

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) | Candidate | <input checked="" type="checkbox"/> Committee | <input type="checkbox"/> Lobbyist |
| Name of Filing Committee, Candidate or Lobbyist | | Robert Melander | | |
| Street Address | | 1031 Perkiomen Ave | | |
| City | State | Zip Code | | |
| Reading | PA | 19602 | | |

Type of Report (Place x under report type)

| | | | | | | | | |
|--|---------------------------------------|--------------------------|---|--|--------------------------|--------------------------|---|------------------------------|
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th Tuesday Pre-Election | 5- 2 nd Friday Pre-Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
| <input type="checkbox"/> | <input 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) | | Year | Amendment Report | | Termination Report | | | |
| 05-21-2019 | | 2019 | <input type="checkbox"/> | | <input type="checkbox"/> | | | |

| Summary of Receipts and Expenditures | From Date | To Date |
|--|-----------|----------|
| | | 5-6-19 |
| A. Amount Brought Forward From Last Report | \$ | 0 |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 0 |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 0 |
| D. Total Expenditures (From Schedule III) | \$ | 1,122.- |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | -1,122.- |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | |

For Office Use Only

2019 JUN 20 PM 3 15

RECEIVED
BERKS COUNTY
ELECTION SERVICES

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 20 day of June 2019

Signature: [Signature] Signature of Person Submitting Report: [Signature]
 Printed Name: Robert Melander

My Commission expires 01 09 2023 MO. DAY YR. Area Code: 484 Daytime Telephone Number: 335-3108

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: _____ Signature of Candidate: _____
 Printed Name: _____

My Commission expires _____ MO. DAY YR. Area Code: _____ Daytime Telephone Number: _____

Commonwealth of Pennsylvania - Notary Seal
 P. Reales-Rodriguez, Notary Public
 Berks County
 Commission expires January 9, 2023
 Commission number 1343947
 Member, Pennsylvania Association of Notaries

SCHEDULE III
Statement of Expenditures

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | |
|--------------|----------------|----------------|-------------------------------|----------|----------------------------|----|-----------------|
| To Whom Paid | | <i>WFMZ-TV</i> | | | Date [MM/DD/YYYY] | \$ | <i>1,022.00</i> |
| House # | <i>205</i> | Street Address | <i>East Rock Court Street</i> | | Description of Expenditure | | |
| City | <i>Reading</i> | State | <i>PA.</i> | Zip Code | <i>19601</i> | | |
| | | | | | <i>ADVERTISING</i> | | |

| | | | | | | | |
|--------------|----------------|-----------------------------|---------------------|----------|----------------------------|----|--------------|
| To Whom Paid | | <i>FRANCESCA'S Pizzeria</i> | | | Date [MM/DD/YYYY] | \$ | <i>100.-</i> |
| House # | <i>2001</i> | Street Address | <i>Howard Blvd.</i> | | Description of Expenditure | | |
| City | <i>Reading</i> | State | <i>PA</i> | Zip Code | <i>19605</i> | | |
| | | | | | <i>Bathing</i> | | |

| | | | | | | | |
|--------------|--|----------------|--|----------|----------------------------|----|--|
| 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 | | | |