

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.	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. X	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			185	STH
				11 8 2016			DEM 51	
							(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY	
		11	29	2016	12 31 2016			
A. Amount Brought Forward From Last Report				\$ 11,335.09				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 0.00				
C. Total Funds Available (Sum Of Lines A and B)				\$ 11,335.09				
D. Total Expenditures (From Schedule III)				\$ 4,177.14				
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 7,157.95				
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

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

Signature

Printed Name

My Commission Expires

Email

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>11/29/2016</u> To: <u>12/31/2016</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)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

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

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.)	\$ 0.00
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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	Reporting Period
	From: To:

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

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

PAGE TOTAL
\$0.00

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)					

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.	PAGE TOTAL \$ 0.00
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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
Mailing Address			YEAR	\$ 0.00
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:
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			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>11/29/2016</u> To: <u>12/31/2016</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

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SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
DONATUCCI, MARIA P FRIENDS OF	From <u>11/29/2016</u> To: <u>12/31/2016</u>

				DATE		AMOUNT	
To Whom Paid Democratice Campaign Committe				MO	DAY	YEAR	\$ 2,500.00
Mailing Address				11	29	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Assessment				
To Whom Paid Michael P. Donatucci Memorial Fund				MO	DAY	YEAR	\$ 950.00
Mailing Address				11	29	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Donation				
To Whom Paid Maria P. Donatucce				MO	DAY	YEAR	\$ 132.14
Mailing Address				12	1	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Reimbursement of Expenses				
To Whom Paid 298 Inc				MO	DAY	YEAR	\$ 60.00
Mailing Address				12	2	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Donation				
To Whom Paid St. Monica Father & Sons				MO	DAY	YEAR	\$ 125.00
Mailing Address				12	11	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Donation				
To Whom Paid Roger Bruno				MO	DAY	YEAR	\$ 60.00
Mailing Address				12	28	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Notary Fees				

To Whom Paid Mi- Pals Deli			MO	DAY	YEAR	\$ 350.00
Mailing Address			12	28	2016	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Refreshments			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 4,177.14

