

Commonwealth of Pennsylvania

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 : 20160290		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST						
Name of Filing Committee, Candidate or Lobbyist: MEDIA DEMOCRATIC COMMITTEE											
Street Address: PO BOX 284											
City: MEDIA			State: PA	Zip Code: 19063-0284							
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	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2017	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE			
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code	Party Code	County Code		
				MO	DAY	YEAR	32	DEM	23		
				11	7	2017	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		6	6	2017	TO	10	23	2017			
A. Amount Brought Forward From Last Report				\$		213.42					
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		1,022.15					
C. Total Funds Available (Sum Of Lines A and B)				\$		1,235.57					
D. Total Expenditures (From Schedule III)				\$		0.00					
E. Ending Cash Balance (Subtract Line D From Line C)				\$		1,235.57					
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		4,027.49					
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
MEDIA DEMOCRATIC COMMITTEE	From: <u>6/6/2017</u> To: <u>10/23/2017</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 22.15

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)	\$ 600.00
TOTAL for the Reporting Period (2)	\$ 600.00

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)	\$ 400.00
TOTAL for the Reporting Period (3)	\$ 400.00

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.)	\$ 1,022.15
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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	

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

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

PAGE TOTAL
\$ 0.00

PART B
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 Committee or Candidate	Reporting Period
MEDIA DEMOCRATIC COMMITTEE	From: <u>6/6/2017</u> To: <u>10/23/2017</u>

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
Womens Democratic Club of DELCO						
Mailing Address P.O. Box 615						\$ 100.00
City Springfield	State PA	Zip Code (Plus 4) 19064	8	14	2017	
Joan M. Hagan						
Mailing Address 15 East 4th St						\$ 200.00
City Media	State PA	Zip Code (Plus 4) 19063	10	10	2017	
Anne Hagan						
Mailing Address 102 East Franklin St						\$ 200.00
City Media	State PA	Zip Code (Plus 4) 19063	10	10	2017	
Frank W Daly, ESQ						
Mailing Address 110 W Front St						\$ 100.00
City Media	State PA	Zip Code (Plus 4) 19063	10	13	2017	

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

PAGE TOTAL
\$ 600.00

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	
Mailing Address				\$ 0.00
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 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 MEDIA DEMOCRATIC COMMITTEE	Reporting Period From: <u>6/6/2017</u> To: <u>10/23/2017</u>
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	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$
David Krull				400.00
Mailing Address 702 Centennial Ave	7	25	2017	
City Media State PA Zip Code (Plus 4) 19063				
Employer Name AstraZeneca Pharmaceuticals LP	Occupation Procurement Manager			
Employer Mailing Address/Principal Place of Business 1800 Concord Pike	City Wilmington	State DE	Zip Code (Plus 4) 19897	

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

PAGE TOTAL
\$ 400.00

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 MEDIA DEMOCRATIC COMMITTEE	Reporting Period From: <u>6/6/2017</u> To: <u>10/23/2017</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 RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 4,027.49
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.)	\$ 4,027.49

**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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 MEDIA DEMOCRATIC COMMITTEE	Reporting Period From: <u>6/6/2017</u> To: <u>10/23/2017</u>
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					DATE	AMOUNT		
Full Name of Contributor Paul Patchel					MO	DAY	YEAR	\$ 1,704.24
Mailing Address 144 E 6th St					6	12	2017	
City Media	State PA	Zip Code(Plus 4) 19063						
Employer of Contributor Retired					Occupation Retired			
Employer Mailing Address/Principal Place of Business Retired			City Retired	State PA	Zip Code(Plus 4) 19063	Description of Contribution Printing of Newsletters		
Full Name of Contributor Paul Patchel					MO	DAY	YEAR	\$ 2,323.25
Mailing Address 144 E 6th St					6	19	2017	
City Media	State PA	Zip Code(Plus 4) 19063						
Employer of Contributor Retired					Occupation Retired			
Employer Mailing Address/Principal Place of Business Retired			City Retired	State PA	Zip Code(Plus 4) 19063	Description of Contribution Printing of flyers & sample ballots		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 4,027.49	

**SCHEDULE III
STATEMENT OF EXPENDITURES**

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

	DATE			AMOUNT
To Whom Paid	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 0.00

