# T1/01/5013 10:2P P1032

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification 20/30218	Report Filed E		THE R. P. LEWIS CO., LANSING, MICH.	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Frien	do ot	Chris	Mora	les	l
Street Address		Alaska	Street			
city Bothlehen		State	PA	Zip Code	18015-	2805
Type of Report (Place x under report type)	N 27 84 1628					
1- 6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3- 30 Day Post Pre-Primary Primary Primary	4- 6th 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
		X				
Date Of Election (MM/DD/YYYY) 11/05/2013	Year	2013	Amendment Report		Termination Report	
Summary of Receipts and From Date	To Date			For	Office Use Only	-
Expenditures 6-10-13	10-6	21-13			Oline on only	
A. Amount Brought Forward From Last Report	\$ (	>		77160	A	
B. Total Monetary Contributions and Receipts (From Schedule I)		84.76			æ	
C. Total Funds Available (Sum of Lines A and B)	5 12	84.76				
D. Total Expenditures						
(From Schedule III)	62	10.52				
E. Ending Cash Balance	\$ [[	4711				
(Subtract Line D from Line C)		4.24				
F. Value of in-Kind Contributions Received (From Schedule II)	15 35	50.96				
G. Unpaid Debts and Obligations	\$					
(From Schedule IV)	1		at ata			
My  My COMMISSION  Part II- If this is a report of a Canadate's Authorized of Iswear (or affirm) that to the best of my knowledge a	EXPIRES MAY 2, 2 Committee, cand nd belief this pol	idate shall sign h	ere. has not violated an	y 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						
day of20			Sign	nature of Candi	date	
Signature	, 1			Printed Name		
My Commission expires  MO. DAY YR.	-	Ā	rea Code	Day	time Telephone Numbe	or .

### 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	20	1302	18			
					Amount	
Full Name of Co	ntributing	L 0		Date [MM/DD/YYYY]	\$	
Committee	Chr	avlie D	ent for Gogress	9-8-2013	200.	OD
House #	Street Address			Date [MM/DD/YYYY]	S	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	S	
House #	Street Address			Date [MM/DD/YYYY]	S	
City		State	Zip Code	Date [MM/DD/YYYY]	S	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	S	
House #	Street Address	-		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cor Committee	ntributing			Date [MM/OD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	s	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	S	*
House #	Street Address			Date [MM/DD/YYYY]	S	
City		State	Zip Code	Date [MM/DD/YYYY]	Ś	

Flier Identification Number:

### 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	2013	30218				
Full Name of Co	intributor Rich	and m	Jones	K	Date [MM/DD/YYYY]	\$ 50,00
House # 191	Street Address		at Stre		Date [MM/DD/YYY]	\$ 20.00
	thlehem	State PA		18617	8/18/2013 Date [MM/DD/YYYY]	\$ 20.00
Full Name of Co	1111	ael Bel		, wi	7/15/2013	\$ 150.00
House #	Street Address	Α.	)		Date [MM/DD/YYYY] 10/17/2013	\$ 100.00
	oklyn	Starte N.		11213	Date [MIM/DD/YYYY]	\$
Full Name of Co	ntributor Rayin	A COMPANY OF THE	THE RESERVE TO THE RE	one Bergel	8/18/2013	\$ 100.00
House # 88	Street Address	Yorksh	ire Ros	D	Date [MM/DD/YYYY]	\$
City Bet	Helehem	State PA	7 Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor				Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	- 1	State	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Co	entributor		· ·		Date [MM/DD/YYYY]	\$
House #	Street Address			Į.	Date [MM/DD/YYYY]	\$
City		State.	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor				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:				
Full Name of Contributing Con				Date [MM/DD/YYYY]	-\$
House #	Street Address	•		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contributing Con	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Address	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Con	mnittee			Date [MM/DD/YYY]	\$
House #	Street Addres	•		Data [MM/DD/YYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Con	mmittee			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Cor	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Cor	nmittee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

# 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)

	tributor			Date [MM/DD/YYY]	5
					4
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	Ś
Employer Name				Occupation	
Employer Mailing Principal Place of				100	
Full Name of Cont	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing Principal Place of			*****		
Full Name of Cont	The state of the s			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing					
r i mire	and the second second			Date [MM/DD/YYYY]	\$
Full Name of Conti				Date [MM/DD/YYYY]	\$
Fuli Name of Conti	Street Address				1 (
	Street Address	State	Zip Code	Date [MM/DD/YYYY]	\$

## SCHEDULE III Statement of Expenditures

1000		A CONTRACTOR OF THE PARTY OF TH	All Control of the Co	
Filer Identification Number;	20130218			

To Who	om Paid .	Primo Cri Street Address H	eativ	er Jo	el Ka	mensky	08/29/2013	5 500.00
House	11036	Street Address	unte	rs Was	do L	ane _	Website Dev	elopment
City	No. Hi	intingdon	State	PA	Zip Code	15642		<b>,</b>
To Who	om Pald	TO Bai	rk				10-17-2013	\$ 16.00
House	#	Street Address					Description of Expendit	ure racs
City	Betl	rbehem	State	PA	Zip Code	1847		3
To Whom Pald The UPS Store House # 1874 Street Address Lata Sangua Rd.						10-14-2013	5 104.52	
Ноцѕе	# 1874	Street Address	atas	saugua	Rd.		Description of Expandit	ure
City	Allen	town	State	PA	Zíp Code	18109	Copies	
To Who	om Paid						Date [MM/DD/YYYY]	\$
House	#	Street Address					Description of Expendit	pure
City			State		Zip Code			
To Who	om Paid						Date [MM/DD/YYYY]	5
House	#	Street Address					Description of Expendit	ure
City			State		Zip Code			
To Who	om Paid						Date [MM/DD/YYYY]	\$
House	#	Street Address					Description of Expendit	nte
City	1		State		Zip Code			
To Who	om Paid	1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			1		Date [MM/DD/YYYY]	\$
House	#	Street Address					Description of Expendit	ure
City			State		Zip Code			
To Who	om Paid						Date [MM/DD/YYYY]	S
House	*	Street Address					Description of Expendit	ure
City	1	1	State		Zip Code			18.48.08

City

House #

City

Description of Debt

Street Address

Name of Creditor

Description of Dubt

## 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 Credit	tor	******			Outstandin	g Balance of Debt
House #	Street Address		DATE DEBT I		\$	
City		State	Zip Code			
Description of I	Debt					
Name of Credit	tor				Outstandin	g Balance of Debt
House #	Street Address		DATE DEBT II [MM/OD/		\$	
City		State	Zip			
Description of I	Debt					
Name of Credit	or				Outstanding	g Balance of Debt
Vanish in the second	or Street Address		DATE DEBT II		Outstanding \$	g Balance of Debt
Name of Credit House # City		State				g Balance of Debt
Hause #	Street Address	State	[MM/DD/			g Balance of Debt
Hause # City Description of C	Street Address	State	[MM/DD/		\$	
City  Description of Control  Name of Credit	Street Address	State	[MM/DD/	VCURRED	\$	g Balance of Debt
City  Description of Credit  Name of Credit	Street Address Debt Or Street Address	State	Zip Code	VCURRED	Outstanding	
City  Description of Credit  Name of Credit	Street Address Debt Or Street Address		Zip Code  DATE DEBT II [MM/DD/	VCURRED	Outstanding	
Hause #	Street Address  Debt  Street Address		Zip Code  DATE DEBT II [MM/DD/	VCURRED	Outstanding \$	

State

State

[MM/DD/YYYY]

DATE DEBT INCURRED

[MM/DD/YYYY]

Zip Code **Outstanding Balance of Debt** 

\$

ZIp Code

#### 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.

ull Name	the same of the same of the same			
• • • • • • • • • • • • • • • • • • • •				
House #	Street Address		1	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			_
Full Name				
House #	Street Address			And the same of th
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			
Full Name		Secretary of the		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	Alon			
	Gon			
Full Name			18976	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
City	1			
Receipt Descrip	tion			
	tion			
Receipt Descrip	tion Street Address			
Receipt Descrip		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip Full Name House #	Street Address	State		Date [MM/DD/YYYY] \$
Receipt Descrip Full Name House # City Receipt Descrip	Street Address	State		Date [MM/DD/YYYY] \$
Receipt Descrip Full Name House # City Receipt Descrip	Street Address	State		Date [MM/DD/YYYY] \$
Receipt Descrip Full Name City Receipt Descrip	Street Address	State		Date [MM/DD/YYYY] \$  Date [MM/DD/YYYY] \$

### 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 Identification Number: 20130218	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5	50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$ 33.46
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250	0.00 (FROM PART F)
OTAL for the reporting period (2)	s 317.50
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FRO	M PART G)
TOTAL for the reporting period (3)	\$
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)	350.96