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	20160)290			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBE	YIST		
Name of Filing C	Committee, Ca	andida	te or Lo	bbyist:		MED	IA I	DEMO	CRATIC (СОММ	ITTEE							
Street Address:	РО ВОХ	284																
City:	MEDIA								State:	PA			Zip Cod	ie: 19	9063-0	284		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	Y PRE	- 2	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND FRIDAY ELECTION	Y PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REI	PORT	7.	Year 2018					NG METHO				PAPER		\	DISKE	TTE	
Name of Office S	- Sought by Car	ndidate	e:						DATE O	F ELE	CTIO	N	District Office Party Code Number Code					у
									МО	DAY	YE	AR	23	10000	DEM	<u> </u>	Code 23	
									11		6	2018		(SEE IN	STRUCTIO	ONS FOR (ODES)	
Summary of Expenditures		nd	МО	DAY	YEAR			_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
				1 1	2	018	Т	<u> </u>	4		30	2018						
A. Amount Bro	ught Forward	d From	Last Re	eport				\$			1,1	29.26						
B. Total Moneta	ary Contribut	tions A	nd Rece	eipts (From	Sche	dule	I)	\$			1,2	208.14						
C. Total Funds	Available (Su	um Of I	Lines A	and B)				\$			2,3	37.40						
D. Total Expend	ditures (Fron	n Sche	dule III	1)				\$			1,4	40.00						
E. Ending Cash	Balance (Su	btract	Line D	From Line (2)			\$			8	97.40						
F. Value Of In-	Kind Contribu	utions	Receive	ed (From So	chedu	le II)	\$				0.00						
G. Unpaid Debt	ts And Obliga	ations ((From S	chedule IV)			\$				0.00			,			
					AFF	IDA	١VI	T SE	CTION									
PART I - If this is		-	•							-								
I swear (or affirm) correct and comple		rt, inclu	iding the	attached sch	nedules	filed	l on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , tru	e.
Sworn to and subs	cribed before n	me this		20							S	ignature	of Perso	n Submit	ting Rep	ort		-
		ignature	_					- -					Prin	ted Name	e			-
My Commission Ex		ignatur	-										Ema	il				-
	мо		DA	Υ	YR			-		Are	ea Cod	le	Daytim	e Teleph	none Nu	nber		-
Part II- If this is	a report of a	a candi	idate's a	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	y knowle	dge and beli	ef this	polit	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333,	,
Sworn to and subsc		e this										s	ignature o	of Candid	ate			-
	day of							_					Printa	d Name				-
	Siana	ature						-										╻┃
My Commission Exp	_	-											Ema	il				
	М	10	DA	ΛΥ	YR			•		Area	Code		Da	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:	1/1/201	<u>8</u> To:	4/30/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	163.14
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)	\$	1,045.00		
TOTAL for the Reporting	Period	(2)	\$	1,045.00
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			\$	1,208.14

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 Cand	lame of Filing Committee or Candidate				Reporting Period						
		1	From:		То	:					
		·		DATE			AMOUNT				
Full Name of Contributing Committee	ee		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	f Filing Committee or Candida	te		Rep	orting Pe	eriod			
MEDIA [DEMOCRATIC COMMITTEE			Fro	m:	1/1/2	2 <u>018</u> To):	4/30/2018
						DATE			AMOUNT
Full Name	of Contributor				мо	DAY	YEAR		
James A Z	Ziegelhoffer					27.11			
Mailing Ad	Idress 402 W 3rd St							\$	140.00
City Me	edia	State	Zip Code (Plus 4)	3	29	2018		
		PA	19063						
Full Name of Contributor Sayre Dixon					МО	DAY	YEAR		
Mailing Ad								\$	70.00
City Me	edia	State	Zip Code (Plus 4)	3	29	2018		
		PA	19063						
Full Name	of Contributor						V=4.5		
David M. [Director				МО	DAY	YEAR		
Mailing Ad	Idress 309 N Monroe St							\$	140.00
City Me	edia	State	Zip Code (Plus 4)	4	4	2018		
		PA	19063						
Full Name	of Contributor				мо	DAY	YEAR		
Linda Axaı	methy Floyd				1-10	DAI	ILAK		
Mailing Ad	Idress 205 N Edgmont St							\$	70.00
City Me	edia	State	Zip Code (Plus 4)	4	4	2018		
		PA	19063						
Full Name	of Contributor				МО	DAY	YEAR		
Gail M Wh	itaker								
Mailing Ad	Idress 41 E Front St							\$	140.00
City Me	edia	State	Zip Code (Plus 4)	4	11	2018		
		PA	19063						
	of Contributor				мо	DAY	YEAR		
David Krul Mailing Ad								#	150.00
	edia	State	Zip Code (Plus 4	\forall	4	11	2018	\$	150.00
3.0,	Luiu	PA	19063	'					
		1 * * *	=	- 1				I	

Full Name of Contril	butor			мо	DAY	YEAR	
Robert Stump						12/11	
Mailing Address	123 W Eagle Rd 2r	nd Floor					\$ 125.00
City Havertown,		State	Zip Code (Plus 4)	4	11	2018	
		PA	19083				
Full Name of Contributor				мо	DAY	YEAR	
Joi Washington						12/11	
Mailing Address	506 N Olive St						\$ 70.00
City Media		State	Zip Code (Plus 4)	4	11	2018	
		PA	19063				
Full Name of Contril	butor			мо	DAY	YEAR	
Katey McVerry				140	DAI	ILAK	
Mailing Address	124 E Third St						\$ 140.00
City Media		State	Zip Code (Plus 4)	4	11	2018	
		PA	19063				

PAGE TOTAL\$ 1,045.00

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

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 Ca	me of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Com	mittee			мо	DAY	YEAR		0.00		
Mailing Address							*	0.00		
City	State	Zip Code	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C	on Schedule I, Detailed	d Summary 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	1		Reporting Period					
			Fror	n:		To):	
				D	ATE		А	MOUNT
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 Pl	ace of Business	City		•	State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed	l Summary Page,	Section	on 3.			F	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:			To:		
		•		C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	•	•			•	•	•	
Futor Curred Total of Bout	Fan Cabadula I. Datailad	Summer Base S	! !	4				PAGE TOTAL
Enter Grand Total of Part	E ON Schedule 1, Detalled	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>1/1/2018</u> To:	4/30/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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)	\$	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,		\$	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:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	ate		Reporti	ng Period			
MEDIA DEMOCRATIC COMMITTEE			From	1/	1/2018	То:	4/30/2018
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Delaware County Democratic Comm	ittee						
Mailing Address P.O. Box 473		3	23	2018	\$	700.00	
City Media	State	Zip Code (Plus 4)	Descrip	tion of Exp			
	PA	19063	Table fo	r FDR-JFK	Dinner		
To Whom Paid			МО	DAY	YEAR		
Delaware County Democratic Comm	ittee		1-10		LAK		
Mailing Address P.O. Box 473			4	10	2018	\$	640.00
City Media	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19063	FDR-JFI	K Dinner fo	r 8 peop	le	
To Whom Paid			МО	DAY	YEAR		
Delaware County Democratic Comm	ittee		МО	DAT	TEAK		
Mailing Address P.O. Box 473			4	10	2018	\$	100.00
City Media State Zip Code (Plus 4)				tion of Exp	enditure	•	

19063

AD for FDR-JFK Program

PΑ

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

PAGE TOTAL

1,440.00