### **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	50290			Repo Filed			CANDI	DATE		СОМ	<b>ITTEE</b>	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		MEDIA	DEM	100	CRATIC (	COMM	ITTEE							
Street Address:	PO BOX 284																
City:	MEDIA						9	State:	PA			Zip Cod	le: 19063-0284				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2.	30 E PRIM			POST-	3.		AMENDM REPORT		Yes	No		<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5. <b>X</b>	30 E			POST-	6.		TERMIN/ REPORT		Yes	No		<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018					G METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-				ľ	DATE O	OF ELECTION District Office Number Code						ty Code	Cour	
							Ī	мо	DAY	YE	AR		10000	DEN	1	23	
							Ī	11		6	2018		(SEE IN	STRUCTI	ONS FOR	CODES	)
	Receipts and	МО	DAY Y	'EAR				мо	DAY	YI	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		6 5	20	018	ТО		10	7	22	2018						
A. Amount Bro	ught Forward Fro	m Last R	eport			:	\$			1,1	168.47						
B. Total Monet	ary Contributions	And Rec	eipts (From S	Sche	dule I)		\$			1,5	516.34						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			2,6	84.81						
D. Total Expend	ditures (From Sch	edule II	I)				\$			1,6	83.04						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			1,0	01.77						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	le II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1			
			,	AFF	IDAV	IT S	EC	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	f this	s a Ca	and	didate re	port, c	andi	date sig	jn here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached sche	dules	filed o	n pape	r o	r by electi	ronic m	edium	, are to t	the best o	f my knov	wledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	oort		_
	Signatu	ıre				_						Prin	ted Name	•			_
My Commission Ex	cpires					_		•				Ema	il				
	мо	D	AY	YR					Arc	ea Coc	le	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omm	nittee,	Candi	ida	te shall :	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of led.	my knowle	edge and belief	this	politica	l com	mit	tee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 133	3,
Sworn to and subsc	ribed before me this day of		20								s	ignature (	of Candida	ate			-
						_						Printe	d Name				-
My Commission Exp	Signature					_						Ema	il				-
rry Commission Exp						_											╻┃
	МО	D	AY	YR					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>6/5/201</u>	<u>8</u> To:	10/22/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	332.34
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)			\$	100.00
TOTAL for the Reporting	) Period	(2)	\$	100.00
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)			\$	1,084.00
TOTAL for the Reporting	Period	(3)	\$	1,084.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
			<del>-</del>	
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			\$	1,516.34

#### **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 Candida	e	R	eporting	Period			
		F	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing 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 Committee or Candidate

**Reporting Period** 

MEDIA DEMOCRATIC COMMITTEE

From: 6/5/2018 To:

DATE

10/22/2018

AMOUNT

	Full Name of Contributor Robert Stump				МО	DAY	YEAR	
Mailing Address 500 N Lemon St A8					<b>\$</b> 100.00			
City	Media		State	Zip Code (Plus 4)	7	16	2018	
			PA	19063				

PAGE TOTAL

\$

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

100.00

#### **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		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							<b>-</b>   \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule 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 of Candidate		Reporting Period								
MEDIA DEMOCRATIC COMMITTEE				Fron	n:	6/5/2	018 <b>T</b> o	<b>o</b> :	10/22/2018	
					DA	ATE		AMOUNT		
Full Name of Contributor					мо	DAY	YEAR			
Brian Hall					МО	DAY	YEAK	\$	350.00	
Mailing Address 117 N Edgment St					6	7	2018			
City Media	State	Zip	Code (Plus	4)	Ĭ	,	2010			
	PA	190	063							
Employer Name Eisenberg & Rothweile	er				Occupat	ion	Lawyer			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	ode (Plus 4)	
1634 Spruce St			Philadelph	ia		PA		1910	3	
Full Name of Contributor					мо	DAY	VEAD			
Brian Hall					МО	DAT	YEAR	\$	367.00	
Mailing Address 117 N Edgment St					8	1	2018			
City Media	State	Zip	Code (Plus	4)	Ĭ	_	2010			
	PA	190	063							
Employer Name Eisenberg & Rothweile	er				Occupat	ion	Lawyer			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	ode (Plus 4)	
1634 Spruce St			Philadelph	ia		PA		1910	3	
Full Name of Contributor						<b>-</b> 4 V	\/=a=			
Brian Hall					МО	DAY	YEAR	\$	367.00	
Mailing Address 117 N Edgment St					9	27	2018			
City Media	State	Zip	Code (Plus	4)		21	2010			
	PA	190	063							
Employer Name Eisenberg & Rothweile	er				Occupat	ion	Lawyer			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	ode (Plus 4)	
1634 Spruce St			Philadelph	ia		PA		1910	3	
Futor Consideration of Book Consideration	ded a T. Datailad Co		<b>D</b>	Ct' -	3			-	PAGE TOTAL	
Enter Grand Total of Part C on Schee	iule 1, Detailed St	umm	ary Page,	Section	on 3.			\$	1,084.00	
							L			

## 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:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	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 Perio	d	
MEDIA DEMOCRATIC COMMITTEE	From:	6/5/2018 <b>To</b> :	10/22/2018
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	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,	•	\$	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		_				<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•	•		•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						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	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.	<b></b>									0.00

## STATEMENT OF EXPENDITURES

N	d! d - a -	T						
Name of Filing Committee or Cand	aidate		Reporti	ng Period				
MEDIA DEMOCRATIC COMMITTE	E		From	6/5	5/2018	To:	10/22/2018	
				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
Kennedy Printing Co, Inc	1.0							
Mailing Address 5534 Baltimor	e ave		9	5	2018	\$	770.00	
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19143	Printing of 1291 Postcards					
To Whom Paid			мо	DAY	YEAR			
Postmaster Media Post Office			140		ILAK			
Mailing Address 101 E Baltimo	re Ave		9	5	2018	\$	324.04	
City Media	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	19063	Postage	for 1291 l	Postcards	3		
To Whom Paid			МО	DAY	YEAR			
James A Ziegelhoffer			140		ILAK			
Mailing Address 402 W 3rd St			10	22	2018	\$	29.99	
City Media State Zip Code (Plus 4)			Descrip	tion of Exp	enditure			
PA 19063			Postage	& Room R	Rental			
To Whom Paid					YEAR			
Paper Crane Press			МО	DAY				

Zip Code (Plus 4)

19342

10

22

**Description of Expenditure** 

**Printing of Newsletters** 

2018

\$

**Mailing Address** 

Glen Mills

City

801 Concord Rd

State

PΑ

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

559.01

**PAGE TOTAL** 

1,683.04