

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:	8400378	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	LOBBYIST	3.			
Name of Filing Committee, Candidate or Lobbyist: AT&T											
Street Address: 192 W. State Street											
City: Trenton			State: NJ			Zip Code: 08608					
TYPE OF REPORT	6th Tuesday Pre-Primary	1.	X	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	No	X
	6th Tuesday Pre-Election	4.		2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes	No	X
Other	Annual Report	7.		YEAR	2019						

Name of Office Sought by Candidate:	DATE OF ELECTION			District Number:	Office Code:	Party Code:	County Code:
	MO.	DAY	YEAR				
	5	21	2019				

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
		1	1		2019	4	1
A. Amount Brought Forward From Last Report					\$4,096.60		
B. Total Monetary Contributions and Receipts (From Schedule I)					\$36,080.78		
C. Total Funds Available (Sum of Lines A and B)					\$40,177.38		
D. Total Expenditures (From Schedule III)					\$19,100.00		
E. Ending Cash Balance (Subtract Line D from Line C)					\$21,077.38		
F. Value of In-Kind Contributions Received (From Schedule II)					\$0.00		
G. Unpaid Debts and Obligations (From Schedule IV)					\$0.00		

FOR OFFICE USE ONLY

COUNTY BD. OF ELECTIONS

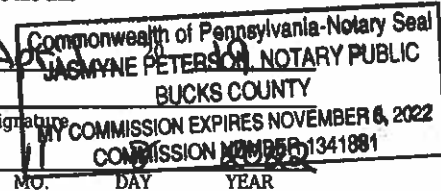
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CITY COMMISSIONERS

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

12th day of April		<i>Katie Pollinger</i>	Signature of Person Submitting Report
<i>[Signature]</i>		Katie Pollinger	Printed Name
My Commission expires	MO. DAY YEAR	609	Area Code
		396-4350	Daytime Telephone Number

AFFIDAVIT SECTION

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 of Person Submitting Report
Signature		_____	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