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 2	010054				port ed B		CAND	ANDIDATE COMMITTEE V LOBBYIST							
Name of Filing C	Committee, Ca	ndidate or I	obbyist:		FRIE	END	S OF I	MARCIA	HAHN				_			
Street Address:	136 E. NO	ORTHAMPTO	ON STREET													
City:	BATH							State:	PA			Zip Cod	ie: 18	3014		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6. X		TERMINA REPORT?		Yes	No	~
report type)	ANNUAL REP	ORT 7.	Year 2019					IG METH CHECK C				PAPER		$\overline{}$	DISKE	ГТЕ
Name of Office S	Sought by Can	didate:						DATE ()F ELE	CTIC	N	District Number	Office Code	Part	ty Code	County Code
								МО	DAY	ΥI	EAR	138	STH	REP		48
REPRESENTATI	VE IN THE GE	ENERAL AS	SEMBLY					11		5	2019	ODES)				
Summary of		d MO	DAY	YEAR				МО	DAY	Y	YEAR FOR OFFICE USE ONLY					
Expenditures			10 22	20	019	Т	0	1:		25	2019					
A. Amount Bro	ught Forward	From Last I	Report				\$			36,0	016.44					
B. Total Monet	ary Contributi	ons And Re	ceipts (From	Sche	dule	e I)	\$				100.00					
C. Total Funds	Available (Su	m Of Lines	A and B)				\$			36,	116.44]				
D. Total Expend	ditures (From	Schedule I	II)				\$			1,2	287.71					
E. Ending Cash	Balance (Sub	tract Line D	From Line C	:)			\$			34,8	328.73]				
F. Value Of In-	Kind Contribu	tions Receiv	ed (From Sc	hedul	le II	[)	\$				0.00					
G. Unpaid Debt	ts And Obligat	ions (From	Schedule IV))			\$				0.00			•		
				AFF	IDA	٩VI	T SE	CTION								
PART I - If this is			_								_					
I swear (or affirm) correct and complete		, including th	e attached sch	edules	filed	d on	paper o	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed before m day of	e this	20							S	Signature	of Perso	n Submit	ting Rep	ort	
			_				- -					Prin	ted Name	e		
My Commission Ex	_	nature										Ema	il			
	мо		PAY	YR			-		Are	ea Cod	le	Daytim	e Telepi	none Nur	nber	
Part II- If this is	a report of a	candidate's	authorized (Comn	nitte	e, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		t of my know	ledge and belie	f this	polit	tical	commi	ittee has	s not violated any provisions of the act of June 3,1937 (P.L. 1333,						1333,	
Sworn to and subsc	ribed before me	this							Signature of Candidate							
	day of						_									
	Si-						-					Printe	d Name			
My Commission Exp	Signat pires	ure										Ema	il			
		, г	PAY	YR			-		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF MARCIA HAHN	From:	10/22/201	<u>.9</u> To:	11/25/2019
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)			\$	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)			\$	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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	100.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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.

PAGE TOTAL \$0.00

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

DATE

FRIENDS OF MARCIA HAHN

From:

10/22/2019 **To:**

11/25/2019

AMOUNT

Full Name of Contributor STEVEN TRUNZO		мо	DAY	YEAR		
Mailing Address 5887 ALEXANDER ROAD					\$ 100.00	
City BETHLEHEM	State PA	Zip Code (Plus 4) 18017	10	24	2019	

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

PAGE TOTAL \$ 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		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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 or Candidate		Rep	orting Pe	riod						
				Fror	n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Peri	od	
FRIENDS OF MARCIA HAHN	From:	<u>10/22/2019</u> To:	<u>11/25/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	te				Re	porting	Period					
					Fro	m:		То	:			
					<u> </u>		DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$		0.00
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	ation					
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	cripti	ion of (Contributio	on
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOT	ΓAL
Summary Page, Section 3.												0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
FRIENDS OF MARCIA HAHN			From	10/2	2/2019	То:	11/25/2019
				DATE			AMOUNT
To Whom Paid NORTHAMPTON COUNTY YOUTH	I FIELD DAY FOUNDA	TION INC.	мо	DAY	YEAR		
Mailing Address P.O. BOX 46	2		11	8	2019	\$	975.00
City STOCKERTOWN	State PA	Zip Code (Plus 4) 18083	1	otion of Exp	penditure		
To Whom Paid MARCIA HAHN			МО	DAY	YEAR		
Mailing Address 136 E. NORT	HAMPTON STREET		11	22	2019	\$	312.71
City PATH	State PA	Zip Code (Plus 4) 18014	1	otion of Exp			
Enter Grand Total of Expend	tures on Page 1, Re	eport Cover Page, Item I	D.				PAGE TOTAL

1,287.71