

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: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.} <input type="checkbox"/>	COMMITTEE ^{2.} <input checked="" type="checkbox"/>	LOBBYIST ^{3.} <input type="checkbox"/>	
Name of Filing Committee, Candidate or Lobbyist: <i>Plymouth Victory Committee</i>							
Street Address: <i>12 Revue Ln.</i>							
City: <i>Plymouth Meeting</i>				State: <i>Pa.</i>	Zip Code: <i>19462</i>		
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 <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.} <input checked="" type="checkbox"/>	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT?	YES	NO <input checked="" type="checkbox"/>	
	ANNUAL REPORT ^{7.}	YEAR	FILING METHOD () CHECK ONE <input type="checkbox"/>	PAPER <input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate: <i>Plymouth Township Council</i>				DATE OF ELECTION		District Number	
				MO.	DAY	YEAR	
				<i>11</i>	<i>5</i>	<i>2019</i>	
						(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			<i>6</i>	<i>11</i>	<i>2019</i>	RECEIVED 2019 OCT 28 AM 7:25 OFFICE OF VOTER SERVICES MONTG. CO. PA	
A. Amount Brought Forward From Last Report			To	MO.	DAY		YEAR
				<i>10</i>	<i>21</i>		<i>2019</i>
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ <i>16,277.69</i>				
C. Total Funds Available (Sum of Lines A and B)			\$ <i>8,590</i>				
D. Total Expenditures (From Schedule III)			\$ <i>24,862.69</i>				
E. Ending Cash Balance (Subtract Line D from Line C)			\$ <i>13,563.88</i>				
F. Value of In-Kind Contributions Received (From Schedule II)			\$ <i>11,303.81</i>				
G. Unpaid Debts and Obligations (From Schedule IV)			\$ <i>0</i>				

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 *24th* day of *October* 20 *19*

[Signature]
Signature

My commission expires *11* MO. *02* DAY *2020* YR.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
PETER A WIDDOP
Notary Public
PLYMOUTH TWP, MONTGOMERY COUNTY
My Commission Expires Nov 2, 2020

[Signature]
Signature of Person Submitting Report

MARGARET M. HIGGINS
Printed Name

19462 Area Code *610-277-4721* 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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Plymouth Victory Committee</i>	Reporting Period From <i>6/1/19</i> To <i>10/1/19</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>240 -</i>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ <i>350</i>
All Other Contributions (Part B)		\$ <i>1,650</i>
TOTAL for the Reporting Period	(2)	\$ <i>2,000</i>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ <i>2,850</i>
All Other Contributions (Part D)		\$ <i>3,500</i>
TOTAL for the Reporting Period	(3)	\$ <i>6,350</i>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period	(4)	\$ <i>0</i>

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>	\$ <i>8,540</i>
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PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate <i>Plymouth Victory Committee</i>	Reporting Period From <i>6/1/19</i> To <i>10/31/19</i>
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Full Name of Contributing Committee	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
<i>LOCAL 13000 COMMUNICATION WORKERS</i>	<i>2124 RACK ST.</i>	<i>Phila.</i>	<i>Pa.</i>	<i>19103 -</i>	<i>9</i>	<i>5</i>	<i>19</i>	<i>\$ 250</i>
<i>FRIENDS OF RON LAWRENCE</i>	<i>P.O. Box 1732</i>	<i>Blue Bell</i>	<i>Pa.</i>	<i>19402 -</i>	<i>10</i>	<i>10</i>	<i>19</i>	<i>\$ 100 -</i>
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
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								\$
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								\$
								\$
								\$
								\$
								\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL <i>\$ 350 -</i>

ALL OTHER CONTRIBUTIONS

\$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		Reporting Period			
Plymouth Victory Committee		From	6/1/19	To	10/31/19
Full Name of Contributor	Mailing Address	DATE			AMOUNT
		MO.	DAY	YEAR	
JEROME FISHER	3007 Ropymeda Drive	10	9	19	\$ 50-
City	Plymouth Meeting	State	Pa.	Zip Code (Plus 4)	19482 -
PHILLIP LACHENMAXER	1772 Butler Pike	9	25	19	\$ 150-
City	Conshohocken	State	Pa.	Zip Code (Plus 4)	19428 -
ROBERT + KATHLEEN KEMPFER		10	10	19	\$ 150-
City		State		Zip Code (Plus 4)	-
JOHN + BARBARA SWANSON	36 View Point Ln.	10	8	19	\$ 250-
City	Levittown	State	Pa.	Zip Code (Plus 4)	19054 -
KENNETH + CATHERINE HEYDT	27 TALLE LN.	10	8	19	\$ 250-
City	PERKASIE	State	Pa.	Zip Code (Plus 4)	18944 -
KATHLEEN + ALAN MASON	127 CHATHAM PLACE.	10	8	19	\$ 250-
City	Lansdale	State	Pa.	Zip Code (Plus 4)	19446 -
THOMAS + STELLA WATKINS		9	26	19	\$ 250-
City		State		Zip Code (Plus 4)	-
SEAN RILKERNY	715 WASHINGTON LN.	9	16	19	\$ 250-
City	SEPKINTOWN	State	Pa.	Zip Code (Plus 4)	19046 -
PAGE TOTAL					\$ 1,600

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

ALL OTHER CONTRIBUTIONS

\$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 <i>Plymouth Victory Committee</i>	Reporting Period From <i>6/1/19</i> To <i>10/31/19</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>MARIA WEIDNER</i>	<i>10</i>	<i>14</i>	<i>19</i>	\$ <i>50</i>
Mailing Address <i>19 Roman Rd.</i>	MO.	DAY	YEAR	\$
City <i>Plymouth Meeting</i>	MO.	DAY	YEAR	\$
State <i>PA.</i>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <i>19462 -</i>	MO.	DAY	YEAR	\$
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL	\$ <i>50</i>
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Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

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.

Name of Filing Committee or Candidate <i>Plymouth Victory Committee</i>	Reporting Period From <i>6/1/19</i> To <i>10/31/19</i>
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Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
<i>MCOWLI</i>	<i>8</i>	<i>18</i>	<i>19</i>	\$ <i>350 -</i>
Mailing Address <i>701 Thatcher Rd</i>	MO.	DAY	YEAR	\$
City <i>Hatfield</i> State <i>Pa.</i> Zip Code (Plus 4) <i>19440 -</i>	MO.	DAY	YEAR	\$
<i>OPERATING ENGINEERS LOCAL 542 PAC</i>	<i>9</i>	<i>20</i>	<i>19</i>	\$ <i>500 -</i>
Mailing Address <i>1375 Virginia Drive</i>	MO.	DAY	YEAR	\$
City <i>Fort Washington</i> State <i>Pa.</i> Zip Code (Plus 4) <i>19034 -</i>	MO.	DAY	YEAR	\$
<i>CAR PONTIAC'S LEGISLATIVE PROG.</i>	<i>9</i>	<i>18</i>	<i>19</i>	\$ <i>1,000 -</i>
Mailing Address <i>650 Ridge Rd. Suite 200</i>	MO.	DAY	YEAR	\$
City <i>Pittsburg</i> State <i>Pa.</i> Zip Code (Plus 4) <i>15205 -</i>	MO.	DAY	YEAR	\$
<i>DISTRICT COUNCIL 21 PAC</i>	<i>10</i>	<i>8</i>	<i>2019</i>	\$ <i>1,000 -</i>
Mailing Address <i>2980 Southampton Rd.</i>	MO.	DAY	YEAR	\$
City <i>Phila.</i> State <i>Pa.</i> Zip Code (Plus 4) <i>19154 -</i>	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City State Zip Code (Plus 4)	MO.	DAY	YEAR	\$

PAGE TOTAL
\$ *2,850*

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PART D
ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate <i>Plymouth Victory Committee</i>	Reporting Period From <i>6/1/19</i> To <i>12/31/19</i>
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					DATE			AMOUNT
					MO.	DAY	YEAR	
Full Name of Contributor <i>JAMES T KAREN FABER</i>					10	3	19	\$ 500 -
Mailing Address <i>200 OAKLAND PLACE</i>					MO.	DAY	YEAR	\$
City <i>Plymouth</i>			State <i>Pa.</i>		Zip Code (Plus 4) <i>19454 -</i>			\$
Employer Name					Occupation			
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor <i>KEVIN + KELLY HALFERTY</i>					10	10	19	\$ 500 -
Mailing Address <i>1117 ANGLIAN RD.</i>					MO.	DAY	YEAR	\$
City <i>WASHINGTON</i>			State <i>Pa.</i>		Zip Code (Plus 4) <i>18976 -</i>			\$
Employer Name					Occupation			
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor <i>BENJAMIN + KATHLEEN COLLETTI</i>					10	10	19	\$ 500 -
Mailing Address <i>12 N. LANDMARK AVE.</i>					MO.	DAY	YEAR	\$
City <i>FOUR WASHINGTON</i>			State <i>Pa.</i>		Zip Code (Plus 4) <i>19034 -</i>			\$
Employer Name					Occupation			
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor <i>TIMOTHY WOODROW</i>					10	9	19	\$ 1000 -
Mailing Address <i>1108 N. BEHBEKOM PIKE</i>					MO.	DAY	YEAR	\$
City <i>LOWER MERSEPTON</i>			State <i>Pa.</i>		Zip Code (Plus 4) <i>19002 -</i>			\$
Employer Name					Occupation			
Employer Mailing Address/Principal Place of Business								
Full Name of Contributor <i>KEVIN BOWE</i>					9	26	19	\$ 500 -
Mailing Address <i>528 MORTICELLO LANE</i>					MO.	DAY	YEAR	\$
City <i>Plymouth Meeting</i>			State <i>Pa.</i>		Zip Code (Plus 4) <i>19460 -</i>			\$
Employer Name					Occupation			
Employer Mailing Address/Principal Place of Business								

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 3,000

**PART D
ALL OTHER CONTRIBUTIONS**

8

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

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

Name of Filing Committee or Candidate <i>Plymouth Victory Committee</i>	Reporting Period From <i>6/1/19</i> To <i>10/31/19</i>
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				DATE			AMOUNT
Full Name of Contributor <i>SHELMAN, REBMAN, MAXWELL + HIPPEL</i>				MO.	DAY	YEAR	\$ <i>500 -</i>
Mailing Address <i>1500 MARKET ST.</i>				MO.	DAY	YEAR	\$
City <i>PHILA.</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19102 -</i>		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business							

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ *500*

PART E
OTHER RECEIPTS

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.

9

Name of Filing Committee or Candidate <i>Plymouth Victory Committee</i>	Reporting Period From <i>6/1/19</i> To <i>10/21/19</i>
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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						
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 \$ <i>0</i>

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

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Detailed Summary Page

Name of Filing Committee or Candidate <i>Plymouth Victory Committee</i>	Reporting Period From <i>6/1/19</i> To <i>10/31/19</i>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$	<i>0</i>
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2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the Reporting Period	(2)	\$	<i>0</i>
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3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)

TOTAL for the Reporting Period	(3)	\$	<i>0</i>
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TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$	<i>0</i>
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**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED**
VALUE OF \$50.01 TO \$250.00

11

Name of Filing Committee or Candidate <i>Plymouth Veterans Committee</i>	Reporting Period From <i>6/1/19</i> To <i>10/31/19</i>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$ <u>0</u>

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

12

Name of Filing Committee or Candidate <i>Plymouth Victory Committee</i>	Reporting Period From <u>6/1/19</u> To <u>10/1/19</u>
--	--

				DATE			AMOUNT
				MO.	DAY	YEAR	\$
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor							\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL \$ <u>0</u>

**SCHEDULE III
STATEMENT OF EXPENDITURES**

13

Name of Filing Committee or Candidate <i>Plymouth Victory Committee</i>	Reporting Period From <i>6/1/19</i> To <i>10/2/19</i>
--	--

To Whom Paid <i>CAPITAL PROMOTIONS</i>	MO. <i>10</i>	DAY <i>6</i>	YEAR <i>19</i>	Amount \$ 2,507.96
Mailing Address <i>P.O. Box 221</i>	Description of Expenditure <i>YARD SIGNS</i>			
City <i>Glenside</i>	State <i>Pa.</i>	Zip Code (Plus 4) <i>19038 -</i>		

To Whom Paid <i>Todd Trick Photographer</i>	MO. <i>10</i>	DAY <i>6</i>	YEAR <i>19</i>	Amount \$ 600
Mailing Address <i>351 Eagle Rd.</i>	Description of Expenditure <i>PHOTOGRAPHY</i>			
City <i>Newtown</i>	State <i>Pa.</i>	Zip Code (Plus 4) <i>18940 -</i>		

To Whom Paid <i>Cheltenham Printers</i>	MO. <i>10</i>	DAY <i>6</i>	YEAR <i>19</i>	Amount \$ 108.12
Mailing Address <i>518 Ryus Ave. Building # 2</i>	Description of Expenditure <i>PRINTING</i>			
City <i>Cheltenham</i>	State <i>Pa.</i>	Zip Code (Plus 4) <i>19012 -</i>		

To Whom Paid <i>JASON SALUS</i>	MO. <i>10</i>	DAY <i>16</i>	YEAR <i>19</i>	Amount \$ 943.80
Mailing Address	Description of Expenditure <i>STAMPS, PRIVATE REIMBURSEMENT</i>			
City	State	Zip Code (Plus 4)		

To Whom Paid <i>DECISION COMMUNICATIONS</i>	MO. <i>10</i>	DAY <i>21</i>	YEAR <i>2019</i>	Amount \$ 9,404 -
Mailing Address <i>68 BEKELFEAR Rd.</i>	Description of Expenditure <i>BANDISH / MAPPER MAILING</i>			
City <i>Lewistown</i>	State <i>Pa.</i>	Zip Code (Plus 4) <i>17036 -</i>		

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
\$ 13,563.88**

**SCHEDULE IV
STATEMENT OF UNPAID DEBTS**

14

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

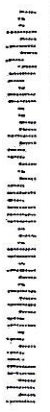
Name of Filing Committee or Candidate <i>Plymouth Victory Committee</i>	Reporting Period From <i>6/1/19</i> To <i>12/31/19</i>
--	---

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					
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Description of Debt					

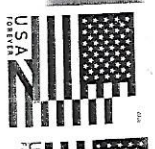
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$ <i>0</i>

03/17/11
03/17/11



REJEC
March Meeting, Po 19404



ELECTRIC BOARD

MALDEN MA 02148

P.O. Box 311

Waltham MA 01954

plymouthfund.com