

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.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	No	X
	6th Tuesday Pre-Election	4. X	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				
	11	5	2019				

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
	6	11	2019		9	16	2019		
A. Amount Brought Forward From Last Report								\$63,364.07	COUNTY BD. OF ELECTIONS 2019 SEP 25 P 1:35 CITY COMMISSIONERS
B. Total Monetary Contributions and Receipts (From Schedule I)								\$19,098.40	
C. Total Funds Available (Sum of Lines A and B)								\$82,462.47	
D. Total Expenditures (From Schedule III)								\$21,017.16	
E. Ending Cash Balance (Subtract Line D from Line C)								\$61,445.31	
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

20th day of September 20 19
Margaret R. Lauff
 Signature

Maureen May
 Signature of Person Submitting Report
Maureen May
 Printed Name

My Commission expires 8 17 2022
 MO. DAY YEAR

610 567-2907
 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

 Signature of Person Submitting Report

 Printed Name

My Commission expires _____
 MO. DAY YEAR

_____ Area Code _____ Daytime Telephone Number