

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number: 200691	Report Filed By (Mark X):	Candidate: <input type="checkbox"/>	Committee: <input type="checkbox"/>	<input checked="" type="checkbox"/> Lobbyist: <input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist: CITIZENS TO ELECT MIKE O'Brien				
Street Address: 714 N 3rd STREET				
City: PHILA	State: PA	Zip Code: 19123		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post-Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date Of Election (MM/DD/YYYY): **05/15/2018** Year: **2018**

Amendment Report: Termination Report:

Summary of Receipts and Expenditures	From Date	To Date
A: Amount Brought Forward From Last Report:	01/01/2018	04/30/2018
B: Total Monetary Contributions and Receipts (From Schedule I)		\$ 27265.29
C: Total Funds Available (Sum of Lines A and B)		\$ 19677.64
D: Total Expenditures (From Schedule III)		\$ 46942.93
E: Ending Cash Balance (Subtract Line D from Line C)		\$ 22728.20
F: Value of In-Kind Contributions Received (From Schedule II)		\$ 24214.73
G: Unpaid Debts and Obligations (From Schedule IV)		\$ 400.00

For Office Use Only

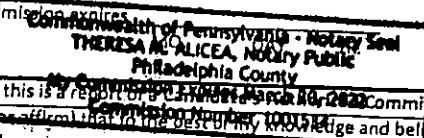
2018 MAY - 1 A 11:10

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 30th day of April 2018
Theresa M. Alicia
 Signature

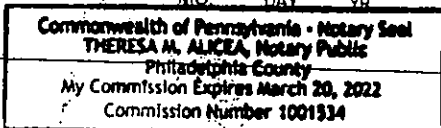
Charles F Cochran
 Signature of Person Submitting report
CHARLES F COCHRAN
 Printed Name
215 Area Code 694 1176 Daytime Telephone Number

My Commission Expires


Part II - If this is a report for a Candidate, 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 30th day of April 2018
Theresa M. Alicia
 Signature

Michael H O'Brien
 Signature of Candidate
Michael H O'Brien
 Printed Name
215 Area Code 687 3203 Daytime Telephone Number

My Commission Expires
 MO. DAY YR


SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number 200691	<i>Citizens to Elect Mike O'Brien</i>
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period (1)	\$	25.00
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)

Contributions Received from Political Committees (Part A)	\$	2250.00
All Other Contributions (Part B)	\$	250.00
Total for the reporting period (2)	\$	2500.00

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)	\$	11100.00
All Other Contributions (Part D)	\$	3500.00
Total for the reporting period (3)	\$	14600.00

4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)

Total for the reporting period (4)	\$	2542.64
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 Page 1, Report Cover Page, Item B)	\$	19677.64

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 200691	<i>Citizens to Elect Mike O'Brien</i>
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							Amount	
Full Name of Contributing Committee		1 BC Pac			Date [MM/DD/YYYY]	\$	250	
House #	Street Address				Date [MM/DD/YYYY]	\$		
1901	Market Street							
City	State	Zip Code			Date [MM/DD/YYYY]	\$		
Phila	Pg	19102						
Full Name of Contributing Committee		PPFFA Pac			Date [MM/DD/YYYY]	\$	250	
House #	Street Address				Date [MM/DD/YYYY]	\$		
246	N Third Street							
City	State	Zip Code			Date [MM/DD/YYYY]	\$		
Harrisburg	Pg	17101						
Full Name of Contributing Committee		Highroad Pac			Date [MM/DD/YYYY]	\$	250	
House #	Street Address				Date [MM/DD/YYYY]	\$		
1800	Center Street							
City	State	Zip Code			Date [MM/DD/YYYY]	\$		
Canaan Hill	Pg	17089						
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City	State	Zip Code			Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City	State	Zip Code			Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$		
House #	Street Address				Date [MM/DD/YYYY]	\$		
City	State	Zip Code			Date [MM/DD/YYYY]	\$		

750

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)

Identification Number: *Citizen to Elect Mike O'Brien*

Full Name of Contributor		<i>Edward J Hagan</i>		Date (MM/DD/YYYY)	<i>03/28/2018</i>	<i>1000.00</i>
House #	Street Address			Date (MM/DD/YYYY)		
<i>46</i>	<i>Warwick Rd</i>					
City	State	Zip Code			Date (MM/DD/YYYY)	
<i>Haddonfield</i>	<i>NJ</i>	<i>08033</i>				
Employer Name	<i>SAME</i>		Occupation	<i>Developer</i>		
Employer Mailing Address / Principal Place of Business	<i>SAME</i>					
Full Name of Contributor		<i>David L Alexity</i>		Date (MM/DD/YYYY)	<i>04/14/2018</i>	<i>500.00</i>
House #	Street Address			Date (MM/DD/YYYY)		
<i>228</i>	<i>Burchfield Pt</i>					
City	State	Zip Code			Date (MM/DD/YYYY)	
<i>Phila</i>	<i>Pa</i>	<i>19147</i>				
Employer Name	<i>None</i>		Occupation	<i>Lawyer</i>		
Employer Mailing Address / Principal Place of Business	<i>None</i>					
Full Name of Contributor		<i>John Ledman</i>		Date (MM/DD/YYYY)	<i>04/14/2018</i>	<i>500.00</i>
House #	Street Address			Date (MM/DD/YYYY)		
<i>252</i>	<i>Monroe St</i>					
City	State	Zip Code			Date (MM/DD/YYYY)	
<i>Phila</i>	<i>Pa</i>	<i>19147</i>				
Employer Name			Occupation	<i>Businessman</i>		
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor		<i>Frank J Pecore</i>		Date (MM/DD/YYYY)	<i>04/24/2018</i>	<i>500.00</i>
House #	Street Address			Date (MM/DD/YYYY)		
<i>1207</i>	<i>S 11th Street</i>					
City	State	Zip Code			Date (MM/DD/YYYY)	
<i>Phila</i>	<i>Pa</i>	<i>19147</i>				
Employer Name	<i>Same</i>		Occupation	<i>Consultant</i>		
Employer Mailing Address / Principal Place of Business	<i>Same</i>					

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)

File Identification Number	<i>Citizen to Elect Mike O'Brien</i>		
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Full Name of Contributor	<i>Jonathan A. Seidel</i>		Date (MM/DD/YYYY)	<i>04/24/2018</i>	\$	<i>1000.00</i>
House #	Street Address			Date (MM/DD/YYYY)	\$	
<i>101</i>	<i>Greenwood</i>	<i>Suite</i>	<i>440</i>			
City	State	Zip Code			Date (MM/DD/YYYY)	\$
<i>Trenton</i>	<i>Pa</i>	<i>19046</i>				
Employer Name	<i>same</i>		Occupation	<i>Teacher</i>		
Employer Mailing Address / Principal Place of Business	<i>same</i>					

Full Name of Contributor			Date (MM/DD/YYYY)		\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City	State	Zip Code			Date (MM/DD/YYYY)	\$
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor			Date (MM/DD/YYYY)		\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City	State	Zip Code			Date (MM/DD/YYYY)	\$
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

Full Name of Contributor			Date (MM/DD/YYYY)		\$	
House #	Street Address			Date (MM/DD/YYYY)	\$	
City	State	Zip Code			Date (MM/DD/YYYY)	\$
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

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: *2006971* *Citizens to Elect Mike O'Brien*

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	<i>0</i>
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2. IN-KIND CONTRIBUTIONS RECEIVED: VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED: VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	<i>400.00</i>
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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)

		\$	<i>400.00</i>
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SCHEDULE III
Statement of Expenditures

File Identification Number: *Citizens to Elect Mike O'Brien*

To Whom Paid:	<i>Locust Hill Permenation</i>			Date (MM/DD/YYYY):	<i>02/06/2018</i>	\$:	<i>300.00</i>
House #:	Street Address: <i>PO Box 63503</i>			Description of Expenditure:			
City:	<i>Phila</i>	State:	<i>Pa</i>	Zip Code:	<i>19147</i>	<i>Donation</i>	
To Whom Paid:	<i>Cheltenham Printing</i>			Date (MM/DD/YYYY):	<i>03/07/2018</i>	\$:	<i>436.72</i>
House #:	<i>524</i>	Street Address: <i>Keys Ave</i>		Description of Expenditure:			
City:	<i>Cheltenham</i>	State:	<i>Pa</i>	Zip Code:	<i>19006</i>	<i>Printing for Fundraiser</i>	
To Whom Paid:	<i>Harrisburg Parking Authority</i>			Date (MM/DD/YYYY):	<i>03/07/2018</i>	\$:	<i>6.50</i>
House #:	Street Address: <i>2nd + Market St</i>			Description of Expenditure:			
City:	<i>Harrisburg</i>	State:	<i>Pa</i>	Zip Code:	<i>17101</i>	<i>Parking Fee</i>	
To Whom Paid:	<i>Mc Grath Pub</i>			Date (MM/DD/YYYY):	<i>03/07/2018</i>	\$:	<i>960.42</i>
House #:	<i>202</i>	Street Address: <i>Locust Street</i>		Description of Expenditure:			
City:	<i>Harrisburg</i>	State:	<i>Pa</i>	Zip Code:	<i>17101</i>	<i>Hall For Fundraiser</i>	
To Whom Paid:	<i>Mary Isaacson</i>			Date (MM/DD/YYYY):	<i>03/08/2018</i>	\$:	<i>32.00</i>
House #:	<i>714</i>	Street Address: <i>N 3rd Street</i>		Description of Expenditure:			
City:	<i>Phila</i>	State:	<i>Pa</i>	Zip Code:	<i>19123</i>	<i>TRAIN FARE</i>	
To Whom Paid:	<i>Flame Magazine</i>			Date (MM/DD/YYYY):	<i>02/13/2018</i>	\$:	<i>200.00</i>
House #:	Street Address: <i>5th + Willow Street</i>			Description of Expenditure:			
City:	<i>Phila</i>	State:	<i>Pa</i>	Zip Code:	<i>19123</i>	<i>Donation</i>	
To Whom Paid:	<i>Jahar P Sabantoo</i>			Date (MM/DD/YYYY):	<i>03/13/2018</i>	\$:	<i>4000.00</i>
House #:	<i>7724</i>	Street Address: <i>Castor Ave</i>		Description of Expenditure:			
City:	<i>Phila</i>	State:	<i>Pa</i>	Zip Code:	<i>19152</i>	<i>Legal Retainer</i>	
To Whom Paid:	<i>Michael Mahyarbain</i>			Date (MM/DD/YYYY):	<i>03/13/2018</i>	\$:	<i>1000.00</i>
House #:	<i>325</i>	Street Address: <i>S Broad St</i>		Description of Expenditure:			
City:	<i>Phila</i>	State:	<i>Pa</i>	Zip Code:	<i>19103</i>	<i>IT Consultant</i>	

6935.64

SCHEDULE III
Statement of Expenditures

Filer Identification Number: 200-691 City to Elect Mike O'Brien

To Whom Paid:	<u>Alin Parking</u>	Date (MM/DD/YYYY):	<u>03/23/2018</u>	\$:	<u>16.00</u>
House #:	<u>1314</u>	Street Address:	<u>Chestnut Street</u>	Description of Expenditure:	
City:	<u>Phila</u>	State:	<u>Pa</u>	Zip Code:	<u>19147</u>
To Whom Paid:	<u>Hinge Cafe</u>	Date (MM/DD/YYYY):	<u>03/26/2018</u>	\$:	<u>38.25</u>
House #:		Street Address:	<u>Edgmont + Concord St</u>	Description of Expenditure:	
City:	<u>Phila</u>	State:	<u>Pa</u>	Zip Code:	<u>19139</u>
To Whom Paid:	<u>Records of Deeds</u>	Date (MM/DD/YYYY):	<u>03/26/2018</u>	\$:	<u>105.50</u>
House #:		Street Address:	<u>Broad + Market</u>	Description of Expenditure:	
City:	<u>Phila</u>	State:	<u>Pa</u>	Zip Code:	<u>19103</u>
To Whom Paid:	<u>Phila Parking Authority</u>	Date (MM/DD/YYYY):	<u>03/27/2018</u>	\$:	<u>10.00</u>
House #:	<u>806</u>	Street Address:	<u>Arch Street</u>	Description of Expenditure:	
City:	<u>Phila</u>	State:	<u>Pa</u>	Zip Code:	<u>19103</u>
To Whom Paid:	<u>Pay Pal x Fer</u>	Date (MM/DD/YYYY):	<u>03/22/2018</u>	\$:	<u>50.00</u>
House #:		Street Address:	<u>Internet Service</u>	Description of Expenditure:	
City:		State:		Zip Code:	
To Whom Paid:	<u>Sprint</u>	Date (MM/DD/YYYY):	<u>04/12/2018</u>	\$:	<u>100.00</u>
House #:	<u>3400</u>	Street Address:	<u>Arwings Ave</u>	Description of Expenditure:	
City:	<u>Phila</u>	State:	<u>Pa</u>	Zip Code:	<u>19174</u>
To Whom Paid:	<u>Comcast</u>	Date (MM/DD/YYYY):	<u>04/12/2018</u>	\$:	<u>229.50</u>
House #:	<u>504</u>	Street Address:	<u>Brown St</u>	Description of Expenditure:	
City:	<u>Phila</u>	State:	<u>Pa</u>	Zip Code:	<u>19127</u>
To Whom Paid:	<u>El Vez</u>	Date (MM/DD/YYYY):	<u>04/13/2018</u>	\$:	<u>66.00</u>
House #:	<u>13th</u>	Street Address:	<u>Lansdown Street</u>	Description of Expenditure:	
City:	<u>Phila</u>	State:	<u>Pa</u>	Zip Code:	<u>19147</u>
To Whom Paid:		Date (MM/DD/YYYY):		\$:	
House #:		Street Address:		Description of Expenditure:	
City:		State:		Zip Code:	

616.30

SCHEDULE III
Statement of Expenditures

File Identification Number: *20064 Citizens to Elect Mike O'Brien*

To Whom Paid:	<i>Meredith Home + school</i>	Date (MM/DD/YYYY):	<i>04/13/2018</i>	\$:	<i>500.00</i>
House #:	<i>225</i>	Street Address:	<i>S 5th Street</i>	Description of Expenditure:	
City:	<i>Phila</i>	State:	<i>Pa</i>	Zip Code:	<i>19147</i>
To Whom Paid:	<i>Phila Parking Authority</i>	Date (MM/DD/YYYY):	<i>04/16/2018</i>	\$:	<i>5.00</i>
House #:	<i>804</i>	Street Address:	<i>Arch Street</i>	Description of Expenditure:	
City:	<i>Phila</i>	State:	<i>Pa</i>	Zip Code:	<i>19103</i>
To Whom Paid:	<i>Charles Cowlin</i>	Date (MM/DD/YYYY):	<i>04/17/2018</i>	\$:	<i>28.00</i>
House #:	<i>15019</i>	Street Address:	<i>Veprinsky Creel Lane</i>	Description of Expenditure:	
City:	<i>Phila</i>	State:	<i>Pa</i>	Zip Code:	<i>19116</i>
To Whom Paid:	<i>M Burr Kemp Agency</i>	Date (MM/DD/YYYY):	<i>04/18/2018</i>	\$:	<i>2.40</i>
House #:	<i>2120</i>	Street Address:	<i>Arch Street</i>	Description of Expenditure:	
City:	<i>Phila</i>	State:	<i>Pa</i>	Zip Code:	<i>19103</i>
To Whom Paid:	<i>St Laurentine School</i>	Date (MM/DD/YYYY):	<i>04/20/2018</i>	\$:	<i>250.00</i>
House #:	<i>1612</i>	Street Address:	<i>Becker Street</i>	Description of Expenditure:	
City:	<i>Phila</i>	State:	<i>Pa</i>	Zip Code:	<i>19125</i>
To Whom Paid:	<i>Hinge Cafe</i>	Date (MM/DD/YYYY):	<i>04/23/2018</i>	\$:	<i>64.10</i>
House #:		Street Address:	<i>Edmonte + home west</i>	Description of Expenditure:	
City:	<i>Phila</i>	State:	<i>Pa</i>	Zip Code:	<i>19134</i>
To Whom Paid:	<i>Cety Diggins</i>	Date (MM/DD/YYYY):	<i>04/23/2018</i>	\$:	<i>35.65</i>
House #:	<i>5th</i>	Street Address:	<i>Spring Garden St</i>	Description of Expenditure:	
City:	<i>Phila</i>	State:	<i>Pa</i>	Zip Code:	<i>19123</i>
To Whom Paid:	<i>Phila Parking Authority</i>	Date (MM/DD/YYYY):	<i>04/24/2018</i>	\$:	<i>2.75</i>
House #:	<i>804</i>	Street Address:	<i>Arch St</i>	Description of Expenditure:	
City:	<i>Phila</i>	State:	<i>Pa</i>	Zip Code:	<i>19103</i>

SCHEDULE III
Statement of Expenditures

Filer Identification Number: **200691** *Citizens to Elect Mike O'Brien*

To Whom Paid:		<i>IKFA</i>			Date (MM/DD/YYYY):	\$:
House #:		Street Address			Description of Expenditure	
City:		State:			Zip Code:	
To Whom Paid:		<i>Lancey Plant Coffee</i>			Date (MM/DD/YYYY):	\$:
House #:		Street Address			Description of Expenditure	
City:		State:			Zip Code:	
To Whom Paid:		<i>Democratic City Committee</i>			Date (MM/DD/YYYY):	\$:
House #:		Street Address			Description of Expenditure	
City:		State:			Zip Code:	
To Whom Paid:		<i>McCall Home School</i>			Date (MM/DD/YYYY):	\$:
House #:		Street Address			Description of Expenditure	
City:		State:			Zip Code:	
To Whom Paid:		<i>Embury Shop</i>			Date (MM/DD/YYYY):	\$:
House #:		Street Address			Description of Expenditure	
City:		State:			Zip Code:	
To Whom Paid:		<i>Mary Isaccson</i>			Date (MM/DD/YYYY):	\$:
House #:		Street Address			Description of Expenditure	
City:		State:			Zip Code:	
To Whom Paid:					Date (MM/DD/YYYY):	\$:
House #:		Street Address			Description of Expenditure	
City:		State:			Zip Code:	
To Whom Paid:					Date (MM/DD/YYYY):	\$:
House #:		Street Address			Description of Expenditure	
City:		State:			Zip Code:	

4195.70

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.

File Identification Number

200601 *Candidate for Elect Mike O'Brien*

Name of Creditor				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		
City	State	Zip Code		
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		
City	State	Zip Code		
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		
City	State	Zip Code		
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		
City	State	Zip Code		
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)		
City	State	Zip Code		
Description of Debt				

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER D		REPORT FILED ON BEHALF OF D	CANDIDATE <input type="checkbox"/>	<input checked="" type="checkbox"/> COMMITTEE ²	LOBBYIST ³
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST MICHAEL H O'BRIEN					
STREET ADDRESS 2314 E. HAERT STREET					
CITY PHILA		STATE PA	ZIP CODE 19125-2108		
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY
1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/> 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT		STATE REPRESENTATIVE		175	DEM
		DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 01 01 18 TO 04 30 18		DATE OF ELECTION MO. DAY YEAR	
		CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>0</u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>		FOR OFFICE USE ONLY 2018 MAY - 1 A 11: 10	
		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 7 DAY OF _____ 2018

SIGNATURE

SIGNED NAME

MY COMMISSION EXPIRES _____ MO. DAY YR. AREA CODE _____ DAYTIME TELEPHONE NUMBER _____

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 30th DAY OF April 2018

Theresa M. Alicea
SIGNATURE

Michael H O'Brien
SIGNATURE OF CANDIDATE

Michael H O'Brien
PRINTED NAME

MY COMMISSION EXPIRES _____ MO. DAY YR. AREA CODE 215 DAYTIME TELEPHONE NUMBER 687 3203

Commonwealth of Pennsylvania - Notary Seal
 THERESA M. ALICEA, Notary Public
 Philadelphia County
 My Commission Expires March 20, 2022
 Commission Number 1601929