

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	20150222	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends of Leslie Acosta								
Street Address	2527 N. Palethorp Street								
City	Philadelphia	State	PA	Zip Code	19133				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/08/2016	Year	2016		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only					
	05/17/2016	09/19/2016						
A. Amount Brought Forward From Last Report	\$	3,231.66	<p style="text-align: center;">COUNTY BD. OF ELECTIONS</p> <p style="text-align: center;">2016 OCT 27 A 9:16</p> <p style="text-align: center;">CITY COMMISSIONERS</p>					
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	300						
C. Total Funds Available (Sum of Lines A and B)	\$	3,531.66						
D. Total Expenditures (From Schedule III)	\$	3,382.34						
E. Ending Cash Balance (Subtract Line D from Line C)	\$	149.32						
F. Value of In-Kind Contributions Received (From Schedule II)	\$							
G. Unpaid Debts and Obligations (From Schedule IV)	\$							

### Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

21 day of September 2016

*[Signature]*  
Signature of Person Submitting report

Aissia Richardson  
Printed Name

*[Signature]*  
Signature

My Commission expires 1/19/20  
MO. DAY

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Aracely Garcia, Notary Public  
 City of Harrisburg, Dauphin County  
 My Commission Expires Jan. 19, 2020  
 MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES

593-9227  
Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any 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

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

My Commission expires  
MO. DAY YR.

\_\_\_\_\_  
Area Code Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	20150222
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<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>		
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Total for the reporting period	(1)	\$	
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
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Contributions Received from Political Committees (Part A)		\$	
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All Other Contributions (Part B)		\$	
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Total for the reporting period	(2)	\$	
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<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
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Contributions Received from Political Committees (Part C)		\$	
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All Other Contributions (Part D)		\$	300
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Total for the reporting period	(3)	\$	300
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<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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Total for the reporting period	(4)	\$	
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	300
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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.

Filer Identification Number	20150222
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							Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address						Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address						Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address						Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address						Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address						Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address						Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

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.)

<b>Filer Identification Number:</b>	20150222
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$

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.

<b>Filer Identification Number:</b>	20150222
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<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	

**PART D**  
**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)

<b>Filer Identification Number:</b>	20150222
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<b>Full Name of Contributor</b>		Leslie Acosta		<b>Date [MM/DD/YYYY]</b>		07/01/2016		\$		300	
<b>House #</b>	2527	<b>Street Address</b>		Palethorp Street		<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>Zip Code</b>		19133		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>								<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>											
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>				\$			
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>		<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>								<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>											
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>				\$			
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>		<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>								<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>											
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>				\$			
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>		<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>								<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>											
<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>				\$			
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$			
<b>City</b>		<b>State</b>		<b>Zip Code</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>								<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>											

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.

Filer Identification Number:	
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Full Name										
House #		Street Address								
City			State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City			State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City			State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City			State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City			State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City			State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										

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

Filer Identification Number:	
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
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)		\$
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>Description of Contribution</b>								

SCHEDULE II  
Part G

## In-Kind Contributions Received

VALUE OVER \$250

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	20150222
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<b>To Whom Paid</b>		Joan Gandy				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	75
						05/17/2016		
<b>House #</b>	1421	<b>Street Address</b>	W. Susquehanna Avenue			<b>Description of Expenditure</b>		
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>Zip Code</b>	19121	Stipend		
<b>To Whom Paid</b>		Keith Jenkins				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	40
						05/19/2016		
<b>House #</b>	823	<b>Street Address</b>	Somerset Street			<b>Description of Expenditure</b>		
<b>City</b>	Phila	<b>State</b>	PA	<b>Zip Code</b>	19133	Stipend		
<b>To Whom Paid</b>		Liquid Room				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	14.04
						05/23/2016		
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Meeting Refreshments		
<b>To Whom Paid</b>		Wawa				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	4.76
						05/23/2016		
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Lunch		
<b>To Whom Paid</b>		Miguel ROSARIO				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	360
						05/27/2016		
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Contractor - Home Repairs for community member		
<b>To Whom Paid</b>		Lukoil				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	28.14
						05/31/2016		
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Gas		
<b>To Whom Paid</b>		Visitation of the Blessed Mary Church				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	100
						06/01/2016		
<b>House #</b>	2625	<b>Street Address</b>	B Street			<b>Description of Expenditure</b>		
<b>City</b>	Philadelphia	<b>State</b>	PA	<b>Zip Code</b>	19125	Donation		
<b>To Whom Paid</b>		Oregon Diner				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	12.47
						06/02/2016		
<b>House #</b>		<b>Street Address</b>				<b>Description of Expenditure</b>		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Breakfast		

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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<b>To Whom Paid</b>		Home Depot			<b>Date [MM/DD/YYYY]</b>	\$	324
					06/02/2016		
<b>House #</b>		<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Supplies Donation- Home repair for community member		
<b>To Whom Paid</b>		Miguel ROSARIO			<b>Date [MM/DD/YYYY]</b>	\$	360
					06/06/2016		
<b>House #</b>		<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Contractor-Donation-Home repairs-community member		
<b>To Whom Paid</b>		Gabriella Restaurant			<b>Date [MM/DD/YYYY]</b>	\$	80.23
					06/07/2016		
<b>House #</b>		<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Dinner meeting		
<b>To Whom Paid</b>		Keith Jenkins			<b>Date [MM/DD/YYYY]</b>	\$	60
					06/08/2016		
<b>House #</b>		<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Stipend		
<b>To Whom Paid</b>		Wayne Jacobs			<b>Date [MM/DD/YYYY]</b>	\$	40
					06/08/2016		
<b>House #</b>	2728	<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>	Phila	<b>State</b>	PA	<b>Zip Code</b>	19132	Stipend	
<b>To Whom Paid</b>		Sesame Place			<b>Date [MM/DD/YYYY]</b>	\$	208.65
					06/20/2016		
<b>House #</b>		<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Gift Card		
<b>To Whom Paid</b>		Keith Jenkins			<b>Date [MM/DD/YYYY]</b>	\$	40
					06/20/2016		
<b>House #</b>		<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Stipend		
<b>To Whom Paid</b>		Wayne Jacobs			<b>Date [MM/DD/YYYY]</b>	\$	60
					06/20/2016		
<b>House #</b>		<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Stipend		

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	20150222
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<b>To Whom Paid</b>		Keith Jenkins			<b>Date [MM/DD/YYYY]</b>	\$	80
					06/20/2016		
<b>House #</b>	<b>Street Address</b>		<b>Description of Expenditure</b>				
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Stipend		
<b>To Whom Paid</b>		Wayne Jacobs			<b>Date [MM/DD/YYYY]</b>	\$	60
					06/20/2016		
<b>House #</b>	<b>Street Address</b>		<b>Description of Expenditure</b>				
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Stipend		
<b>To Whom Paid</b>		Keith Jenkins			<b>Date [MM/DD/YYYY]</b>	\$	60
					06/20/2016		
<b>House #</b>	<b>Street Address</b>		<b>Description of Expenditure</b>				
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Stipend		
<b>To Whom Paid</b>		IHOP			<b>Date [MM/DD/YYYY]</b>	\$	37.94
					06/20/2016		
<b>House #</b>	<b>Street Address</b>		<b>Description of Expenditure</b>				
<b>City</b>	Southampton	<b>State</b>	PA	<b>Zip Code</b>	Breakfast meeting		
<b>To Whom Paid</b>		ABM Parking			<b>Date [MM/DD/YYYY]</b>	\$	30
					06/20/2016		
<b>House #</b>	<b>Street Address</b>		<b>Description of Expenditure</b>				
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Parking for meeting		
<b>To Whom Paid</b>		Rite Aid			<b>Date [MM/DD/YYYY]</b>	\$	4.39
					06/20/2016		
<b>House #</b>	4530	<b>Street Address</b>		N 5th Street			<b>Description of Expenditure</b>
<b>City</b>	Phila	<b>State</b>	PA	<b>Zip Code</b>	19140	Office supplies	
<b>To Whom Paid</b>		Miguel ROSARIO			<b>Date [MM/DD/YYYY]</b>	\$	300
					07/1/2016		
<b>House #</b>	<b>Street Address</b>		<b>Description of Expenditure</b>				
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Supplies-Donation-Home repair-community member		
<b>To Whom Paid</b>		Keith Jenkins			<b>Date [MM/DD/YYYY]</b>	\$	60
					07/07/2016		
<b>House #</b>	<b>Street Address</b>		<b>Description of Expenditure</b>				
<b>City</b>		<b>State</b>		<b>Zip Code</b>	Stipend		

**SCHEDULE III**  
**Statement of Expenditures**

<b>Filer Identification Number:</b>	20150222
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<b>To Whom Paid</b>		Wayne Jacobs			<b>Date [MM/DD/YYYY]</b>	\$	40
					07/07/2016		
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
Stipend							
<b>To Whom Paid</b>		Tioga United			<b>Date [MM/DD/YYYY]</b>	\$	30
					07/07/2016		
<b>House #</b>	3259	<b>Street Address</b>	N. Broad Street				
<b>City</b>	Phila	<b>State</b>	PA	<b>Zip Code</b>	19140		
Donation - Senior Prom Tickets							
<b>To Whom Paid</b>		Wayne Jacobs			<b>Date [MM/DD/YYYY]</b>	\$	20
					07/15/2016		
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
Stipend							
<b>To Whom Paid</b>		Fruit Vendor			<b>Date [MM/DD/YYYY]</b>	\$	200
					07/18/2016		
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
2016 Health Fair smoothies							
<b>To Whom Paid</b>		TD Bank			<b>Date [MM/DD/YYYY]</b>	\$	73.95
					07/17/2016		
<b>House #</b>	2267	<b>Street Address</b>	E. Butler Street				
<b>City</b>	Phila	<b>State</b>	PA	<b>Zip Code</b>	19137		
Bank Service charges							
<b>To Whom Paid</b>		Keith Jenkins			<b>Date [MM/DD/YYYY]</b>	\$	40
					07/22/2016		
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
Stipend							
<b>To Whom Paid</b>		Wayne Jacobs			<b>Date [MM/DD/YYYY]</b>	\$	60
					07/22/2016		
<b>House #</b>		<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
Stipend							
<b>To Whom Paid</b>		Parking			<b>Date [MM/DD/YYYY]</b>	\$	17
					07/25/2016		
<b>House #</b>		<b>Street Address</b>					
<b>City</b>	Langhorne	<b>State</b>	PA	<b>Zip Code</b>			
Parking for meeting							

SCHEDULE III  
Statement of Expenditures

<b>Filer Identification Number:</b>	20150222
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<b>To Whom Paid</b>		Keith Jenkins			<b>Date [MM/DD/YYYY]</b>	\$	60
					08/08/2016		
<b>House #</b>		<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Stipend	
<b>To Whom Paid</b>		Wayne Jacobs			<b>Date [MM/DD/YYYY]</b>	\$	80
					08/08/2016		
<b>House #</b>		<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Stipend	
<b>To Whom Paid</b>		Chandler-Nugent- Phillips			<b>Date [MM/DD/YYYY]</b>	\$	100
					08/08/2016		
<b>House #</b>	1230	<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>	Phila	<b>State</b>	PA	<b>Zip Code</b>	19124	Donation- Constituent funeral	
<b>To Whom Paid</b>		Sam's Club			<b>Date [MM/DD/YYYY]</b>	\$	89.77
					08/12/2016		
<b>House #</b>		<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		refreshments - Meet & Greet BBQ event	
<b>To Whom Paid</b>		Sunny Print and Sign			<b>Date [MM/DD/YYYY]</b>	\$	25
					08/24/2016		
<b>House #</b>	3900	<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>	Phila	<b>State</b>	PA	<b>Zip Code</b>	19140	Printing	
<b>To Whom Paid</b>		Claudia Qeisi			<b>Date [MM/DD/YYYY]</b>	\$	57
					08/25/2016		
<b>House #</b>	831	<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>	Phila	<b>State</b>	PA	<b>Zip Code</b>	19140	donation - water ice - school festival	
<b>To Whom Paid</b>		Keith Jenkins			<b>Date [MM/DD/YYYY]</b>	\$	40
					08/29/2016		
<b>House #</b>		<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>		Stipend	
<b>To Whom Paid</b>		Parking			<b>Date [MM/DD/YYYY]</b>	\$	10
					08/29/2016		
<b>House #</b>		<b>Street Address</b>		<b>Description of Expenditure</b>			
<b>City</b>	Pittsburg	<b>State</b>	PA	<b>Zip Code</b>		meeting parking	

**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.

<b>Filer Identification Number:</b>	
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<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>		
<b>House #</b>	<b>Street Address</b>				<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>					<b>State</b>	<b>Zip Code</b>		
<b>Description of Debt</b>								

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>		
<b>House #</b>	<b>Street Address</b>				<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>					<b>State</b>	<b>Zip Code</b>		
<b>Description of Debt</b>								

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>		
<b>House #</b>	<b>Street Address</b>				<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>					<b>State</b>	<b>Zip Code</b>		
<b>Description of Debt</b>								

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>		
<b>House #</b>	<b>Street Address</b>				<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>					<b>State</b>	<b>Zip Code</b>		
<b>Description of Debt</b>								

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>		
<b>House #</b>	<b>Street Address</b>				<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>					<b>State</b>	<b>Zip Code</b>		
<b>Description of Debt</b>								

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>		
<b>House #</b>	<b>Street Address</b>				<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	
<b>City</b>					<b>State</b>	<b>Zip Code</b>		
<b>Description of Debt</b>								



SCHEDULE III  
Statement of Expenditures

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		Home Depot			<b>Date [MM/DD/YYYY]</b>	\$	324
					06/02/2016		
<b>House #</b>	<b>Street Address</b>		<b>Description of Expenditure</b>				
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Supplies Donation- Home repair for community member				
<b>To Whom Paid</b>		Miguel			<b>Date [MM/DD/YYYY]</b>	\$	360
					06/06/2016		
<b>House #</b>	<b>Street Address</b>		<b>Description of Expenditure</b>				
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Contractor-Donation-Home repairs-community member				
<b>To Whom Paid</b>		Gabriella Restaurant			<b>Date [MM/DD/YYYY]</b>	\$	80.23
					06/07/2016		
<b>House #</b>	<b>Street Address</b>		<b>Description of Expenditure</b>				
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Dinner meeting				
<b>To Whom Paid</b>		Keith Jenkins			<b>Date [MM/DD/YYYY]</b>	\$	60
					06/08/2016		
<b>House #</b>	<b>Street Address</b>		<b>Description of Expenditure</b>				
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Stipend				
<b>To Whom Paid</b>		Wayne Jacobs			<b>Date [MM/DD/YYYY]</b>	\$	40
					06/08/2016		
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>					
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Stipend				
	2728	Bonsall	PA	19132			
<b>To Whom Paid</b>		Sesame Place			<b>Date [MM/DD/YYYY]</b>	\$	208.65
					06/20/2016		
<b>House #</b>	<b>Street Address</b>		<b>Description of Expenditure</b>				
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Gift Card				
<b>To Whom Paid</b>		Keith Jenkins			<b>Date [MM/DD/YYYY]</b>	\$	40
					06/20/2016		
<b>House #</b>	<b>Street Address</b>		<b>Description of Expenditure</b>				
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Stipend				
<b>To Whom Paid</b>		Wayne Jacobs			<b>Date [MM/DD/YYYY]</b>	\$	60
					06/20/2016		
<b>House #</b>	<b>Street Address</b>		<b>Description of Expenditure</b>				
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Stipend				