

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: 2006327	Report Filed By: CANDIDATE 1.	COMMITTEE 2. X	LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbyist: W. E. S. T. R. U. M. PAC			
Street Address: 1300 Virginia Drive Suite 215			
City: Fort Washington		State: PA	Zip Code: 19034
TYPE OF REPORT	1. 6th Tuesday Pre-Primary	2. 2nd Friday Pre-Primary	3. 30 Day Post-Primary
	4. 5th Tuesday Pre-Election X	5. 2nd Friday Pre-Election	6. 30 Day Post-Election
	7. Annual Report	YEAR 2018	
		Amendment Report? YES	NO X
		Termination Report? YES	NO X

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	FOR OFFICE USE ONLY COUNTY ED. OF ELECTIONS 8 SEP 27 PM 2:49 CITY COMMISSIONERS
	A. Amount Brought Forward From Last Report	\$	7,621.44	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0		
C. Total Funds Available (Sum of Lines A and B)	\$	7,621.44		
D. Total Expenditures (From Schedule III)	\$	1,012.00		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	6,609.44		
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 24 day of September, 2018

Signature: [Signature] Signature of Person Submitting Report: [Signature]
 Printed Name: John A. Westman

My commission expires 5 3 2019 Area Code: 215 Daytime Telephone Number: 283-2190

MO. DAY YEAR

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: _____ Signature of Candidate: _____
 Printed Name: _____

My commission expires _____ MO. DAY YEAR Area Code: _____ Daytime Telephone Number: _____

Department of State Bureau of Commissions, Elections and Legislation
 210 North Office Building Harrisburg, PA 17120-0029 (717) 787-5280

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate W. E. S. T. R. U. M. PAC	Reporting Period From <u>06/05/2018</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 W. E. S. T. R. U. M. PAC			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 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 W. E. S. T. R. U. M. PAC			Reporting Period From 06/05/2018 To 09/17/2018		
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 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 W . E . S . T . R . U . M . PAC			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					
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 W. E. S. T. R. U. M. PAC			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>		
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 W. E. S. T. R. U. M. PAC	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

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 W.E.S.T.R.U.M. PAC		Reporting Period From 06/05/2018 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			

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 W. E. S. T. R. U. M. PAC			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 W.E.S.T.R.U.M. PAC			Reporting Period From 06/05/2018 To 09/17/2018			
To Whom Paid Friends of Lawrence Farnese			MO.	DAY	YEAR	\$ 250.00
			6	12	2018	
Mailing Address P.O. Box 22596						
City Philadelphia	State PA	Zip Code (Plus 4) 19110				
Description of Expenditure Contribution						
To Whom Paid Montgomery County Democratic Committee			MO.	DAY	YEAR	\$ 750.00
			7	24	2018	
Mailing Address						
City	State PA	Zip Code (Plus 4)				
Description of Expenditure Contribution						
To Whom Paid Citizens Bank			MO.	DAY	YEAR	\$ 3.00
			6	5	2018	
Mailing Address						
City Philadelphia	State PA	Zip Code (Plus 4)				
Description of Expenditure Bank Fee						
To Whom Paid Citizens Bank			MO.	DAY	YEAR	\$ 3.00
			7	5	2018	
Mailing Address						
City Philadelphia	State PA	Zip Code (Plus 4)				
Description of Expenditure Bank Fee						
To Whom Paid Citizens Bank			MO.	DAY	YEAR	\$ 3.00
			8	3	2018	
Mailing Address						
City Philadelphia	State PA	Zip Code (Plus 4)				
Description of Expenditure Bank Fee						
To Whom Paid Citizens Bank			MO.	DAY	YEAR	\$ 3.00
			9	6	2018	
Mailing Address						
City Philadelphia	State PA	Zip Code (Plus 4)				
Description of Expenditure Bank Fee						

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

Schedule III Total
\$ 1,012.00

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 W.E.S.T.R.U.M.PAC			Reporting Period From 06/05/2018 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 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