

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.)

er Identification Number: 8000245	Report Filed By: CANDIDATE 1.	COMMITTEE 2. X	LOBBYIST 3.
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Name of Filing Committee, Candidate or Lobbyist:
 CASA- COMMONWEALTH ASSOCIATION OF SCHOOL ADMINISTRATORS

Street Address:
 355 N BROAD STREET

City: PHILADELPHIA State: PA Zip Code: 19123

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	NO	X
	Annual Report	7.	YEAR	2018						

Name of Office Sought by Candidate:	DATE OF ELECTION MO. DAY YEAR 11 6 2018	District Number:	Office Code:	Party Code:	County Code:
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Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR
	6 5 2018		9 17 2018
Amount Brought Forward From Last Report	\$ 8,945.00		
Total Monetary Contributions and Receipts (From Schedule I)	\$ 1,227.50		
Total Funds Available (Sum of Lines A and B)	\$ 10,172.50		
Total Expenditures (From Schedule III)	\$ 8.00		
Ending Cash Balance (Subtract Line D from Line C)	\$ 10,164.50		
Value of In-Kind Contributions Received (From Schedule II)	\$ 0		
Unpaid Debts and Obligations (From Schedule IV)	\$ 0		

FOR OFFICE USE ONLY

STATE OF PENNSYLVANIA
 DEPARTMENT OF ELECTIONS
 COUNTY COMMISSIONERS

SEP 24 PM 2:09

AFFIDAVIT SECTION

ART 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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Witnessed and subscribed before me this

22 day of September 2018

Signature: [Signature]

My commission expires 01 29 2020
 MO. DAY YEAR

Signature of Person Submitting Report: [Signature]
 Printed Name: Robin Cooper
 Area Code: (215) Daytime Telephone Number: 236-7222

SARAH L. MONTANO
 Notary Public
 State of New Jersey
 My Commission Expires Jan 29, 2020

ART 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.

Witnessed and subscribed before me this

____ day of _____ 20____

Signature: _____

My commission expires _____
 MO. DAY YEAR

Signature of Candidate: _____
 Printed Name: _____
 Area Code: _____ Daytime Telephone Number: _____

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
ASA- COMMONWEALTH ASSOCIATION OF SCHOOL ADMINISTRAT	From <u>06/05/2018</u> To <u>09/17/2018</u>
UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 1,227.50
CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period (2)	\$ 0
CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0
Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period (3)	\$ 0
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.)	\$ 1,227.50

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			Reporting Period		
ASA- COMMONWEALTH ASSOCIATION OF SCHOOL ADMINISTRATORS			From <u>06/05/2018</u> To <u>09/17/2018</u>		
I Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
II Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
III Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
IV Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
V Name of Contributing Committee			MO. DAY YEAR		
Mailing Address					
City		State	Zip Code (Plus 4)		
VI 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			Reporting Period		
ASA- COMMONWEALTH ASSOCIATION OF SCHOOL ADMINISTRATORS			From <u>06/05/2018</u> To <u>09/17/2018</u>		
I Name of Contributor			MO.	DAY	YEAR
Filing Address					
City	State	Zip Code (Plus 4)			
II Name of Contributor			MO.	DAY	YEAR
Filing Address					
City	State	Zip Code (Plus 4)			
III Name of Contributor			MO.	DAY	YEAR
Filing Address					
City	State	Zip Code (Plus 4)			
IV Name of Contributor			MO.	DAY	YEAR
Filing Address					
City	State	Zip Code (Plus 4)			
V Name of Contributor			MO.	DAY	YEAR
Filing Address					
City	State	Zip Code (Plus 4)			
VI Name of Contributor			MO.	DAY	YEAR
Filing 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 ASA- COMMONWEALTH ASSOCIATION OF SCHOOL ADMINISTRATORS		Reporting Period From 06/05/2018 To 09/17/2018	
Name of Contributing Committee		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Name of Contributing Committee		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Name of Contributing Committee		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Name of Contributing Committee		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Name of Contributing Committee		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Name of Contributing Committee		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Enter Grand Total of Part C on Schedule 1, 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 ASA- COMMONWEALTH ASSOCIATION OF SCHOOL ADMINISTRATORS			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>		
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 ASA- COMMONWEALTH ASSOCIATION OF SCHOOL ADMINISTRATORS			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>		
Filer Name			MO. DAY YEAR		
Filing Address					
City		State		Zip Code (Plus 4)	
Receipt Description					
Filer Name			MO. DAY YEAR		
Filing Address					
City		State		Zip Code (Plus 4)	
Receipt Description					
Filer Name			MO. DAY YEAR		
Filing Address					
City		State		Zip Code (Plus 4)	
Receipt Description					
Filer Name			MO. DAY YEAR		
Filing 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		Reporting Period	
ASA- COMMONWEALTH ASSOCIATION OF SCHOOL ADMINISTRAT		From <u>06/05/2018</u> To <u>09/17/2018</u>	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0
IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0
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

SCHEDULE II

Part F

In-kind Contributions Received

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate ASA- COMMONWEALTH ASSOCIATION OF SCHOOL ADMINISTRATORS	Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>
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I Name of Contributor			MO.	DAY	YEAR
Billing Address					
City	State	Zip Code (Plus 4)			

Description of Contribution

II Name of Contributor			MO.	DAY	YEAR
Billing Address					
City	State	Zip Code (Plus 4)			

Description of Contribution

III Name of Contributor			MO.	DAY	YEAR
Billing Address					
City	State	Zip Code (Plus 4)			

Description of Contribution

IV Name of Contributor			MO.	DAY	YEAR
Billing 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
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**SCHEDULE II
Part G**

In-kind Contributions Received

VALUE OVER \$250.00

Name of Filing Committee or Candidate ASA- COMMONWEALTH ASSOCIATION OF SCHOOL ADMINISTRATORS			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>		
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		
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		
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 ASA- COMMONWEALTH ASSOCIATION OF SCHOOL ADMINISTRATORS			Reporting Period From 06/05/2018 To 09/17/2018			
Whom Paid D Bank			MO.	DAY	YEAR	\$ 2.00
			6	30	2018	
Billing Address 201 South Broad Street						
City Philadelphia		State PA	Zip Code (Plus 4) 19148			
Description of Expenditure oper stmt fee						
Whom Paid D Bank			MO.	DAY	YEAR	\$ 2.00
			7	31	2018	
Billing Address 201 South Broad Street						
City Philadelphia		State PA	Zip Code (Plus 4) 19148			
Description of Expenditure oper stmt fee						
Whom Paid D Bank			MO.	DAY	YEAR	\$ 2.00
			8	31	2018	
Billing Address 201 South Broad Street						
City Philadelphia		State PA	Zip Code (Plus 4) 19148			
Description of Expenditure oper stmt fee						
Whom Paid D Bank			MO.	DAY	YEAR	\$ 2.00
			6	30	2018	
Billing Address 201 South Broad Street						
City Philadelphia		State PA	Zip Code (Plus 4) 19148			
Description of Expenditure oper stmt fee from prior Month						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						Schedule III Total \$ 8.00

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.

Name of Filing Committee or Candidate ASA- COMMONWEALTH ASSOCIATION OF SCHOOL ADMINISTRATORS					Reporting Period From 06/05/2018 To 09/17/2018			
Name of Creditor							Outstanding Balance of Debt	
Billing Address					Date Debt Incurred	MO.	DAY	YEAR
City			State	Zip Code (Plus 4)				
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
Billing Address					Date Debt Incurred	MO.	DAY	YEAR
City			State	Zip Code (Plus 4)				
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
Billing Address					Date Debt Incurred	MO.	DAY	YEAR
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	