

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 : 2019C0238		Report Filed By :		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: JENNIFER SCHULTZ											
Street Address:											
City:				State:		Zip Code: 19128					
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. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2019	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	DEM			
					11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		6	11	2019		9	16	2019			
A. Amount Brought Forward From Last Report					\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		0.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		0.00				
D. Total Expenditures (From Schedule III)					\$		3,446.36				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		0.00				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
JENNIFER SCHULTZ	From: <u>6/11/2019</u> To: <u>9/16/2019</u>

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)	\$ 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.)	\$ 0.00
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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	Reporting Period
	From: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

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

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

PAGE TOTAL
\$ 0.00

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

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

PAGE TOTAL	
\$	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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
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	Reporting Period
	From: To:

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		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 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:
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			DATE	AMOUNT
Full Name	MO	DAY	YEAR	
Mailing Address				\$ 0.00
<div style="display: flex; justify-content: space-between;"> City State Zip Code (Plus 4) </div>				
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		Reporting Period	
JENNIFER SCHULTZ		From: <u>6/11/2019</u> To: <u>9/16/2019</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)	\$ 0.00
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.)			\$ 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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
JENNIFER SCHULTZ	From <u>6/11/2019</u> To: <u>9/16/2019</u>

DATE				AMOUNT
To Whom Paid FRIENDS OF JENN 4 JUDGE	MO	DAY	YEAR	
Mailing Address 8500 HENRY AVENUE STE 45-38	6	28	2019	\$ 500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19128	Description of Expenditure DONATION	
To Whom Paid FRIENDS OF JENN 4 JUDGE	MO	DAY	YEAR	
Mailing Address 8500 HENRY AVENUE STE 45-38	7	15	2019	\$ 100.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19128	Description of Expenditure DONATION	
To Whom Paid FRIENDS OF JENN 4 JUDGE	MO	DAY	YEAR	
Mailing Address 8500 HENRY AVENUE STE 45-38	8	25	2019	\$ 150.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19128	Description of Expenditure DONATION	
To Whom Paid CHELTENHAM PRINTING	MO	DAY	YEAR	
Mailing Address 518 RYERS AVE 1ST FL	6	14	2019	\$ 157.94
City CHELTENHAM	State PA	Zip Code (Plus 4) 19012	Description of Expenditure CAMPAIGN LITERATURE	
To Whom Paid STRASSHELM PRINTING	MO	DAY	YEAR	
Mailing Address 1500 SPRING GARDEN ST STE 225	7	8	2018	\$ 2,112.48
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19130	Description of Expenditure CAMPAIGN LITERATURE	

To Whom Paid PARCEL PLUS			MO	DAY	YEAR	\$ 135.00
Mailing Address 8500 HENRY AVENUE STE 45			8	3	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19128	Description of Expenditure MAILBOX RENTAL			

To Whom Paid CITY STATE - PUBLIC RECORD			MO	DAY	YEAR	\$ 42.49
Mailing Address 21 S. 11TH ST. STE 205			6	7	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107	Description of Expenditure EVENT TICKET			

To Whom Paid FOODERY			MO	DAY	YEAR	\$ 21.30
Mailing Address RIDGE AVE			6	8	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19128	Description of Expenditure LUNCH MTG W/ DENNIS MONTAGUE			

To Whom Paid USPS			MO	DAY	YEAR	\$ 22.05
Mailing Address 6184 PHILADELPHIA			6	19	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19128	Description of Expenditure MAILING FINANCE REPORTS			

To Whom Paid PIZZA TAVERN			MO	DAY	YEAR	\$ 41.45
Mailing Address 7200 GERMANTOWN AVE			7	1	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19119	Description of Expenditure DINNER MTG W/ DENNIS MONTAGUE			

To Whom Paid TROLLY CAR CAFE			MO	DAY	YEAR	\$ 47.69
Mailing Address 3269 S. FERRY RD			8	31	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19444	Description of Expenditure LUNCH MTG W/ DENNIS MONTAGUE			

To Whom Paid KNISCHES & DISHES			MO	DAY	YEAR	
Mailing Address 551 GERMANTOWN AVE			9	14	2018	
City LAFAYETTE HILL	State PA	Zip Code (Plus 4) 19444	Description of Expenditure LUNCH MTG W/ DENNIS MONTAGUE			

To Whom Paid SALADWORKS			MO	DAY	YEAR	
Mailing Address 8500 HENRY AVE			6	11	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19128	Description of Expenditure PHILADELPHIA			

To Whom Paid CRESHAM VALLEY GRAIN EXCHANGE			MO	DAY	YEAR	
Mailing Address GERMANTOWN AVE			8	20	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4)	Description of Expenditure DINNER MTG W/ DENNIS MONTAGUE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 3,446.36

