

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b>		2016C0667		<b>Report Filed By :</b>		<b>CANDIDATE</b> <input checked="" type="checkbox"/>		<b>COMMITTEE</b>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> KRUEGER-BRANEKY, LEANNE T												
<b>Street Address:</b>												
<b>City:</b>						<b>State:</b>		<b>Zip Code:</b> 19081				
<b>TYPE OF REPORT</b>  (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. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2016	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	161	STH	DEM	23
						11	8	2016	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		5	17	2016		10	24	2016				
<b>A. Amount Brought Forward From Last Report</b>						\$		0.00				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$		0.00				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$		0.00				
<b>D. Total Expenditures (From Schedule III)</b>						\$		1,088.44				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$		(1,088.44)				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$		0.00				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$		0.00				

## 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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Signature

Printed Name

My Commission Expires

Email

MO DAY YR

Area Code 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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
KRUEGER-BRANEKY, LEANNE T	From: <u>5/17/2016</u> To: <u>10/24/2016</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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 Page1, Report Cover Page, Item B.)</b>	\$ 0.00
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<div>PART B</div> <div>ALL OTHER CONTRIBUTIONS</div> <div>\$50.01 TO \$250.00</div> <div>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)</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				
						\$ 0.00

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

PAGE TOTAL

\$ 0.00

**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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>
\$ 0.00

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	Reporting Period	
	From:	To:

			DATE	AMOUNT		
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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.

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0.00

## 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
KRUEGER-BRANEKY, LEANNE T		From: <u>5/17/2016</u> To: <u>10/24/2016</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period		(3)	\$ 0.00
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, Reports Cover Page, Item F.)			\$ 0.00



**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
KRUEGER-BRANEKY, LEANNE T	From <u>5/17/2016</u> To: <u>10/24/2016</u>

DATE				AMOUNT
<b>To Whom Paid</b> Uber	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 182 Howard St	7	24	2016	\$ 27.47
<b>City</b> San Francisco	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94105	<b>Description of Expenditure</b> Transportation	
<b>To Whom Paid</b> Uber	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 182 Howard St	7	25	2016	\$ 31.69
<b>City</b> San Francisco	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94105	<b>Description of Expenditure</b> Transportation	
<b>To Whom Paid</b> Uber	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 182 Howard St	7	25	2016	\$ 24.46
<b>City</b> San Francisco	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94105	<b>Description of Expenditure</b> Transportation	
<b>To Whom Paid</b> Uber	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 182 Howard St	7	26	2016	\$ 52.17
<b>City</b> San Francisco	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94105	<b>Description of Expenditure</b> Transportation	
<b>To Whom Paid</b> Uber	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 182 Howard St	7	27	2016	\$ 30.05
<b>City</b> San Francisco	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94105	<b>Description of Expenditure</b> Transportation	

To Whom Paid Uber			MO	DAY	YEAR	\$ 28.88
Mailing Address 182 Howard St			7	28	2016	
City San Francisco	State CA	Zip Code (Plus 4) 94105	Description of Expenditure Transportation			

To Whom Paid Uber			MO	DAY	YEAR	\$ 31.60
Mailing Address 182 Howard St			7	26	2016	
City San Francisco	State CA	Zip Code (Plus 4) 94105	Description of Expenditure Transportation			

To Whom Paid Philadelphia Parking Authority			MO	DAY	YEAR	\$ 104.50
Mailing Address 701 Market St			8	1	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19106	Description of Expenditure Parking			

To Whom Paid Groupon			MO	DAY	YEAR	\$ 306.95
Mailing Address 600 W. Chicago Ave			8	1	2016	
City Chicago	State IL	Zip Code (Plus 4) 60654	Description of Expenditure Lodging			

To Whom Paid NYC Taxi			MO	DAY	YEAR	\$ 8.75
Mailing Address 33 Beaver Street			8	17	2016	
City New York	State NY	Zip Code (Plus 4) 10004	Description of Expenditure Transportation			

To Whom Paid New Yorker Hotel			MO	DAY	YEAR	\$ 27.22
Mailing Address 481 8th Ave			8	17	2016	
City New York	State NY	Zip Code (Plus 4) 10001	Description of Expenditure Internet access			

<b>To Whom Paid</b> Parkway Corporation			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 12.00
<b>Mailing Address</b> 150 N Broad Street			9	8	2016	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19102	<b>Description of Expenditure</b> Parking			

  

<b>To Whom Paid</b> Capital One			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 374.70
<b>Mailing Address</b> 1680 Capital One Drive			9	7	2016	
<b>City</b> McLean	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 22102	<b>Description of Expenditure</b> Photo shoot expenses			

  

<b>To Whom Paid</b> Parkway Corporation			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 28.00
<b>Mailing Address</b> 150 N Broad Street			8	2	2016	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19102	<b>Description of Expenditure</b> Parking			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 1,088.44

