

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.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: <i>Women 4 Montco</i>											
Street Address: <i>PO Box 45 (575 Horsham Rd; Unit D38)</i>											
City: <i>HORSHAM</i>				State: <i>PA</i>		Zip Code: <i>19044</i>					
TYPE OF REPORT (place X to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO <input checked="" type="checkbox"/>		
	4TH 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 <i>2019</i>		FILING METHOD () CHECK ONE <input type="checkbox"/>		PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR	-	OTH	R	46
					05	21	2019				
(SEE INSTRUCTIONS FOR CODES)											
Summary of Receipts and Expenditures from:				MO.	DAY	YEAR	To	MO.	DAY	YEAR	
				01	01	2019	To	05	06	2019	
A. Amount Brought Forward From Last Report				\$		0					
B. Total Monetary Contributions and Receipts (From Schedule I)				\$		800.00					
C. Total Funds Available (Sum of Lines A and B)				\$		800.00					
D. Total Expenditures (From Schedule III)				\$		406.00					
E. Ending Cash Balance (Subtract Line D from Line C)				\$		394.00					
F. Value of In-Kind Contributions Received (From Schedule II)				\$		- 0 -					
G. Unpaid Debts and Obligations (From Schedule IV)				\$		- 0 -					

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

COMMONWEALTH OF PENNSYLVANIA

8th day of MAY 20 19

James Courtland Spring, Notary Public

Whitpain Twp., Montgomery County

My Commission Expires March 29, 2021

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES 8081

My commission expires

MO. DAY YR.

Signature of Person Submitting Report

SHARON L DIASIO

Printed Name

215

Area Code

527-4680

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 <i>WOMEN 4 MONTCO</i>	Reporting Period From <i>01-01-2019</i> To <i>05-06-2019</i>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ - 0 -

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)	\$ 400.00
TOTAL for the Reporting Period (2)	\$ 400.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 400.00
All Other Contributions (Part D)	\$ - 0 -
TOTAL for the Reporting Period (3)	\$ 400.00

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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 800.00
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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>WOMEN 4 MONTCO</i>	Reporting Period From <i>01-01-2019</i> To <i>05-06-2019</i>
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
<i>Renee Chester</i>	<i>03</i>	<i>24</i>	<i>2019</i>				\$ 200.00
Mailing Address <i>80 Long Meadow Road</i>				MO.	DAY	YEAR	\$
City <i>Royersford</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19468 -</i>		MO.	DAY	YEAR	\$
<i>Oxana Holubowsky</i>	<i>04</i>	<i>03</i>	<i>2019</i>				\$ 100.00
Mailing Address <i>603 JAMIE Cir.</i>				MO.	DAY	YEAR	\$
City <i>King of Prussia</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19406 -</i>		MO.	DAY	YEAR	\$
<i>William Wanger</i>							\$ 100.00
Mailing Address <i>1321 Tanglewood Drive</i>				MO.	DAY	YEAR	\$
City <i>Gwynedd Valley</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19437 -</i>		MO.	DAY	YEAR	\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
		-					\$

PAGE TOTAL
\$ *400.00*

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>WOMEN 4 MONTCO</i>	Reporting Period From <i>01-01-2019</i> To <i>06-06-2019</i>
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee <i>Montgomery County Republican Women's Leadership</i>	<i>04</i>	<i>02</i>	<i>2019</i>	\$ <i>400.00</i>
Mailing Address <i>1798 Meadow Glen Drive</i>				\$
City <i>Lansdale</i>				\$
State <i>Pa</i>				\$
Zip Code (Plus 4) <i>19446 -</i>				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributing Committee				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

PAGE TOTAL
\$ *400.00*

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

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate WOMEN 4 MONTCO	Reporting Period From 01-01-2019 To 05-06-2019
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To Whom Paid TRACY MOSS-CARTAGNE	MO. 04	DAY 30	YEAR 2019	Amount \$ 106.
Mailing Address 718 NORRISTOWN RD				
City HORSHAM	State PA	Zip Code (Plus 4) 19044		
Description of Expenditure Reimbursement - MAILBOX				

To Whom Paid Trinity Associates Broadcasting, LLC	MO. 04	DAY 16	YEAR 2019	Amount \$ 300.
Mailing Address 2400 W. MAIN STREET				
City Jeffersonville	State PA	Zip Code (Plus 4) 19403-		
Description of Expenditure Radio Promotion				

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
City	State	Zip Code (Plus 4) -		
Description of Expenditure				

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
City	State	Zip Code (Plus 4) -		
Description of Expenditure				

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
City	State	Zip Code (Plus 4) -		
Description of Expenditure				

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
City	State	Zip Code (Plus 4) -		
Description of Expenditure				

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
City	State	Zip Code (Plus 4) -		
Description of Expenditure				

To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address				
City	State	Zip Code (Plus 4) -		
Description of Expenditure				

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

**PAGE TOTAL
\$ 406.00**