

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:	8100138	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	X	LOBBYIST	3.		
Name of Filing Committee, Candidate or Lobbyist: Blank Rome LLP PA PAC											
Street Address: One Logan Square											
City: Philadelphia				State: PA		Zip Code: 19103					
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	FOR OFFICE USE ONLY		
		1	1	2019		4	1	2019	COUNTY RD. OF ELECTIONS 19 APR 12 AM 7:51 CITY COMMISSIONERS		
A. Amount Brought Forward From Last Report								\$418.29			
B. Total Monetary Contributions and Receipts (From Schedule I)								\$11,000.00			
C. Total Funds Available (Sum of Lines A and B)								\$11,418.29			
D. Total Expenditures (From Schedule III)								\$10,000.00			
E. Ending Cash Balance (Subtract Line D from Line C)								\$1,418.29			
F. Value of In-Kind Contributions Received (From Schedule II)								\$0.00			
G. Unpaid Debts and Obligations (From Schedule IV)								\$196,775.00			
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											
day of <u>August</u> , 20 <u>19</u> Signature of Notary Public My Commission expires _____ MO. _____ DAY _____ YEAR _____		Signature of Person Submitting Report <u>William H. Roberts</u> Printed Name William H. Roberts _____ Area Code Daytime Telephone Number 215 569-5632									
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 My Commission expires _____ MO. _____ DAY _____ YEAR _____		Signature of Person Submitting Report _____ Printed Name _____ 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