

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:	2001236	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	LOBBYIST	3.
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Name of Filing Committee, Candidate or Lobbyist:
PASNAP - PA Assn. Staff Nurses/Allied Profs

Street Address:
1 Fayette St Ste 475

City: **Conshohocken** State: **PA** Zip Code: **19428**

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	<input checked="" type="checkbox"/>
	6th Tuesday Pre-Election	4.	<input type="checkbox"/>	2nd Friday Pre-Election	5.	<input type="checkbox"/>	30 Day Post Election	6.	<input type="checkbox"/>	Termination Report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Other	Annual Report	7.	YEAR	2019
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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								\$56,391.18
B. Total Monetary Contributions and Receipts (From Schedule I)								\$20,639.53
C. Total Funds Available (Sum of Lines A and B)								\$77,030.71
D. Total Expenditures (From Schedule III)								\$20,211.37
E. Ending Cash Balance (Subtract Line D from Line C)								\$56,819.34
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

RECEIVED BY CLERK OF ELECTIONS

APR 22 PM 1:37

BY 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

13 day of April 2019
Margaret R. Lahey
 Signature
Margaret R. Lahey
 NOTARY PUBLIC
 State of New Jersey
 My Commission Expires 8/17/2022

Maureen May
 Signature of Person Submitting Report
Maureen May
 Printed Name
215 452-4216
 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

____ day of _____ 20____

 Signature
 My Commission expires _____
 MO. DAY YEAR

 Signature of Person Submitting Report

 Printed Name

 Area Code Daytime Telephone Number