

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 : 2010482		Report Filed By :		CANDIDATE		COMMITTEE ☒	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: DONATUCCI, MARIA P FRIENDS OF							
Street Address:							
City: PHILADELPHIA				State: PA		Zip Code: 19145-0000	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. X	AMENDMENT REPORT? Yes ☒ No ☐
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT? Yes ☐ No ☒
	ANNUAL REPORT	7.	Year 2016	FILING METHOD () CHECK ONE		PAPER ☒	DISKETTE ☐
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	
				11	8	2016	
						(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY
		4	12	2016		5	16
				2016		2016	
A. Amount Brought Forward From Last Report				\$ 14,734.23			
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 4,875.00			
C. Total Funds Available (Sum Of Lines A and B)				\$ 19,609.23			
D. Total Expenditures (From Schedule III)				\$ 4,067.23			
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 15,542.00			
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00			
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 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

Printed Name

Signature

Email

My Commission Expires

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

Name of Filing Committee or Candidate	Reporting Period
DONATUCCI, MARIA P FRIENDS OF	From: <u>4/12/2016</u> To: <u>5/16/2016</u>

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

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 875.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 875.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 4,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 4,000.00

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 (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 4,875.00
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PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES
\$50.01 TO \$250.00

**Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.**

Name of Filing Committee or Candidate DONATUCCI, MARIA P FRIENDS OF	Reporting Period From: <u>4/12/2016</u> To: <u>5/16/2016</u>
DATE AMOUNT	

Full Name of Contributing Committee Health Partners of Philadelphia			MO	DAY	YEAR	\$ 125.00
Mailing Address			5	2	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19103				

Full Name of Contributing Committee Vision Committe			MO	DAY	YEAR	\$ 250.00
Mailing Address			5	2	2016	
City Harrisburg	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee PSEA-PACE FOR STATE ELECTIONS			MO	DAY	YEAR	\$ 250.00
Mailing Address			5	2	2016	
City HARRISBURG	State PA	Zip Code (Plus 4) 17105-1724				

Full Name of Contributing Committee INDEPENDENCE BLUE CROSS PAC (IBC PAC)			MO	DAY	YEAR	\$ 250.00
Mailing Address			5	2	2016	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

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

PAGE TOTAL
\$ 875.00

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
DONATUCCI, MARIA P FRIENDS OF	From: <u>4/12/2016</u> To: <u>5/16/2016</u>

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00	
Friends of Tina Davis			5	2	2016		
Mailing Address						5	2
City	PHILADELPHIA	State PA	Zip Code (Plus 4) 19115				
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00	
PAA Pac			5	2	2016		
Mailing Address						5	2
City	Harrisburg	State PA	Zip Code (Plus 4) 17105				
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00	
Philadelphia Fire Fighters Local 22			5	2	2016		
Mailing Address						5	2
City	Philadelphia	State PA	Zip Code (Plus 4) 19123				
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00	
AFSCME COUNCIL 13 POL & LEG ACCT			5	2	2016		
Mailing Address						5	2
City	HARRISBURG	State PA	Zip Code (Plus 4) 17111				
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00	
TRANSPORT WRKRS LOCAL 234 COPE			5	2	2016		
Mailing Address						5	2
City	PHILADELPHIA	State PA	Zip Code (Plus 4) 19123-0000				
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00	
GRR Inc PAC			5	2	2016		
Mailing Address						5	2
City	Harrisburg	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee KINSER GROUP PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			5	2	2016	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102-3850				

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

PAGE TOTAL
\$ 4,000.00

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

Name of Filing Committee or Candidate		Reporting Period	
DONATUCCI, MARIA P FRIENDS OF		From: <u>4/12/2016</u> To: <u>5/16/2016</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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: To:
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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.						PAGE TOTAL \$ 0.00

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

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 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

Name of Filing Committee or Candidate	Reporting Period
DONATUCCI, MARIA P FRIENDS OF	From <u>4/12/2016</u> To: <u>5/16/2016</u>

DATE				AMOUNT
To Whom Paid				
Chickie & Pete's				
Mailing Address				
City Philadelphia	State PA	Zip Code (Plus 4) 19145		
Description of Expenditure				
Fund Raiser Expense				
To Whom Paid				
Joseph Ianni				
Mailing Address				
City Philadelphia	State PA	Zip Code (Plus 4) 19145		
Description of Expenditure				
Reimbursement of Fund Raising Expenses				
To Whom Paid				
Daniel Parrillo Memorial Scholarship Fund				
Mailing Address				
City Philadelphia	State PA	Zip Code (Plus 4) 19145		
Description of Expenditure				
Donation				
To Whom Paid				
Stocks on 2nd				
Mailing Address				
City Harrisburg	State PA	Zip Code (Plus 4) 17101		
Description of Expenditure				
Fund Raiser Expense				
To Whom Paid				
Public Record				
Mailing Address				
City Philadelphia	State PA	Zip Code (Plus 4) 19147		
Description of Expenditure				
Advertising				
To Whom Paid				
Friends of Donna Bollock				
Mailing Address				
City Philadelphia	State PA	Zip Code (Plus 4) 19145		
Description of Expenditure				
Donation				

To Whom Paid Pennsylvanians for Rep Mark Cohen			MO	DAY	YEAR	\$ 380.00
Mailing Address			4	23	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Advertising			

To Whom Paid Pennsylvanians for Rep Mark Cohen			MO	DAY	YEAR	\$ 150.00
Mailing Address			4	23	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Donation			

To Whom Paid Ward 40 A			MO	DAY	YEAR	\$ 300.00
Mailing Address			4	26	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Donation			

To Whom Paid 40 B Ward			MO	DAY	YEAR	\$ 200.00
Mailing Address			4	26	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Donation			

To Whom Paid Sims 4 PA PAC			MO	DAY	YEAR	\$ 150.00
Mailing Address			4	23	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Donation			

To Whom Paid Academy Park After Prom			MO	DAY	YEAR	\$ 100.00
Mailing Address			5	6	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Donation			

To Whom Paid Annual Saint Pio Festival			MO	DAY	YEAR	\$ 100.00
Mailing Address			5	6	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19148	Description of Expenditure Donation			

To Whom Paid Ann's Helping Hand			MO	DAY	YEAR	\$ 100.00
Mailing Address			5	6	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Donation			

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

PAGE TOTAL

\$ 4,067.23

