

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: 7900387	Report Filed By: CANDIDATE 1.	COMMITTEE 2. X	LOBBYIST 3.			
Name of Filing Committee, Candidate or Lobbyist: PA UAW GOOD GOVERNMENT COMMITTEE						
Street Address: 550 State Road Suite 107						
City: Bensalem		State: PA	Zip Code: 19020			
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 6 5 2018	To	MO. DAY YEAR 9 17 2018	<b>FOR OFFICE USE ONLY</b> COUNTY Bd. OF ELECTIONS 18 SEP 21 PM 2:27 CITY COMMISSIONERS
	A. Amount Brought Forward From Last Report	\$	14,684.81	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1.05		
C. Total Funds Available (Sum of Lines A and B)	\$	14,685.86		
D. Total Expenditures (From Schedule III)	\$	5,500.00		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	9,185.86		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0		

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

Sworn to and subscribed before me this 19<sup>th</sup> day of September 2018

Christina Louise Henning Signature

My commission expires 5 / 16 / 2020  
MO. DAY YEAR

Jeffrey D. Binz Signature of Person Submitting Report  
Jeffrey D. Binz Printed Name  
215 Area Code 591-0830 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

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 PA UAW GOOD GOVERNMENT COMMITTEE	Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ 0

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

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

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period (4)	\$ 1.05

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 1.05
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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 PA UAW GOOD GOVERNMENT COMMITTEE			Reporting Period From <u>06/05/2018</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)		

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

<b>Part A Total</b>
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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 PA UAW GOOD GOVERNMENT COMMITTEE			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)		
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 PA UAW GOOD GOVERNMENT COMMITTEE			Reporting Period From <u>06/05/2018</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 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 PA UAW GOOD GOVERNMENT COMMITTEE			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 PA UAW GOOD GOVERNMENT COMMITTEE				Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>			
Full Name Wells Fargo Bank				MO.	DAY	YEAR	\$ 0.35
				7	28	2018	
Mailing Address 1242 Bristol Pike							
City Bensalem	State PA	Zip Code (Plus 4) 19020					
Receipt Description Interest							
Full Name Wells Fargo Bank				MO.	DAY	YEAR	\$ 0.35
				7	28	2018	
Mailing Address 1242 Bristol Pike							
City Bensalem	State PA	Zip Code (Plus 4) 19020					
Receipt Description Interest							
Full Name Wells Fargo Bank				MO.	DAY	YEAR	\$ 0.35
				8	28	2018	
Mailing Address 1242 Bristol Pike							
City Bensalem	State PA	Zip Code (Plus 4) 19020					
Receipt Description Interest							
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.							<b>Part E Total</b> \$ 1.05

## 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 PA UAW GOOD GOVERNMENT COMMITTEE	Reporting Period From <u>06/05/2018</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

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (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 PA UAW GOOD GOVERNMENT COMMITTEE			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)		
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 PA UAW GOOD GOVERNMENT COMMITTEE			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 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 PA UAW GOOD GOVERNMENT COMMITTEE			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>			
To Whom Paid Tina Davis for Senate			MO.	DAY	YEAR	\$ 2,500.00
			7	24	2018	
Mailing Address P.O. Box 233						
City Croydon		State PA	Zip Code (Plus 4) 19021			
Description of Expenditure Contribution						
To Whom Paid Santarsiero for State Senate			MO.	DAY	YEAR	\$ 3,000.00
			7	24	2018	
Mailing Address P.O. Box 671						
City Newtown		State PA	Zip Code (Plus 4) 18940			
Description of Expenditure Donation						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						Schedule III Total \$ 5,500.00

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 PA UAW GOOD GOVERNMENT COMMITTEE					Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>		
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	YEAR
City		State	Zip Code (Plus 4)				
Description of Debt							
Name of Creditor						Outstanding Balance of Debt	
Mailing 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	