

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:	8100217	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.}					
Name of Filing Committee, Candidate or Lobbyist: IUOE LOCAL 542 PAC FUND										
Street Address: 1375 VIRGINIA DRIVE SUITE 100										
City: FORT WASHINGTON			State: PA		Zip Code: 19034					
TYPE OF REPORT	6th Tuesday Pre-Primary	1. <input checked="" type="checkbox"/>	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				
						OTH	

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY			
	1	1	2019		4	1	2019	COUNTY BD. OF ELECTIONS	APR 15 P 2:44	COMMISSIONERS	
A. Amount Brought Forward From Last Report								\$498,459.16			
B. Total Monetary Contributions and Receipts (From Schedule I)								\$122,452.72			
C. Total Funds Available (Sum of Lines A and B)								\$620,911.88			
D. Total Expenditures (From Schedule III)								\$219,400.00			
E. Ending Cash Balance (Subtract Line D from Line C)								\$401,511.88			
F. Value of In-Kind Contributions Received (From Schedule II)								\$0.00			
G. Unpaid Debts and Obligations (From Schedule IV)								\$0.00			

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 _____ 20 _____

Signature

My Commission expires MO. _____ DAY _____ YEAR _____

Signature of Person Submitting Report

Printed Name

Area Code

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

10 day of April 20 19

Signature

My Commission expires MO. _____ DAY _____ YEAR _____

Signature of Person Submitting Report

Printed Name

015
Area Code

542-7500
Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Louis Agre, Notary Public
Upper Dublin Twp, Montgomery County
My commission expires June 30, 2021