

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: | 2006327 | Report Filed By: | CANDIDATE ^{1.} | COMMITTEE ^{2.} | LOBBYIST ^{3.} |
|-------------------------------------|---------|-------------------------|-------------------------|-------------------------|------------------------|

Name of Filing Committee, Candidate or Lobbyist:
W.E.S.T.R.U.M. PAC

Street Address:
1300 VIRGINIA DR 215

City: **FORT WASHINGTON** State: **PA** Zip Code: **19034-3249**

| | | | | | | | | | | |
|-----------------------|--------------------------|----|-------------------------|------|----------------------|----|---------------------|-----|----|---|
| 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. | 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 | |
|--|-----|-----|------|----|------|-----|------|------------|
| | | 6 | 11 | | 2019 | | 9 | 16 |
| A. Amount Brought Forward From Last Report | | | | | | | | \$3,082.44 |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | | | | | | \$0.00 |
| C. Total Funds Available (Sum of Lines A and B) | | | | | | | | \$3,082.44 |
| D. Total Expenditures (From Schedule III) | | | | | | | | \$9.00 |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | | | | | | \$3,073.44 |
| 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

SEP 25 P 1:31

COUNTY BD. OF ELECTIONS

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 20 day of Sept 2019

[Signature]
Signature

My Commission expires 5 3 2023
MO. DAY YEAR

Commonwealth of Pennsylvania - Notary Seal
 KAREN L. FOLLIS MRAZ, Notary Public
 Bucks County
 My Commission Expires May 3, 2023
 Commission Number 1231714

[Signature]
Signature of Person Submitting Report

John A Westrom
Printed Name

215 283-2190
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

**SCHEDULE III
STATEMENT OF EXPENDITURES**

| | | | | | |
|--|---------------------|---|-----------------|---------------------|---------------|
| Name of Filing Committee or Candidate: W.E.S.T.R.U.M. PAC | | Reporting Period: From <u>07/03/2019</u> To <u>09/05/2019</u> | | | |
| To Whom Paid: Citizens Bank | | MO. 7 | DAY 3 | YEAR 2019 | \$3.00 |
| Mailing Address: P.O. Box 7000 | | | | | |
| City: Providence | State: RI | Zip Code (Plus 4): 02940 | | | |
| Description of Expenditure: Bank Fee | | | | | |
| To Whom Paid: Citizens Bank | | MO. 8 | DAY 5 | YEAR 2019 | \$3.00 |
| Mailing Address: P.O. Box 7000 | | | | | |
| City: Providence | State: RI | Zip Code (Plus 4): 02940 | | | |
| Description of Expenditure: Bank Fee | | | | | |
| To Whom Paid: Citizens Bank | | MO. 9 | DAY 5 | YEAR 2019 | \$3.00 |
| Mailing Address: P.O. Box 7000 | | | | | |
| City: Providence | State: RI | Zip Code (Plus 4): 02940 | | | |
| Description of Expenditure: Bank Fee | | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | |
| Schedule III Total: \$9.00 | | | | | |