-6 th T Pre-El		5- 2 nd Fr Pre- Ele	-	6-30 Day Election	y Post	7- Annual	Special 2 ^e Pre-Electi	-	Special 30 Post-Elec	
					X								
Date Of Election (MM/DD/YYYY)			Year				Amendn Report	nent		Terminati Report	ion		
Summary of Receipts and From Date			To Dat	9				For	Office Use	Only			
Expenditures	Expenditures 8/20/17			-	8/24/17								
A. Amount Brought	Forward F	rom Last Report	\$		N/a								
B. Total Monetary C (From Schedule I)	ontributio	ons and Receipts	8		0								
C. Total Funds Avail (Sum of Lines A and			8	0									
D. Total Expenditures (From Schedule III)		\$	7093.24										
E. Ending Cash Balance (Subtract Line D from Line C)			8	-7093.24					20.				
F. Value of In-Kind Contributions Received (From Schedule II)		8	o										
G. Unpaid Debts and Obligations (From Schedule IV)			8		0						12.190		
		1 140		5 Ja		lavit Se							
Part 1- If this is a Com	mittee repo	rt, treasurer sign he	ere. II ti	iis is a Ga	ROIGALS 18	port, C	andioate sig	knowle	dne and belief t	rue correct	and comple	ete .	

SCHEDULE I Contributions and Receipts Detailed Summary Page

Filer Identification Number		
1.Unitemized Contributions and Rece	ipts-\$50.00 or Less per Contributor	
	Total ter the reporting period (1)	8
2. Contributions of \$50.01 to \$250.0 Part A and Part B)	0 (From	
Contributions Received from Political	Committees (Part A)	8
All Other Contributions (Part B)		8
	Total for the reporting period (2)	
3. Contributions Over \$ 250.00 (From	Part C and Part D)	
Contributions Received from Political	Committees (Part C)	18
All Other Contributions (Part D)		1
	Total for the reporting period (3)	1
4. Other Receipts-Refunds, Interest I	Earned, Returned Checks, ETC. (From Part E)	
	Total for the reporting period (4)	
Total Monetary Contributions and Re enter amount totals from Boxes 1, 2, Cover Page, Item B)	ceipts during this reporting period (Add and 3 and 4; also enter this amount on Page 1, Report	8

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				
B. A.					Amount
Full Name of Co Committee	ntributing			Date [MM/DQ/YYYY]	
House #	Street Address			Date [MM/DD/YYYN]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	ntributing -			Date*[MM/DD/YYYY]	100 101 101 101 101
House #	Street Address			Date [MM/DD/YYYY]	2
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	ntributing			Date [MM/DD/XYYY]	
House #	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	1
Full-Name of Co Committee	ntributing	Status Research	Property and Control Control	Date [MM/DD/YYYY]	8
House #	Street Address			Date [MM/DD/YYYY]	8 ()
City	1. 76 - 17 1	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	intributing		Tik samo internacio	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	2 2	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	8.
House#	Street Address			Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
- Na - 1					3/19

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.)

Fig. dentification Number:	
Full Name of Equipmental	Date pany/DD/YYYY \$
Street Address	Date [MM/DD/YYXY] 1
State Zip Code	Date [MM/DD/YYY]
Full Mastes of Contributor	Date [MM/DD/YYYY]
House # Street Address	Date [MM/DD/YYYY] &
State Zip Code	Bete [MM/DD/YYM]
Full Name of Contributor	Date [MM/DD/WWY] 1
House # Street Address	Date [WHY RDANAN]
Citie State Aprante	Date (MM/AD/YYY) 4
Total Main is of Contributer	Date Liming Avail 1
Holine # Street Address	Date [MM/DD/YYYY]
City State Zip Code	Date MM/DB/ATTY] 4
Gull Name of Southbutor	Date [MM/DD/YYY] 1
Straot Address	Date (NM/DD/VYYY) \$
State Zip Code	Date UNIVADD/XXXVI
Full Name of Contributor	Date [MM, (Dip./WYV)]
Herisa F Signet Address	Pate (MM/DD/YYY) 1
City State Zip Gosto	Date (MM/Bb/YYY) X

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.

Flat leads after Number				
Full Magic of Contributing Committee			Date MM/OD/VYYJ	
House # Street Address	\		Date [MW/DD/YYYY]	
City	S (0)	Zip Code	Date INTRADIOMANI 4	
Fill-Lands of Contributing Committee			DAGIMUVDYAWY. 8	
House # Street Address			Date MM/DD/YYYYI	
ST.	Sizie	Zo Cule	Pate LAM/DD/YWW	4.5
Full Daine of Contributing Computties			Date IVIM/DD/XYYI 8	
House # Street Address			Date [MM/DD/YYYY]	
lary .	State	Zip Gode	Pate [MM/DU-V/0]	<i>y</i> ,
First Name of Contributing Committee			Carried Apply (4)	
House # Street Address			OBIR DXIM/ODZYYYYJ 3	
	Male	Zp Stille	Date [MM/DD/YYAA4]	-
Full Name of Contributing Committee			PARKACHENWAN SARE	
Floure # Street Address	Lancas and the same of the sam		Date MM/DB/YYYY]	
City Fill Name of	State	Zip Code	Date [MM/bb/WYV]	
Contributing Committee			Date (MIL/HD) (1/1/1)	
House 4 Street Address			Date [MW/DD/YYW]	
O V	Hato:	Zip Code	Date MAN PODYTTA	

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)

His learning point Montage		
FOR Phins of Gorthhulor		Date (MMI/DD/AYYM) 4
House # Street Address		Date [MM/DD/YYY]
Etiployer Name	State Zip Code	Date [MM/DD/YYYY] 3
Employer Malling Address /		Grangenen
Printipal Place of Business		
Full Name of Contributor		Date MAN/DD/YYXXI 8
House # Street Address		Date IMM/DD/AAAI / 1
	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Quapation
Employer Malling Address / Principal Place of Business		
Full Name of Sontabutor		Date (AU) (PD) (YYYY) \$
House 4 Street Address		Fare INVINDONACAT &
	State Zip Code	Bac [MN/DD/AAY] I
Employer Name		Ocaration:
Principal Place of Business		
Fill Margo of Commissions		Date [MM/DP/YWY] 1
Hoesa * Street Address		Bate [WW/DD/YYYY]
	State Zip Code	Date (MM/DB/YYY)
Step Lay of Marine		Occupition
Campleyer Melling 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.

Flier Clant right on Numbers					
	1000				
Tall Name		-			
	et Address				
Dity	Stat	8 Z	p pele	Date [MM/DD/YWY]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Receipt Description					
Full Name					
	ert Address	·			
(alb)	Spat	6	p 9de	Date I M M DD AAAAA	*
Research Description				/	
Foll Name					
Pouse #	or Address				
\$70	. Size	24 Cd	p ode	Date IMPODYMM	
Rejeint Description					
Egil Marrie					
House # Sug	of Address				
Cla	Stat	6. Z	pide :	Date (MINASID/AMA)	
Receipt Costalpition					
rell Name					
House # Store	net Address				
COV	\$2	6	p B de	Date [MM/DD/YYY/]	
Beselpt Desemble					Postdone .
Bill Name		198			
	ert Address				
Cry Baselph Disselphon	Sa	6 Z	gdia D	bate [AM/Db/WM]	
describe describeration		No.			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer (dentification Number:	
THE THE THE PROPERTY OF THE PR	STATES A TABLEST OF CONTRACT AND THE STATES
TOTAL for the reporting period (1)	8 - 8
2 REACHD CONTINUED HONE PAGE VED AVAILUE OF PROTON TO VA	SO DO MUSIM PARTES
TOTAL for the reporting period (2)	8
C. 18. ILEKAND GONNER SUNION RECAVED WALLE OWER PASOLOGYPH	OM PART(Q)
TOTAL for the reporting/period (3)	8
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)	8

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$ 50.01 TO \$ 250

Week author Number	
Enli Name of Contributor	Date [MM/DD/AVV)] 1
House # Street Address	Date [MM/OD/YYYY] 1
State Im Code	DSID-[MM/DD/WYM] 4
Description of Contribution	
Foll Nature of Contributor	Dete IMM/DD/AYYO, 3
House # Street Address	Date [MM/DD/YYY] (1)
State 240 Code	Date [MM/DD/YYYY] \$
Description of Contribution	
Fall Name of Contribution	Date [MM/40/1444]
HOUSE # Street Artures	Date [MM/DD/\$274] 4
Giby Strate Zip Code	Date (MM/DD/ANA) 1
Description of Contribution	
Fall Valle of Cantilbutor	Date Ministry (1)
Stone Address Stone Address Stone Address	Date [MM/DD/YVYV] \$
	Date MM/DD/YWY] 4
Bearbign of Contribution	
Edit Harna of Accidation	Date MM/DUNWY 4
Street Address	Date [MM/0b/YYY) 1
State Zip Code	Date MIMADDAYYA
Depletation of Contribution	

SCHEDULE II Part G In-Kind Contributions Received

VALUE OVER \$ 250

Hier Viertilisation Number;		
		728 - W

Will lame of Contributor		Data MM/DD/WWW [4
House at Stroot Address		Date [MIW/DD/YYYY] \$
Willy .	State Zip Code	Date [MM/DD/YYYY]
Employer Name		Occupation.
Employer Mailing Address / Principal Place of Business		Bessiption of Contribution
Faliliane of Contributor		Date (MM/IDD/YVV)
Hoters # Struct Address		Date MM/DB/YYY4
Sity	State Zip Sade	Date MM/De/ATA
Englisher Marry		Occupation .
Employer Mailing Address / Principal Place of Business		Description of Completion
Bill Carre of Contributor		Date [MM, DD/YYYI]
Address		Date ()46(/D)D/YYYY) 1
GILV	State Zp Code	Days WWW POLANA 1
Printhyar Name		Occupation
Stipleyer Walling Address / Principal Place of Business		Description of Contribution
Pal Paris of citinbusy		Dan [Milled An Val
Horse # Street Address		Date MAN/DE/YYAN \$
	State Zp Sode	Date (MM/DB/YYYY)
Employer Name		Occupation
Employer Mailing Address / Printipel Place of Business		Description of Contribution

Statement of Expenditures

			- The second second	The second secon
Filer Identification Number:				
I Hitt Michiganon Leaning.				3
	and the second s	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	AND AND RESIDENCE AND ADDRESS OF THE PARTY O	The second secon

To Whe	om Paid			***	and the second		Date [MM/DD/YYYY]	
		Kennedy Printing					8/28/17	5.44
House #			altimore Ave	ore Avenue			Description of Expenditure	
City	Philadelphia	<u> </u>	State	PA	Zip Code		Yard signs, palm cards	
To Whom Paid Kennedy Printing							Date [MM/DD/YYYY] \$ 738	738.56
		Kennedy Finding			_		9/10/17	
House :	5534	Street Address Baltimore Avenue			Description of Expenditure			
City	Philadelphia		State	PA	Zip Code		Yard signs	
To Wh	om Pald						Date [MM/DD/YYYY] \$ 177	1.04
		Xpressdocs					10/2217	1.04
House	# 4901	Street Address N	Beach St.				Description of Expenditure	
City	Fort Worth		State	тх	Zip Code	76137	Mailer services	
To Wh	om Paid	î .					Date [MM/DD/YYYY] 4	0.00
		Magnets.com					9/12/17	0.00
House # 430 Street Address Con		ommunipa	w Avenue			Description of Expenditure		
City	Jersey City		State	NJ	Zip Code	07304	Door hangers, bumper stickers	
To Whom Paid						Date [MM/DD/YYYY] \$ 378	3.85	
		Staples					10/1/17	
House # 2138 Street Address W Ur			V Union Bh	/d			Description of Expenditure	
City	Bethlehem		State	PA	Zip Code	18018	Copies, pens, office supplies	
To Wi	nom Paid						Date [MM/DD/YYYY] \$	
		Wix.com					Pare francis par 1111	n nn
House		TTIA.COIII					10/10/17	0.00
	235	Street Address	W. 23rd st				1330	0.00
City	235 New york	Street Address	W. 23rd st State	NY	Zip Code		10/10/17 Description of Expenditure Website hosting fee	0.00
City	235	Street Address	3 3	NY			10/10/17 Description of Expenditure Website hosting fee	
City	New york	Street Address	3 3	NY			10/10/17 Description of Expenditure Website hosting fee Date [MM/DD/YYYY] \$ 50.	.00
City	New york	Street Address Concertpix.com	3 3				10/10/17 Description of Expenditure Website hosting fee Date [MM/DD/YYYY] \$ 50	
City To Wi	New york	Street Address Concertpix.com Street Address	State	n Place		18018	10/10/17 Description of Expenditure Website hosting fee Date [MM/DD/YYYY] \$ 50. 10/15/17 Description of Expenditure Photoservices	
City To Will House	New york hom Paid	Street Address Concertpix.com Street Address	State Henderson	n Place	Code	18018	Description of Expenditure Website hosting fee Date [MM/DD/YYYY] \$ 50. Description of Expenditure Photoservices Date [MM/DD/YYYY] \$ 24.	
City To Will House	New york hom Paid 2420 Bethlehem hom Paid	Street Address Concertpix.com Street Address Maria Lucy Design	State Henderson State	n Place	Code	18018	Description of Expenditure Website hosting fee Date [MM/DD/YYYY] \$ 50. 10/15/17 Description of Expenditure Photoservices Date [MM/DD/YYYY] \$ \$ 1.0 1	.00
To Will House City	New york hom Paid 2420 Bethlehem hom Paid	Street Address Concertpix.com Street Address Maria Lucy Design	State Henderson	PA	Code	18018	Description of Expenditure Website hosting fee Date [MM/DD/YYYY] \$ 50. 10/15/17 Description of Expenditure Photoservices Date [MM/DD/YYYY] \$ 24	.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.

Filer loon theat the Nith Lier.	
Manne of Creditor	Outstanding Balance of Debt.
House # Stree	et Address DATE DEBT INCURRED [MM/DD/YYYY]
Dity	State Zip Rode
Description of beht Name of Creator	Outstanding Balance of Debit
	et Address DATE DEST INCURRED (MM/DD/Y/Y)
Gly	State Zb
Description of Debi	. Gode
Name of Creditor	Outstanding Balance of Dehit
House# Stre	ot Address [MM/DD/YYYY]
Tig'	State Zip Rode
Description of Date Name of Creditor	Oupraiding Barance of Debit
	of Address DATE DEBT INCURRED THIM/DD/YWY)
City	State Zip Gode
Description of Debt	Secure .
Name of Creditor House # Street	Official Contraction Contracti
	[MM/DD/YYY/]
City Description of Dahr	State Zip Gode
Name of Credition	Outiniding Balance of Obli
House # Stee	OATE DEST INCURRED (MM/DO/AYYY)
Gty .	State Zn
Description of Debt	