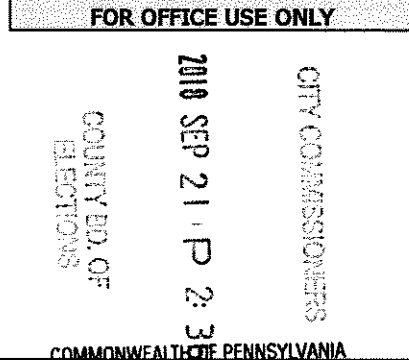


Commonwealth of Pennsylvania
Campaign Finance Report

(Note: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:	1776551	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.}	X	LOBBYIST ^{3.}				
Name of Filing Committee, Candidate or Lobbyist: Friends of Andrew Stober										
Street Address: 1434 S Juniper St										
City: Philadelphia			State: PA		Zip Code: 19147					
TYPE OF REPORT	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	YES	NO	X
	6th Tuesday Pre-Election	4.	X	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	YES	X
	Annual Report	7.	YEAR	2018						
Name of Office Sought by Candidate: City Council Member				DATE OF ELECTION			District Number:	Office Code:	Party Code:	County Code:
				MO.	DAY	YEAR		PH4	OTH	51
				11	6	2018				
Summary of Receipts and Expenditures from:				MO.	DAY	YEAR	To	MO.	DAY	YEAR
				1	1	2018		9	17	2018
A. Amount Brought Forward From Last Report				\$ 1,746.98						
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 0						
C. Total Funds Available (Sum of Lines A and B)				\$ 1,746.98						
D. Total Expenditures (From Schedule III)				\$ 1,746.98						
E. Ending Cash Balance (Subtract Line D from Line C)				\$ 0						
F. Value of In-Kind Contributions Received (From Schedule II)				\$ 0						
G. Unpaid Debts and Obligations (From Schedule IV)				\$ 0						
FOR OFFICE USE ONLY										
										
AFFIDAVIT SECTION										
PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.							OLGA BLANDINO Notary Public CITY OF PHILADELPHIA, PHILADELPHIA CNTY My Commission Expires Mar 17, 2021			
I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.										
Sworn to and subscribed before me this										
Friday ^{7th} day of September 7 th 20 18 Olga Blandino Signature										
Michael Helander Signature of Person Submitting Report Printed Name 415 Area Code 244 3169 Daytime Telephone Number										
My commission expires 03-17-2021										
PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.										
PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.							NOTARIAL SEAL OLGA BLANDINO Notary Public CITY OF PHILADELPHIA, PHILADELPHIA CNTY My Commission Expires Mar 17, 2021			
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										
7 day of September 20 18 Olga Blandino Signature										
Andrew Stober Signature of Candidate Printed Name 215 Area Code 278 0387 Daytime Telephone Number										
My commission expires 03-17-2021										

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Andrew Stober	Reporting Period From <u>01/01/2018</u> To <u>09/17/2018</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period (2)	\$ 0

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period (3)	\$ 0

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 0

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.)	\$ 0
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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 Friends of Andrew Stober			Reporting Period From <u>01/01/2018</u> To <u>09/17/2018</u>		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.					Part A Total

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 Friends of Andrew Stober			Reporting Period From <u>01/01/2018</u> To <u>09/17/2018</u>		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.					Part B Total

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.

Name of Filing Committee or Candidate Friends of Andrew Stober			Reporting Period From 01/01/2018 To 09/17/2018		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.					Part C Total

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 Friends of Andrew Stober			Reporting Period From 01/01/2018 To 09/17/2018		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					
Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.					Part D Total

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 Friends of Andrew Stober			Reporting Period From 01/01/2018 To 09/17/2018		
Full Name			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Receipt Description					
Full Name			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Receipt Description					
Full Name			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Receipt Description					
Full Name			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Receipt Description					
Full Name			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Receipt Description					
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.					Part E Total

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 Friends of Andrew Stober	Reporting Period From <u>01/01/2018</u> To <u>09/17/2018</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2 and 3; also enter this amount on Page 1, Report Cover Page, Item F.)	\$ 0
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SCHEDULE II

Part F

In-kind Contributions Received

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Friends of Andrew Stober			Reporting Period From 01/01/2018 To 09/17/2018		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
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.					Part F Total

SCHEDULE II
Part G

In-kind Contributions Received

VALUE OVER \$250.00

Name of Filing Committee or Candidate Friends of Andrew Stober			Reporting Period From 01/01/2018 To 09/17/2018		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					Part G Total

SCHEDULE III

Statement Of Expenditures

Name of Filing Committee or Candidate Friends of Andrew Stober			Reporting Period From <u>01/01/2018</u> To <u>09/17/2018</u>			
To Whom Paid Jena Griswold for Colorado			MO.	DAY	YEAR	\$ 250.00
			1	23	2018	
Mailing Address PO BOX 270218						
City Louisville		State CO	Zip Code (Plus 4) 80027			
Description of Expenditure Contribution						
To Whom Paid Henderson for Governor			MO.	DAY	YEAR	\$ 477.52
			1	23	2018	
Mailing Address 300 3rd St 701						
City Little Rock		State AR	Zip Code (Plus 4) 72201			
Description of Expenditure Contribution						
To Whom Paid Friends of Madeleine Dean			MO.	DAY	YEAR	\$ 250.00
			1	23	2018	
Mailing Address 795 Glen Road						
City Jenkintown		State PA	Zip Code (Plus 4) 19046			
Description of Expenditure Contribution						
To Whom Paid Friends of Christina M. Hartman			MO.	DAY	YEAR	\$ 250.00
			1	23	2018	
Mailing Address PO BOX 1576						
City Lancaster		State PA	Zip Code (Plus 4) 17608			
Description of Expenditure Contribution						
To Whom Paid Team Fetterman			MO.	DAY	YEAR	\$ 250.00
			1	23	2018	
Mailing Address PO BOX 609						
City Braddock		State PA	Zip Code (Plus 4) 15704			
Description of Expenditure Contribution						
To Whom Paid TD Bank			MO.	DAY	YEAR	\$ 269.46
			1	23	2018	
Mailing Address 121 S Broad St						
City Philadelphia		State PA	Zip Code (Plus 4) 19107			
Description of Expenditure Reconciliation account error						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						Schedule III Total \$ 1,746.98

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 Friends of Andrew Stober					Reporting Period From 01/01/2018 To 09/17/2018					
Name of Creditor						Outstanding Balance of Debt				
Mailing Address					Date Debt Incurred	MO.	DAY	YEAR		
City			State	Zip Code (Plus 4)						
Description of Debt										
Name of Creditor									Outstanding Balance of Debt	
Mailing Address					Date Debt Incurred				MO.	DAY
City			State	Zip Code (Plus 4)						
Description of Debt										
Name of Creditor									Outstanding Balance of Debt	
Mailing Address					Date Debt Incurred				MO.	DAY
City			State	Zip Code (Plus 4)						
Description of Debt										
Name of Creditor									Outstanding Balance of Debt	
Mailing Address					Date Debt Incurred				MO.	DAY
City			State	Zip Code (Plus 4)						
Description of Debt										
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.									Schedule IV Total	