

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF

10
(COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:		Report Filed By:		CANDIDATE ^{1.}		COMMITTEE ^{2.} X		LOBBYIST ^{3.}													
Name of Filing Committee, Candidate or Lobbyist: Protecting Colonial's Future																					
Street Address: 233 E 10th Ave																					
City: Consh				State: PA		Zip Code: 19420															
TYPE OF REPORT (place X to the right of report type)	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		
	ANNUAL REPORT		7.		YEAR				FILING METHOD () CHECK ONE				PAPER		X		DISKETTE				
Name of Office Sought by Candidate: Colonial School Board Director										DATE OF ELECTION		District Number		Office Code		Party Code		County Code			
										MO. DAY YEAR		COL				R/D					
										11 5 2019											
Summary of Receipts and Expenditures from:										MO. DAY YEAR		MO. DAY YEAR		FOR OFFICE USE ONLY							
										06 11 2019		To 10 31 2019		RECEIVED 2019 OCT 24 PM 1:13 OFFICE OF VOTER SERVICES MONTG. CO. PA							
A. Amount Brought Forward From Last Report										\$		4838.00									
B. Total Monetary Contributions and Receipts (From Schedule I)										\$		9,460.00									
C. Total Funds Available (Sum of Lines A and B)										\$		14298.00									
D. Total Expenditures (From Schedule III)										\$		7997.12									
E. Ending Cash Balance (Subtract Line D from Line C)										\$		6300.88									
F. Value of In-Kind Contributions Received (From Schedule II)										\$											
G. Unpaid Debts and Obligations (From Schedule IV)										\$		912.79									

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

22 day of Oct
Commonwealth of Pennsylvania - Notary Seal
Renita L. Perseo, Notary Public
Montgomery County
My commission expires October 21, 2022
Commission number 1128037

Member, Pennsylvania Association of Notaries

Signature: *Renita L. Perseo*

My commission expires 10/22 22
MO. DAY YR.

Gary Johnson
Signature of Person Submitting Report

Gary Johnson
Printed Name

215
Area Code

519 6747
Daytime Telephone Number

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 YR.

Signature of Candidate

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

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate Protecting Colonials Future	Reporting Period From 6/11/19 To 10/21/19
---	--

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$ 7135.00
--------------------------------	-----	-------------------

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 2025.00
TOTAL for the Reporting Period	(2) \$ 2025.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period	(3) \$ 0

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period	(4)	\$ 300.00
--------------------------------	-----	------------------

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 9,460.00
--	--------------------

PART B
ALL OTHER CONTRIBUTIONS

PAGE 3 OF 10

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate Protecting Colonial's Future				Reporting Period From 6/1/19 To 10/21/19			
--	--	--	--	---	--	--	--

				DATE			AMOUNT
Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	MO.	DAY	YEAR
Pamela Beer					9	9	2019
							\$ 150.00
George Gebhardt					8	29	2019
							\$ 100.00
Robert Beausoleil					6	16	2019
							\$ 200.00
Eliabeth Sadler					10	4	2019
							\$ 100.00
Sara Erlbaum					10	11	2019
							\$ 200.00
Katie Nissman					10	14	2019
							\$ 100.00
Rodger Wichterman					10	19	2019
							\$ 100.00
Nicholas Patrino					10	15	2019
							\$ 100.00

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL \$ 1050.00
---	--

PART B
ALL OTHER CONTRIBUTIONS

PAGE 4 OF 10

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <u>Protecting Colonial's Future</u>				Reporting Period From <u>6/11/19</u> To <u>10/21/19</u>			
--	--	--	--	--	--	--	--

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
<u>Linda Doll</u>	<u>9</u>	<u>6</u>	<u>2019</u>	\$	<u>200.00</u>		
Mailing Address <u>4017 Fairway Terr</u>				MO.	DAY	YEAR	\$
City <u>Laf Hill</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19444 -</u>		MO.	DAY	YEAR	\$
<u>William Moffitt</u>	<u>9</u>	<u>6</u>	<u>2019</u>	\$	<u>100.00</u>		
Mailing Address <u>401 First St</u>				MO.	DAY	YEAR	\$
City <u>Laf Hill</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19444 -</u>		MO.	DAY	YEAR	\$
<u>J. Piacitelli</u>	<u>9</u>	<u>6</u>	<u>2019</u>	\$	<u>150.00</u>		
Mailing Address <u>4071 Hillside</u>				MO.	DAY	YEAR	\$
City <u>Laf Hill</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19444 -</u>		MO.	DAY	YEAR	\$
<u>SARA Sterious</u>	<u>9</u>	<u>6</u>	<u>2019</u>	\$	<u>100.00</u>		
Mailing Address <u>421 Sandwood</u>				MO.	DAY	YEAR	\$
City <u>Ply Mtg</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19462 -</u>		MO.	DAY	YEAR	\$
<u>Amy Baker</u>	<u>9</u>	<u>6</u>	<u>2019</u>	\$	<u>75.00</u>		
Mailing Address <u>3066 Kerper Rd</u>				MO.	DAY	YEAR	\$
City <u>Laf Hill</u>	State <u>PA</u>	Zip Code (Plus 4) <u>1944 -</u>		MO.	DAY	YEAR	\$
<u>Debra Brenner</u>	<u>9</u>	<u>13</u>	<u>2019</u>	\$	<u>100.00</u>		
Mailing Address <u>14 Cottonwood</u>				MO.	DAY	YEAR	\$
City <u>Laf Hill</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19444 -</u>		MO.	DAY	YEAR	\$
<u>Mel Brodsky</u>	<u>9</u>	<u>18</u>	<u>2019</u>	\$	<u>250.00</u>		
Mailing Address <u>43 Scarlet Oak</u>				MO.	DAY	YEAR	\$
City <u>Laf Hill</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19444 -</u>		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.	PAGE TOTAL \$ 975.00
--	---------------------------------------

**PART E
OTHER RECEIPTS**

PAGE 5 OF 10

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate <u>Protecting Colonial's Future</u>	Reporting Period From <u>6/11/19</u> To <u>10/21/19</u>
--	--

Full Name <u>Barren Hill Fire Co</u>						
Mailing Address <u>647 Germantown Pike</u>						
City <u>Lafayette Hill</u>	State <u>PA</u>	Zip Code (Plus 4) <u>19444 -</u>	MO.	DAY	YEAR	Amount <u>\$ 300.00</u>

Receipt Description <u>Refund for Deposit</u>
--

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$

Receipt Description

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$

Receipt Description

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL

\$ 300.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
Protecting Colonial's Future				From 6/11/19 To 10/21/19			
To Whom Paid				MO.	DAY	YEAR	Amount
US Post Office				7	8		\$ 66.00
Mailing Address				Description of Expenditure			
City				State			
Blue Bell				PA			
Zip Code (Plus 4)							
To Whom Paid				MO.	DAY	YEAR	Amount
Constant Contact				7	22		\$ 68.90
Mailing Address				Description of Expenditure			
				Email			
City				State			
Zip Code (Plus 4)							
To Whom Paid				MO.	DAY	YEAR	Amount
Constant Contact				8	20		\$ 68.90
Mailing Address				Description of Expenditure			
				Email			
City				State			
Zip Code (Plus 4)							
To Whom Paid				MO.	DAY	YEAR	Amount
Barren Hill Fire Co				8	30		\$ 300.00
Mailing Address				Description of Expenditure			
				Deposit			
City				State			
Lafayette Hill				PA			
Zip Code (Plus 4)				19444			
To Whom Paid				MO.	DAY	YEAR	Amount
Dollar Tree				9	6		\$ 54.06
Mailing Address				Description of Expenditure			
City				State			
Zip Code (Plus 4)							
To Whom Paid				MO.	DAY	YEAR	Amount
Boro of Consh				9	9		\$ 40.00
Mailing Address				Description of Expenditure			
				Fun Fest			
City				State			
Consh				PA			
Zip Code (Plus 4)				19428			
To Whom Paid				MO.	DAY	YEAR	Amount
BJ's				9	9		\$ 50.21
Mailing Address				Description of Expenditure			
City				State			
Conshohocken							
Zip Code (Plus 4)							
To Whom Paid				MO.	DAY	YEAR	Amount
Ply Mar				8	23		\$ 200.00
Mailing Address				Description of Expenditure			
City				State			
3032 Butler Pike				PA			
Zip Code (Plus 4)				19462			
Ply mts							

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 848.07

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
Protecting Colonia's Future				From 6/11/19 To 10/21/19			
To Whom Paid	Art Blumethal			MO.	DAY	YEAR	Amount
Mailing Address	3032 Butler Pk			9	9		\$ 550.00
City	Ply mts	State	PA	Zip Code (Plus 4)		19462 -	
				Description of Expenditure			
				Food Ply mar			
To Whom Paid	Schank			MO.	DAY	YEAR	Amount
Mailing Address	520 Wells St			8	26		\$ 139.25
City	Consh	State	PA	Zip Code (Plus 4)		19428	
				Description of Expenditure			
				Signs			
To Whom Paid	Dollar Tree			MO.	DAY	YEAR	Amount
Mailing Address				9	16		\$ 87.62
City		State		Zip Code (Plus 4)		-	
				Description of Expenditure			
				Plates, Table Clothes			
To Whom Paid	Target			MO.	DAY	YEAR	Amount
Mailing Address				9	16		\$ 32.36
City		State		Zip Code (Plus 4)		-	
				Description of Expenditure			
				Plates/Napkins			
To Whom Paid	Dunkin Donuts			MO.	DAY	YEAR	Amount
Mailing Address				9	17		\$ 20.00
City		State		Zip Code (Plus 4)		-	
				Description of Expenditure			
				Gift Card			
To Whom Paid	Starbucks			MO.	DAY	YEAR	Amount
Mailing Address				9	17		\$ 20.00
City		State		Zip Code (Plus 4)		-	
				Description of Expenditure			
				Gift Card			
To Whom Paid	Panera			MO.	DAY	YEAR	Amount
Mailing Address				9	17		\$ 20.00
City		State		Zip Code (Plus 4)		-	
				Description of Expenditure			
				Gift Card			
To Whom Paid	Target			MO.	DAY	YEAR	Amount
Mailing Address				9	17		\$ 23.81
City		State		Zip Code (Plus 4)		-	
				Description of Expenditure			
				Candy, Cups			
				Trivia Night			
				PAGE TOTAL			
				\$ 2145.04			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Protecting Colonial's Future				Reporting Period From 6/1/19 To 10/31/19			
To Whom Paid WAWA				MO. 9	DAY 17	YEAR 19	Amount \$ 20.00
Mailing Address				Description of Expenditure Gift Card			
City Ply Mtg		State	Zip Code (Plus 4) -	Trivia Night			
To Whom Paid Staples				MO. 9	DAY 18	YEAR 19	Amount \$ 5.29
Mailing Address				Description of Expenditure			
City		State	Zip Code (Plus 4) -				
To Whom Paid GIANT				MO. 9	DAY 20	YEAR 19	Amount \$ 29.22
Mailing Address				Description of Expenditure Food			
City		State	Zip Code (Plus 4) -	Trivia Night			
To Whom Paid Constant Contact				MO. 9	DAY 20	YEAR 19	Amount \$ 68.90
Mailing Address				Description of Expenditure Email			
City		State	Zip Code (Plus 4) -				
To Whom Paid Visual Resources				MO. 9	DAY 20	YEAR 19	Amount \$ 722.50
Mailing Address 400 Stenton Ave Suite 202				Description of Expenditure Printing			
City Ply Mtg		State PA	Zip Code (Plus 4) 19462-				
To Whom Paid Dollar Tree				MO. 9	DAY 23	YEAR 19	Amount \$ 5.30
Mailing Address				Description of Expenditure Plates			
City		State	Zip Code (Plus 4) -	Trivia Night			
To Whom Paid Barren Hill Fire Co				MO. 9	DAY 30	YEAR 19	Amount \$ 630.00
Mailing Address 647 Germantown Pike				Description of Expenditure			
City Lafayette Hill		State PA	Zip Code (Plus 4) 19444-				
To Whom Paid Kinkos				MO. 9	DAY 29	YEAR 19	Amount \$ 152.00
Mailing Address				Description of Expenditure Printing			
City Ply Mts		State PA	Zip Code (Plus 4) 19462-				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 1633.21

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate

Protecting Colonial's Future

Reporting Period

From 6/11/19 To 10/21/19

To Whom Paid

Visual Resources

MO. DAY YEAR

10 18 2019

Amount

\$ 2873.07

Mailing Address

400 Stenton Ave Suite 202

Description of Expenditure

Mailing

City

Ply mts

State

PA

Zip Code (Plus 4)

19462

To Whom Paid

Enterprise News paper

MO. DAY YEAR

10 19 2019

Amount

\$ 308.00

Mailing Address

473 Tennis Ave

Description of Expenditure

Adv

City

Ambler

State

PA

Zip Code (Plus 4)

19002

To Whom Paid

Vista Prints

MO. DAY YEAR

10 11 2019

Amount

\$ 184.95

Mailing Address

Description of Expenditure

Printing

189.73

City

State

Zip Code (Plus 4)

-

To Whom Paid

MO. DAY YEAR

Amount

\$

Mailing Address

Description of Expenditure

City

State

Zip Code (Plus 4)

-

To Whom Paid

MO. DAY YEAR

Amount

\$

Mailing Address

Description of Expenditure

City

State

Zip Code (Plus 4)

-

To Whom Paid

MO. DAY YEAR

Amount

\$

Mailing Address

Description of Expenditure

City

State

Zip Code (Plus 4)

-

To Whom Paid

MO. DAY YEAR

Amount

\$

Mailing Address

Description of Expenditure

City

State

Zip Code (Plus 4)

-

To Whom Paid

MO. DAY YEAR

Amount

\$

Mailing Address

Description of Expenditure

City

State

Zip Code (Plus 4)

-

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 3370.80

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate <u>Protecting Colonial's Future</u>	Reporting Period From <u>6/11/19</u> To <u>10/21/19</u>
--	--

Name of Creditor <u>Fed Ex Kinkos</u>				Outstanding Balance of Debt \$ <u>912.79</u>	
Mailing Address <u>461 W Germantown Pike</u>		DATE DEBT INCURRED	MO. <u>10</u>	DAY <u>21</u>	YEAR <u>19</u>
City <u>Ply Mtg</u>			State <u>PA</u>	Zip Code (Plus 4) <u>19462</u>	
Description of Debt <u>Signs</u>					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City			State	Zip Code (Plus 4)	
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City			State	Zip Code (Plus 4)	
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City			State	Zip Code (Plus 4)	
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City			State	Zip Code (Plus 4)	
Description of Debt					

Name of Creditor				Outstanding Balance of Debt \$	
Mailing Address		DATE DEBT INCURRED	MO.	DAY	YEAR
City			State	Zip Code (Plus 4)	
Description of Debt					

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL

\$