# **Campaign Finance Report**

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

Filer Identificat Number :	<b>ion</b> 201	60290			Report Filed B		CANDI	DATE		СОМИ	AITTEE	✓	LOBI	BYIST		
Name of Filing (	Committee, Candi	date or L	obbyist:			-	CRATIC	СОММІ	TTEE							
Street Address:	PO BOX 284															
City:	MEDIA						State: PA Zip Code:					<b>de:</b> 19	: 19063-0284			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA PRIMA		POST- 3.			AMENDN REPORT		Yes	N	D	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION					POST-	6.		TERMIN REPORT		Yes	N	C	/
report type)	ANNUAL REPOR	T 7. X	<b>Year</b> 2017				NG METHO				PAPER		$\checkmark$	DISK	ETTE	
Name of Office	L Sought by Candid	ate:					DATE O	F ELEC	CTIO	N	District Number		Par	ty Code	Count Code	y
								DAY	YE	AR	Humber	coue	DEN	1	23	
							11		7	2017	·	(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	DR OFFIC	E USE	ONLY		
Expenditures	s from:		11 28	3 20	)17 <b>T</b>	0	12	3	1	2017						
A. Amount Bro	ught Forward Fro	om Last R	eport			\$			7	42.44	]					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Schec	dule I)	\$	\$ 400.00									
C. Total Funds Available (Sum Of Lines A and B)									1,1	42.44						
D. Total Expen	ditures (From Sc	hedule II	I)			\$			-	13.18	]					
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)		\$			1,12	29.26	]					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedul	e II)	\$				0.00	-					
G. Unpaid Deb	ts And Obligation	s (From S	Schedule I\	/)		\$				0.00						
				AFF]	IDAVI	T SE	CTION									
PART I - If this i	s a Committee re	port, trea	surer sign	here. I	f this is	a Car	ndidate re	eport, c	andid	ate sig	yn here.					
I swear (or affirm correct and compl	) that this report, in ete.	cluding the	e attached so	hedules	filed on	paper	or by elect	ronic me	dium,	are to f	the best o	of my knov	vledge	and bel	ief , tru	e
Sworn to and subs	scribed before me th day of	is	20						Si	gnature	e of Perso	on Submitt	ing Rep	oort		-
	Signat	ure				_					Prin	ited Name				-
My Commission E	-					_					Ema	nil				
	МО	D	AY	YR				Are	a Code	•	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	Comm	ittee, C	andid	ate shall	sign he	re.							
I swear (or affirm) No 320) as amend	) that to the best of ed.	my knowle	edge and bel	ief this	political	comm	ittee has n	ot violat	ed any	, provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 1333,	,
Sworn to and subse	cribed before me thi day of	5	20							s	ignature	of Candida	ite			-
						-					Printe	ed Name				-
My Commission Exp	Signature My Commission Expires							Email						-		
,	-					_										
	МО	D	AY	YR				Area C	Code		D	aytime Te	elephon	e Numl	ber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MEDIA DEMOCRATIC COMMITTEE	From:	<u>11/28/20</u>	<u>17</u> To:	<u>12/31/2017</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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	J 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)			\$	400.00
TOTAL for the Reporting	J Period	(3)	\$	400.00
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			\$	400.00

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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				porting l	Period			
			Fro	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

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 Candidat	e			orting P	eriod			
From: To:							):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
PAGE TOTAL								
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	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							
MEDIA DEMOCRATIC COMMITTEE	Fron	n:	<u>11/28/2</u>	017 <b>To:</b>	<u>12/31/2017</u>			
		D	ATE		AMOUNT			
Full Name of Contributor		мо	DAY	YEAR				
Brian Hall								

Mailing Address	Address 117 N. Edgmont St							\$	400.00
City Media		State	Zip	o Code (Plus 4)	12	1	2017		
		РА	19	063					
Employer Name Eisenberg & Rothweiler				Occupation Laywer					
Employer Mailin Business	g Address/Principal Plac	e of		City		State		Zip Code (	Plus 4)
1634 Spruce St Philadelphia					PA		19103		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sectio				on 3.		Γ	PAG	E 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	Name of Filing Committee or Candidate Rep			Reporting Period					
			From:			То:			
				D	ATE			AMOUNT	ſ
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	·					•	•		
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
			20000				\$		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 Perio	od	
MEDIA DEMOCRATIC COMMITTEE	From:	<u>11/28/2017</u> то:	<u>12/31/2017</u>
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	TF)		
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)	\$	0.00
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, 3		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re				g Period			
	From:		То:	То:			
				DATE		АМО	UNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or Candidate					Reporting P	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor			1		Occupa	l tion			
Employer Mailing Address/Prin Business	cipal Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL

	1
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PA

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
MEDIA DEMOCRATIC COMMITTEE			From	From <u>11/28/2017</u> To:			<u>12/31/2017</u>
			DATE				AMOUNT
To Whom Paid James A. Ziegelhoffer			мо	DAY	YEAR		
Mailing Address 402 W 3rd St			12	28	2017	\$	13.18
City Media	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19063	Description of Expenditure Postage for Certified Mail				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	13.18