

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	<input checked="" type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Jeanne Sorg							
Street Address		76 S Bethlehem Pk							
City	Ambler	State	PA	Zip Code	19002				

Type of Report (Place x under report type)

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

Summary of Receipts and Expenditures	From Date	To Date
		1/1/2019
A. Amount Brought Forward From Last Report	\$	28,282.8
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	15,970
C. Total Funds Available (Sum of Lines A and B)	\$	44,252.8
D. Total Expenditures (From Schedule III)	\$	14,063.01
E. Ending Cash Balance (Subtract Line D from Line C)	\$	30,189.79
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	5,500

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OFFICE OF
VOTER SERVICES
MONTG. CO. PA

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

7 day of May 2019

Signature: James Lewis Signature of Person Submitting report: Thomas Sorg

My Commission expires 03 12 2022 My Commission Expires 05 15 2022

MO. DAY YR. MO. DAY YR.

Area Code: 337 Daytime Telephone Number: 8493

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

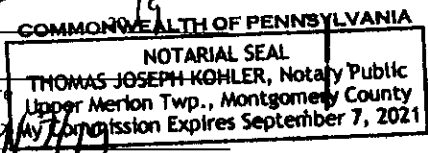
9 day of MAY 2019

Signature: [Signature] Signature of Candidate: Jeanne Sorg

My Commission expires 09 07 2021 My Commission Expires 09 07 2021

MO. DAY YR. MO. DAY YR.

Area Code: 215 Daytime Telephone Number: 290-7500



SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 435
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	2,170
All Other Contributions (Part B)	\$	5,365
Total for the reporting period	(2)	\$ 7,535
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	8,000
All Other Contributions (Part D)	\$	0
Total for the reporting period	(3)	\$ 8,000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0
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>		\$ 15,970

PART A

Date	Committee/Address	Amount
1/12/2019	Bucks-Mont Good Government PAC PO Box 1389 Doylestown, PA 18901	100.00
4/24/2019	AFSCME Council 13 Political & Leg 4031 Executive Park Dr Harrisburg, PA 17111-1507	250.00
4/24/2019	Whitpain NOW 630 Maple Hill Dr Blue Bell, PA 19422	250.00
4/24/2019	Friends of Mary Pugh PO Box 209 Flourtown, PA 19031	250.00
4/24/2019	Friends of Steve McCarter 7918 Park Ave Elkins Park, PA 19027-2629	250.00
4/24/2019	Maria for PA PO Box 1006 Spring House, PA 19477	250.00
4/24/2019	Friends of Joe Ciresi 4011 Ashbrook Dr Royersford, PA 19468	150.00
4/24/2019	Miller PAC 701 Thatcher Ln. Hatfield, PA 19440	120.00
4/24/2019	Friends of Dan Muroff PO Box 1215 Media, PA 19063	100.00
4/24/2019	Tim Briggs for State Representative PO Box 62193 King of Prussia, PA 19406	200.00
4/24/2019	LTK Engineering Services 100 W Butler Ave Ambler, PA 19002	250.00

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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
SEE ATTACHED						
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]	\$
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 15

Date	Contributor/Address	Amount	Notes
1/4/2019	James Preston Luitweiler 2 Woodmont Court Schwenksville PA 19473	100.00	
1/4/2019	Linda J Weaver 2 Woodmont Court Schwenksville PA 19473	100.00	
3/31/2019	Shelley Singer 200 Hancock Ct North Wales, PA 19454	100.00	
4/24/2019	Edward L Gillette Jr 1509 Fairview Way Lansdale PA 19446	250.00	
4/24/2019	Robert Winkelman 1294 Montgomery Ave Narberth, PA 19072	250.00	
4/24/2019	Jennifer D. Duskey 2236 Oakdale Ave Glenside, PA 19038	200.00	
4/24/2019	Carol B Kreitchet 189 Fox Run Ambler, PA 19002	150.00	
4/24/2019	Beverly Hahn 1621 Winchester Dr Blue Bell, PA 19422	150.00	
4/24/2019	Allen B Mason 127 Chatham Pl Lansdale PA 19446	125.00	
4/24/2019	Denise Burstein 160 Pebble Beach Dr Linfield, PA 19468	120.00	
4/24/2019	Margaret Phiambolis PO Box 356 Spring House, PA 19477	100.00	
4/24/2019	Sharon Burke 984 S Penn Dr West Chester, PA 19380-4340	100.00	
4/24/2019	Elizabeth M Iovine 107 Church St Ambler, PA 19002	100.00	
4/24/2019	Frank J Derousi 300 Mattison Av Ambler, PA 19002	100.00	

PART B

4/24/2019	Mohammad A Razzak 566 Constitution Rd Lansdale PA 19446	100.00
4/24/2019	Allyson V Dobbs 410 Rodman Av Jenkintown, PA 19046	100.00
4/24/2019	Elizabeth A Parziale 534 Bell Ln Maple Glen, PA 19002-2829	100.00
4/24/2019	Judith Giulino 330 Euclid Ave Ambler, PA 19002	100.00
4/24/2019	Angelica T Ganser 330 Euclid Ave Ambler, PA 19002	100.00
4/24/2019	Margaret L Williams 347 Mattison Ave Ambler, PA 19002	100.00
4/24/2019	Peter Nyamo 213 E Park Ave Ambler, PA 19002	100.00
4/24/2019	Peter Funch 735 Susquehanna Rd Ft Washington PA 19034	60.00
4/24/2019	Penelope Cutler 901 Homestead Rd Jenkintown, PA 19046	60.00
4/24/2019	Judith Hughes 662 Deaver Dr Blue Bell, PA 19422	60.00
4/24/2019	J Brooke Marshall 157 Edgewood Dr Ambler, PA 19002	60.00
4/24/2019	William Gallagher Jr 7 Winston Cir Horsham, PA 19044	60.00
4/24/2019	Michael S Holsonback Jr. 2936 Defford Rd Eagleville, PA 19403	60.00
4/24/2019	Victoria Cox 1161 Oakdale Ct Pottstown, PA 19464	60.00
4/24/2019	John Leitmeyer 401 Belle Ln Harleysville, PA 19438	60.00

PART B

4/24/2019	E Scott Brown 2177 Rebecca Dr Hatfield, PA 19440	60.00
4/24/2019	Nancy J Deininger 156 Tennis Av Ambler, PA 19002	60.00
4/24/2019	Gerald Lazzaro 2945 Pheasant Run Rd Eagleville, PA 19403	60.00
4/24/2019	Martina Stoll 132 Wentworth Dr Lansdale PA 19446	60.00
4/24/2019	Lauren A Gallagher 519 Edgewood Rd Lansdale PA 19446	60.00
4/24/2019	Linda Hee 1517 Edge Hill Rd Abington, PA 19001	60.00
4/24/2019	Marie Beresford 36 Simpson Rd Ardmore, PA 19003	60.00
4/24/2019	Ellen Brookstein 1150 Victor Ln Ft Washington, PA 19034	60.00
3/28/2019	Albert Reick 521 Perkiomen Ave Lansdale, PA 19446	100.00
3/28/2019	Ken Weinstein 7619 Germantown Ave. Philadelphia, PA 19119	250.00
3/28/2019	Elyaine Aion 621 Tennis Avenue Glenside, PA 19038	100.00
4/9/2019	Nancy Guent 206 Academy rR Hatboro, PA 19040	100.00
4/10/2019	Marlene Armato 4 Park Court Pottstown, PA 19464	60.00
4/10/2019	Daniel Ronca 1432 Guiteras Dr Blue Bell, PA 19422	60.00
4/16/2019	Roseanne Milazzo 37 Rittenhouse Blvd. West Norriton PA 19403	100.00

PART B

4/18/2019	Mary Helf 2014 HILLTOP RD FLOURTOWN, PA 19031	60.00
4/19/2019	Martin Miller 104 Koegel Ln Jeffersonville, PA 19403	100.00
4/22/2019	Susan Spencer 209 Maida Ct Ambler, PA 19002	60.00
4/23/2019	Linda Weaver 2 Woodmont Court Schwenksville, PA 19473	60.00
4/24/2019	Jean Kopan 150 Mustang way eagleville, PA 19403	60.00
4/24/2019	Robert Waldman 1710 Dorham Ct Blue Bell, PA 19422	100.00
4/24/2019	David Frank 921 Surrey Dr Gwynedd Valley, PA 19437	200.00
4/25/2019	Robert Scarrow 351 Mattison Av Ambler, PA 19002	100.00
4/28/2019	Haley Welch 124 Mary Ambler Way Ambler, PA 19002	250.00

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:	
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Full Name of Contributing Committee		SEE ATTACHED			Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	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]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	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]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	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]	\$	
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 C

Date	Committee/Address	Amount	Notes
4/11/2019	Timoney Knox LLP PAC 400 Maryland D Fort Washington, PA 19034	500.00	
4/16/2019	Southeast Realtors PAC 1 Country View Rd Suite 202 Malvern, PA 19355	2,500.00	
4/24/2019	IUOE Local 542 PAC 1375 Virginia Dr Suite 100 Fort Washington, PA 19034	1,000.00	
4/24/2019	District Council 21 PAC 2980 Southampton Rd Philadelphia, PA 19154	1,000.00	
4/24/2019	DMGC State & Local Fund 30 S. 17th St. Philadelphia, PA 19103	500.00	
4/10/2019	DB Rental 1800 Pennbrook Parkway Suite 200 Lansdale, PA 19446	500.00	
4/10/2019	Ambler BH Development Partners LP 201 S Maple Av Ambler, PA 19002	500.00	
4/8/2019	Wisler Pearistine LLP 460 Norristown Rd Blue Bell, PA 19422-2323	500.00	
5/6/2019	HRMML PAC PO Box 1479 Lansdale, PA 19446	1,000.00	

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:	
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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							
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							

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

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

Filer Identification Number:	
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Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	0
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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)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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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)		\$	0
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code			Date [MM/DD/YYYY]	\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code			Date [MM/DD/YYYY]	\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code			Date [MM/DD/YYYY]	\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code			Date [MM/DD/YYYY]	\$
Description of Contribution								

Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code			Date [MM/DD/YYYY]	\$
Description of Contribution								

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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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					Description of Contribution		
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					Description of Contribution		
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					Description of Contribution		
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					Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		Montco Victory			Date [MM/DD/YYYY]	\$	14,000
					4/8/2019		
House #	21	Street Address	E Airy St		Description of Expenditure		
City	Norristown	State	PA	Zip Code	19404	Donation	

To Whom Paid		PayPal			Date [MM/DD/YYYY]	\$	63.01
					5/6/2019		
House #	2211	Street Address	N. First Street		Description of Expenditure		
City	San Jose	State	CA	Zip Code	95131	Fees	

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address			Description of Expenditure		
City		State		Zip Code			

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.

Filer Identification Number:	
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Name of Creditor		Jeanne Sorg					Outstanding Balance of Debt	
House #	76	Street Address		S Bethlehem Pk		DATE DEBT INCURRED [MM/DD/YYYY]		\$
				07/01/2015				
City		Ambler		State	PA	Zip Code	19002	2,500
Description of Debt		Loan						
Name of Creditor		Jeanne Sorg					Outstanding Balance of Debt	
House #	76	Street Address		S Bethlehem Pk		DATE DEBT INCURRED [MM/DD/YYYY]		\$
				10/11/2016				
City		Ambler		State	PA	Zip Code	19002	1,500
Description of Debt		Loan						
Name of Creditor		Jeanne Sorg					Outstanding Balance of Debt	
House #	7610	Street Address		S Bethlehem Pk		DATE DEBT INCURRED [MM/DD/YYYY]		\$
				9/21/2017				
City		Amler		State	PA	Zip Code	19002	1,500
Description of Debt		Loan						
Name of Creditor							Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$
City				State		Zip Code		
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$
City				State		Zip Code		
Description of Debt								
Name of Creditor							Outstanding Balance of Debt	
House #		Street Address				DATE DEBT INCURRED [MM/DD/YYYY]		\$
City				State		Zip Code		
Description of Debt								