Campaign Finance Report

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

Filer Identificati Number :	on 2016	0290			Rep File			CANDI	DATE		СОМ	ITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee, Candid	ate or L	obbyist:		MED	I AI	DEMO	CRATIC	COMM:	ITTEE						
Street Address:																
City:	MEDIA							State:	PA			Zip Cod	ie: 19	9063-0	284	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	RE-	2	2.	30 DA PRIMA		POST-	3. X		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2017					IG METH				PAPER		/	DISKE	ΓΤΕ
Name of Office S	Sought by Candida	te:						DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
	,							МО	DAY	YE	AR	ituilibei	Toode	DEN	1	Couc
								11		7	2017		ODES)			
	Receipts and	МО	DAY YE	AR				МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	s from:		5 2	20)17	Т	0	6	5	5	2017					
A. Amount Bro	ught Forward Fro	n Last R	eport				\$			2,7	70.94					
B. Total Monet	ary Contributions	And Rec	eipts (From So	chec	dule	I)	\$				0.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			2,7	70.94					
D. Total Expen	ditures (From Sch	edule II	I)				\$			2,5	57.52					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			2	13.42					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II)	\$			8	82.00					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00					
			А	FF:	IDA	VI	ΓSE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f thi	is is	a Can	didate r	eport, d	candio	date sig	jn here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sched	ules	filed	d on	paper o	or by elect	tronic m	edium	, are to t	the best o	f my knov	wledge	and belie	ef , true
Sworn to and subs	cribed before me thi day of	5	20							s	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	re					-					Prin	ted Name	•		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Ar	ea Cod	e	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized Co	mm	itte	e, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief	this	politi	ical	commi	ittee has r	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subso	ribed before me this day of		20								s	ignature (of Candida	ate		
							-					Printe	d Name			
My Commission Exp	Signature						-					Ema	il			
, commission exp							•									
	МО	D	AY	ΥR					Area	Code		D	aytime T	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MEDIA DEMOCRATIC COMMITTEE	From:	<u>5/2/201</u>	<u>7</u> To:	6/5/2017
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	J Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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 Commit	tee or Candidate			Rep	orting I	Period			
				Fror	m:		То	:	
			-			DATE			AMOUNT
Full Name of Contributin	g Committee				МО	DAY	YEAR		
Mailing Address								\$	0.00
City		State	Zip Code (Plus 4))					

PAGE TOTAL
0.00

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

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

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)

Name of Filing Committe	ee or Candidate		Rep	orting P	Period			
			Froi	m:		To) :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
					_			PAGE TOTAL

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:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7 *		0.00
City	State	Zip Cod	e (Plus 4)						
1	I	ı			ı	<u> </u>			
		_		_				PAGE TOT	AL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$		0.00

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			Rep	orting Pe	riod			
			Fron	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00

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		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	'	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	4.			\$	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		
MEDIA DEMOCRATIC COMMITTEE	From:	<u>5/2/2017</u> To:	6/5/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	882.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	882.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Ca	ndidate		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						- \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•			
				_	Г		
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	nmary Pa	ge,		PAGE TOTAL
						\$	0.00

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

 Name of Filing Committee or Candidate
 Reporting Period

 MEDIA DEMOCRATIC COMMITTEE
 From: 5/2/2017
 To: 6/5/2017

						DATE		AMOUNT	
Full Name of Contributor					мо	DAY	YEAR		
James A. Ziegelhoffer									
Mailing Address					5	22	2017	\$ 882.00	
City Media	State		Zip Code(Plus 4)						
	PA		19063-2648						
Employer of Contributor Retired	•	•			Occupa	ntion R	etired		
Employer Mailing Address/Principal	Place of Business	Cit	ту	State	e Zip	Code(Plus 4)	Description of Contribution		
		Re	tired	PA	190	063	Postag	e Stamps	
Enter Grand Total of Part G on S	Schedule II In-Ki	ind (Contributions D	etaile	d			PAGE TOTAL	
Summary Page, Section 3.	ciicaaic II, III-Ri	iiid (Ctane	·u			882.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
MEDIA DEMOCRATIC COMMITTEE	From	5/2/2017	То:	6/5/2017	

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Professional Duplicating, In	С		140		ILAK		
Mailing Address			5	11	2017	\$	2,431.64
City Media	State	Zip Code (Plus 4)	Descrip				
	PA	19063	Campai	gn Lawn S	igns & Ne	ewsletter	
To Whom Paid			мо	DAY	YEAR		
Mike Berman			МО	DAI	ILAK		
Mailing Address			5	22	2017	\$	75.00
City Media	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	19063	Photogr	aphic Serv	rices		
To Whom Paid			мо	DAY	YEAR		
Professional Duplicating, In	С		МО	DAY	YEAK		
Mailing Address			5	22	2017	\$	50.88
City Media	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19063	Election	Flyer Noti	ces		
							PAGE TOTAL
Enter Grand Total of Exp	enditures on Page 1, Re	port Cover Page, Item D).			\$	2,557.52