


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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		North Penn Views					
Street Address		29A Fretz Street					
City	Hatfield	State	PA	Zip Code	19440		

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 checked="" 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)	11/02/2021	Year	2021		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05/04/2021	06/07/2021	
A. Amount Brought Forward From Last Report	\$	1,596.59	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	330.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1,926.59	
D. Total Expenditures (From Schedule III)	\$	998.88	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	927.71	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	35.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1,419.55	

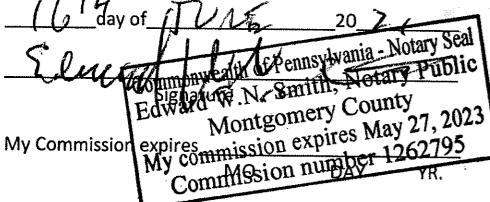
Affidavit Section

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

16th day of June 2021



My Commission expires _____ MO. DAY YR.

Signature of Person Submitting Report

Charles Wilson, Jr

Printed Name: Charles Wilson, Jr

Area Code: 215 Daytime Telephone Number: 527-7880

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 _____

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	North Penn Views	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 30.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0.00
All Other Contributions (Part B)		\$ 0.00
Total for the reporting period	(2)	\$ 0.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0.00
All Other Contributions (Part D)		\$ 300.00
Total for the reporting period	(3)	\$ 300.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0.00
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>		\$ 330.00

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:	North Penn Views
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Full Name of Contributor		Sandra J. Levine		Date [MM/DD/YYYY]	\$	300.00	
				05/24/2021			
House #	750	Street Address	Hertford Drive		Date [MM/DD/YYYY]	\$	
City	Hatfield	State	PA	Zip Code	19440	Date [MM/DD/YYYY]	\$
Employer Name		Retired		Occupation	Retired		
Employer Mailing Address / Principal Place of Business		Retired					
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							

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:	North Penn Views
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 35.00

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

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

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)		\$ 35.00
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SCHEDULE III
Statement of Expenditures

Filer Identification Number:	North Penn Views
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To Whom Paid	Chuck Wilson	Date [MM/DD/YYYY]	\$	275.00	
House #	803	Street Address	Stony Creek Court		
City	Lansdale	State	PA	Zip Code	19446
Description of Expenditure					
Postage For Ballot Chasers (USPS)					
To Whom Paid	Chuck Wilson	Date [MM/DD/YYYY]	\$	212.00	
House #	803	Street Address	Stony Creek Court		
City	Lansdale	State	PA	Zip Code	19446
Description of Expenditure					
Sample Ballots For Chasers (Minuteman Press)					
To Whom Paid	TD Bank	Date [MM/DD/YYYY]	\$	10.00	
House #	1500	Street Address	Cowpath Road		
City	Hatfield	State	PA	Zip Code	19440
Description of Expenditure					
Service Charge					
To Whom Paid	Capitol Promotions	Date [MM/DD/YYYY]	\$	156.88	
House #	2362	Street Address	Oakdale Avenue		
City	Glenside	State	PA	Zip Code	19038
Description of Expenditure					
Campaign Stickers					
To Whom Paid	Ned Smith	Date [MM/DD/YYYY]	\$	345.00	
House #	29A	Street Address	Fretz Street		
City	Hatfield	State	PA	Zip Code	19440
Description of Expenditure					
Fundraiser Food and Beverage (Koffee Komer Cafe)					
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					

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:	North Penn Views
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Name of Creditor		Jessie Bradica				Outstanding Balance of Debt	
House #	1821	Street Address	Mifflin Drive		DATE DEBT INCURRED [MM/DD/YYYY]	\$	187.69
City		Lansdale	State	PA	Zip Code	19446	
Description of Debt		Envelopes, Printing For Ballot Chasers					

Name of Creditor		Chuck Wilson				Outstanding Balance of Debt	
House #	803	Street Address	Stony Creek Court		DATE DEBT INCURRED [MM/DD/YYYY]	\$	131.86
City		Lansdale	State	PA	Zip Code	19446	
Description of Debt		Sample Ballots for Polls (Minuteman Press)					

Name of Creditor		HallowellBrooks				Outstanding Balance of Debt	
House #	857	Street Address	Skelp Level Road		DATE DEBT INCURRED [MM/DD/YYYY]	\$	1,100.00
City		West Chester	State	PA	Zip Code	19380	
Description of Debt		Messaging Strategy That Wins					

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							