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	20180	20737				eport iled B		CA	NDII	DATE	*	′ °	OMMI	TEE		LOB	BYIS [.]	Г	
Name of Filing C	committee,	Candida	ite or Lo	obbyist:		Krı	ueger	-Brar	eky,l	_ean	ne T									
Street Address:																				
City:									State	e:				Zip	Code	e: 19	086			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRI PRIMAR		PRE-	2.	30 DA		Р	OST-	3.			AMENDMENT REPORT?		Yes		No	\
(place X to the right of	6TH TUESDA PRE-ELECTI		4.	2ND FRI		PRE-	5. X	30 DA		Р	OST-	6.		TERM REPO		TION	Yes		Vo	/
report type)	ANNUAL R	EPORT	7.	Year 20)18				IG ME CHEC		_			PAPE	R		√	DIS	KETTE	
Name of Office S	ought by C	andidat	e:						DAT	ΈO	F ELE	СТІ	ION	Distr Numl		Office Code	Par	ty Co	de Cou Cod	
REPRESENTATI	VE IN THE	GENERA	AL ASS	EMBLY					МО		DAY		YEAR	161		STH	DEI	1	23	
				_						11		6	201	8		(SEE INS	TRUCTI	ONS FO	R CODE	S)
Summary of Expenditures		and	МО	DAY		'EAR		0	МО		DAY		YEAR		FOF	OFFIC	E USE	ONL	Y	
-				6	5	2018	8 •			10		22	201	-						
A. Amount Bro				-	rom S	Schedu	le T)	\$					1,054.70 2,908.60	_						
C. Total Funds								\$					•	\dashv						
D. Total Expend								\$ \$					3,963.30 1,853.96							
E. Ending Cash					ne C)			\$					2,109.40	4						
F. Value Of In-							II)	\$					0.00	7						
G. Unpaid Debt	s And Oblig	gations ((From S	chedule	e IV)			\$					0.00	5						
						AFFID	DAVI	T SE	CTIO	ON										
PART I - If this is	s a Committ	tee repo	rt, trea	surer si	gn he	ere. If t	this is	a Car	ndidat	te re	port, o	can	didate s	ign hei	re.					
I swear (or affirm) correct and comple		ort, inclu	ıding the	attached	d sche	dules fil	led on	paper	or by e	electr	onic m	ediu	ım, are to	the be	st of	my know	vledge	and b	elief , t	rue
Sworn to and subs	cribed before day of	e me this		20									Signatu	re of Pe	rson	Submitt	ing Re _l	ort		_
		Signature	e	_				- -						F	Printe	ed Name				_
My Commission Ex	cpires							_		•				E	mail					
	М	0	D#	λY		YR					Ar	ea C	Code	Day	time	Teleph	one Nu	mber		
Part II- If this is	a report of	f a candi	idate's	authoriz	zed C	ommitt	tee, C	andid	ate sl	nall s	sign h	ere.								
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and	belief	this po	litical	comm	ittee h	as no	ot viola	ted	any prov	isions of	f the	act of Ju	ine 3,1	937 (1	P.L. 133	33,
Sworn to and subsc	ribed before day of	me this		20										Signatu	re of	Candida	ite			_
				- <u> </u>				-						Pr	inted	Name				-
My Commission Exp	_	ınature						-		-				E	mail					- $ $
, сеолоп Ехр								_												_
		МО	DA	AY		YR					Area	Cod	le		Day	time Te	lephor	ie Nui	nber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
Krueger-Braneky,Leanne T	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)	\$	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) Period	(4)	\$	2,908.66
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	2,908.66

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	te	1	Reporting	Period			
		1	From:		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.

Name of Filing Comm	ittee or Candidate		Reporting	Period			
			From:		To	o:	
		I		DATE			AMOUNT
Full Name of Contribute	or		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
City	State	Zip Code (Plus 4)					
				•			
		-	•	•			PAGE TOTAL

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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	00
Mailing Address							+	0.	00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	0

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			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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 Perio	od			
Krueger-Braneky,Leanne T			From:		6/5/201	<u> 8</u> To:		10/22/2018
				D	ATE			AMOUNT
Full Name Committee to Elect Leanne Krueger-Bran	neky			мо	DAY	YEAR	\$	1,996.83
Mailing Address PO Box 22				7	2	2018	3	
City Swarthmore	State	Zip Code (Plus 4)					
	PA	19081000	0					
Receipt Description Reimbursements	s: Misc	!			•	,		
Full Name Committee to Elect Leanne Krueger-Brar	neky			мо	DAY	YEAR	\$	911.83
Mailing Address PO Box 22				9	20	2018	$\overline{\ }$	
City Swarthmore	State	Zip Code (Plus 4)			2010	´	
	PA	19081000	0					
Receipt Description Reimbursements	s: Misc	!						
				_				PAGE TOTAL
Enter Grand Total of Part E on Schedu	ile I, Detailed	Summary Page,	Section	4.			\$	2,908.66
						•		

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		
Krueger-Braneky,Leanne T	From:	<u>6/5/2018</u> To:	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	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 Can	didate		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 or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	-
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	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	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zij	p Code(Plus 4)	Descr	iptio	n of Contribution	on
Enter Grand Total of Part G on Sch	edule II. In-K	ind	Contributions D	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.					-					0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
Krueger-Braneky,Leanne T	From	6/5/2018	То:	10/22/2018

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Parking Payment System for	Park		1.0				
Mailing Address 223 Walr	nut Street Suite 1		6	10	2018	\$	33.50
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	171010000	parking				
To Whom Paid			мо	DAY	YEAR		
PTP Harrisburg PA Park			MO	DAI	ILAK		
Mailing Address 223 Walr	nut Street Suite 1		6	10	2018	\$	33.50
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	171010000	parking				
To Whom Paid			МО	DAY	YEAR		
Parking 05001-Bellevue			МО	DAT	TEAR		
Mailing Address 200 S. Bi	road Street		6	14	2018	\$	30.00
City Philadelphia	State	Zip Code (Plus 4)	4) Description of Expenditure				
·	PA	191030000	parking				
To Whom Paid	<u> </u>	<u> </u>			\		
American Airlines			МО	DAY	YEAR		
Mailing Address 4333 Am	on Carter Blvd		6	16	2018	\$	338.41
City Fort Worth	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	TX	761552605	airfare				
To Whom Paid	<u> </u>	<u>.</u>		<u></u>			
American Airlines			МО	DAY	YEAR		
Mailing Address 4333 Am	on Carter Blvd		6	17	2018	\$	21.88
City Fort Worth	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure		
	TX	761552605	travel ir	nsurance			
To Whom Paid			МС	DAY	VEAD		
Liberty Center Parking			МО	DAY	YEAR		
Mailing Address 223 Walr	nut Street Suite 1		6	22	2018	\$	22.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure		
-	PA	171010000	parking				
							

7.00						
35.00						
35.00						
35.00						
35.00						
35.00						
11.65						
Description of Expenditure						
meal						
42.00						
travel						
47.66						
46.50						
46.50						
46.50						
46.50						
46.50						
46.50						
42.00						

								L 14		
To Whom Paid				мо	DAY	YEAR				
Nordstrom Rack					DA!	ILAK				
Mailing Address 1700 Chestnut St				8	7	2018	\$	54.94		
City Philadelphia State Zip Code (Plus 4)					Description of Expenditure					
PA 191030000				photoshoot supplies						
To Whom Paid					DAY	YEAR				
Talbots					DAI	ILAK				
Mailing Address 1100 Baltimore Pike					26	2018	\$	23.75		
City Springfield State Zip Code (Plus 4)				Descript	ion of Exp	enditure				
		PA	190640000	photoshoot supplies						
To Whom Paid				мо	DAY	YEAR				
InterPark					DAT	ILAR				
Mailing Address 114 S. 15th Street					7	2018	\$	28.00		
City Philadelphia State Zip Code (Plus 4)				Description of Expenditure						
PA 191020000					parking					
To Whom Paid					DAY	YEAR				
GachiSushi				МО	DAI	ILAK				
Mailing Address 8500 Essington Ave				9	14	2018	\$	12.96		
City Philadelp	Zip Code (Plus 4)	Descript	ion of Exp	enditure						
		PA	191530000	meal						
To Whom Paid				мо	DAY	YEAR				
San Francisco Ma	ariott Marquis pantry			140	DAI	ILAK				
Mailing Address	780 Mission St			9	14	2018	\$	13.29		
City San Fran	cisco	State	Zip Code (Plus 4)	Description of Expenditure						
		CA	941030000	lodging						
To Whom Paid				мо	DAY	YEAR				
Uber				110		12/110				
Mailing Address	1455 Market St			9	14	2018	\$	36.62		
City San Fran	cisco	State	Zip Code (Plus 4)	Descript	ion of Exp	enditure				
		CA	941030000	travel						
To Whom Paid					DAY	VEAR				
Andale Mexican Restaurant					DAY	YEAR				
Mailing Address PO Box 8097			9	15	2018	\$	11.93			
City San Fran	cisco	State	Zip Code (Plus 4)	Description of Expenditure						
		CA	941288097	meal						
To Whom Paid					DAY	YEAR				
Super Cab					DAT	ILAK				
Mailing Address 1407 Irving St					15	2018	\$	42.55		
City San Fran	cisco	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
		CA	941220000	travel						
				_		_				

To Whom Paid	мо	DAY	YEAR					
Peet's Coffee	МО	DAT	TEAR					
Mailing Address PO Box 8097	9	15	2018	\$	5.55			
City San Francisco State Zip Code (Plus 4)			Description of Expenditure					
CA 941288097			meal					
To Whom Paid	мо	DAY	YEAR					
Taxi Golde Star	1-10		ILAK					
Mailing Address 1455 Market St				15	2018	\$	50.40	
City San Francisco State Zip Code (Plus 4)			Description of Expenditure					
	CA	941030000	travel					
To Whom Paid	МО	DAY	YEAR					
Mariott Marquis San Francisco	MO		ILAK					
Mailing Address 780 Mission St	9	16	2018	\$	276.18			
City San Francisco	State	Zip Code (Plus 4)	Description of Expenditure					
	CA	941030000	lodging					
							PAGE TOTAL	
Enter Grand Total of Expenditures	\$	1,853.96						