

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	83-2861956	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	COLONIAL DEMOCRATS FOR SCHOOL BOARD							
Street Address	2199 OAKWYN ROAD							
City	LAFAYETTE HILL	State	PA	Zip Code	19444			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/05/2019	Year	2019		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06/11/2019	10/21/2019	
A. Amount Brought Forward From Last Report	\$	1792.90	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">2019 OCT 25 AM 10:54</p> <p style="text-align: center;">OFFICE OF VOTER SERVICES MONTG. CO. PA</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	6,125.00	
C. Total Funds Available (Sum of Lines A and B)	\$	7,917.90	
D. Total Expenditures (From Schedule III)	\$	1,538.25	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	6,379.65	
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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

24 day of October 20 19

Jennifer D'Amato-Dow  
Signature

My Commission expires May 20 2021  
MO. DAY YR.

Denise Pygatt  
Signature of Person Submitting report

Denise Pygatt  
Printed Name

215 498-2389  
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Jennifer D'Amato-Dow, Notary Public  
 Plymouth Twp., Montgomery County  
 My Commission Expires May 20, 2021  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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, N.S. 1333) amended.

Sworn to and subscribed before me this

24 day of October 20 19

Jennifer D'Amato-Dow  
Signature

My Commission expires May 20 2021  
MO. DAY YR.

Lester Finegold  
Signature of Candidate

Lester Finegold  
Printed Name

610 941-0897  
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 Jennifer D'Amato-Dow, Notary Public  
 Plymouth Twp., Montgomery County  
 My Commission Expires May 20, 2021  
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	83-2861956
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**1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor**

Total for the reporting period	(1)	\$	675.00
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**2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)**

Contributions Received from Political Committees (Part A)		\$	
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All Other Contributions (Part B)		\$	450.00
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Total for the reporting period	(2)	\$	450.00
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**3. Contributions Over \$250.00 (From Part C and Part D)**

Contributions Received from Political Committees (Part C)		\$	3,500.00
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All Other Contributions (Part D)		\$	1,500.00
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Total for the reporting period	(3)	\$	5,000.00
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**4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)**

Total for the reporting period	(4)	\$	
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	6,125.00
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PART B

# All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	83-2861956
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Full Name of Contributor					JASON MCCAULEY		Date [MM/DD/YYYY]	\$	100.00
							9/14/2019		
House #	14426	Street Address			ADDISON STREET, APT 6		Date [MM/DD/YYYY]	\$	100.00
							9/27/2019		
City	SHERMAN OAKS	State	CA	Zip Code	91423	Date [MM/DD/YYYY]		\$	
Full Name of Contributor					MADELINE CUNNANE		Date [MM/DD/YYYY]	\$	100.00
							10/4/2019		
House #		Street Address			P.O. BOX 444		Date [MM/DD/YYYY]	\$	
City	GLENSIDE	State	PA	Zip Code	19038	Date [MM/DD/YYYY]		\$	
Full Name of Contributor					PHILLIP LACHENMAYER		Date [MM/DD/YYYY]	\$	150.00
							9/20/2019		
House #	1772	Street Address			BUTLER PIKE		Date [MM/DD/YYYY]	\$	
City	CONSHOHOCKEN	State	PA	Zip Code	19428	Date [MM/DD/YYYY]		\$	
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	

PART C

# Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	83-2861956
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Full Name of Contributing Committee		MONTCO VICTORY				Date [MM/DD/YYYY]	\$	500.00
House #	21	Street Address		EAST AIRY STREET		Date [MM/DD/YYYY]	\$	
City	NORRISTOWN	State	PA	Zip Code	19401	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		COMMITTEE FOR GOOD GOVERNMENT				Date [MM/DD/YYYY]	\$	1,000.00
House #		Street Address		P.O. BOX 212		Date [MM/DD/YYYY]	\$	
City	CHALFONT	State	PA	Zip Code	18914	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		FRIENDS OF THOMAS LEPERA				Date [MM/DD/YYYY]	\$	500.00
House #	1241	Street Address		SOUTH 2ND STREET		Date [MM/DD/YYYY]	\$	
City	PHILADELPHIA	State	PA	Zip Code	19147	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		LABORERS DISTRICT COUNCIL PAC				Date [MM/DD/YYYY]	\$	1,000.00
House #	665	Street Address		N. BROAD STREET, 5TH FLOOR		Date [MM/DD/YYYY]	\$	
City	PHILADELPHIA	State	PA	Zip Code	19123	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee		CARPENTERS LEGISLATIVEPROGRAM OF GREATER PHILADELPHIA				Date [MM/DD/YYYY]	\$	500.00
House #	650	Street Address		RIDGE ROAD		Date [MM/DD/YYYY]	\$	
City	PITTSBURGH	State	PA	Zip Code	15205	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	

PART D

# All Other Contributions

Over \$250.00

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

Filer Identification Number:	83-2861956
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Full Name of Contributor		JOSEPH S. JOYCE JR.				Date [MM/DD/YYYY]	\$	500.00
House #	11506	Street Address		VALLEY FORGE CIRCLE		Date [MM/DD/YYYY]	\$	
City	KING OF PRUSSIA		State	PA	Zip Code	19406	Date [MM/DD/YYYY]	
Employer Name			RETIRED			Occupation		
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor		OBERMAYER REBMANN MAXWELL & HIPPEL, LLP				Date [MM/DD/YYYY]	\$	1,000.00
House #	1500	Street Address		MARKET STREET, 34TH FLOOR		Date [MM/DD/YYYY]	\$	
City	PHILADELPHIA		State	PA	Zip Code	19102	Date [MM/DD/YYYY]	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	83-2861956
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To Whom Paid		CHELTENHAM PRINTING CO.				Date [MM/DD/YYYY]	\$	292.56
House #	518	Street Address	RYERS AVENUE			8/27/2019		
City	CHELTENHAM	State	PA	Zip Code	19012	Description of Expenditure		
						PRINTING		
To Whom Paid		CHELTENHAM PRINTING CO.				Date [MM/DD/YYYY]	\$	523.64
House #	518	Street Address	RYERS AVENUE			09/18/2019		
City	CHELTENHAM	State	PA	Zip Code	19012	Description of Expenditure		
						PRINTING		
To Whom Paid		CHELTENHAM PRINTING CO.				Date [MM/DD/YYYY]	\$	508.80
House #	518	Street Address	RYERS AVENUE			09/25/2019		
City	CHELTENHAM	State	PA	Zip Code	19012	Description of Expenditure		
						PRINTING		
To Whom Paid		CHELTENHAM PRINTING CO.				Date [MM/DD/YYYY]	\$	178.59
House #	518	Street Address	RYERS AVENUE			10/17/2019		
City	CHELTENHAM	State	PA	Zip Code	19012	Description of Expenditure		
						PRINTING		
To Whom Paid		ACT BLUE SERVICE FEES				Date [MM/DD/YYYY]	\$	34.66
House #		Street Address	ELECTRONIC SERVICES			VARIOUS		
City		State		Zip Code		Description of Expenditure		
						ONLINE DONATION SERVICE FEES		
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address						
City		State		Zip Code		Description of Expenditure		
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address						
City		State		Zip Code		Description of Expenditure		
To Whom Paid						Date [MM/DD/YYYY]	\$	
House #		Street Address						
City		State		Zip Code		Description of Expenditure		