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			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBE	YIST	
Name of Filing C	Committee, Candid	late or L	obbyist:		MED	IA [DEMO	CRATIC	COMM	TTEE						
Street Address:																
City:	MEDIA							State:	PA			Zip Cod	ie: 19	063-0	284	
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.		TERMINATION Yes REPORT?			No	~
report type)	ANNUAL REPORT	7. X	Year 2019					IG METHO				PAPER		<	DISKE	TTE
Name of Office S	Sought by Candida	ite:	-					DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR	32	10000	DEM	<u>_</u>	23
								11		5	2019		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY Y	/EAR				МО	DAY	YE	AR	FO	R OFFIC	CE USE	ONLY	
Expenditures	s trom:		11 26	20	019	T	0	12		31	2019					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			8	357.52					
B. Total Monet	ary Contributions	And Rec	eipts (From S	Sche	dule	I)	\$			1	.00.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			9	57.52					
D. Total Expenditures (From Schedule III) \$ 281.87																
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))			\$			6	75.65					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	nedul	le II))	\$				0.00					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			'		
				AFF	IDA	VI	ΓSE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	[f thi	s is	a Can	didate re	eport, c	andi	date sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sche	dules	filed	on p	paper (or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge a	and belie	ef , true
Sworn to and subs	cribed before me thi day of	s	20							s	ignature	of Perso	n Submitt	ing Rep	ort	
	Signati	ıre					-					Prin	ted Name	.		
My Commission Ex	cpires											Ema	il			
	мо	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	one Nu	nber	
Part II- If this is	a report of a can	didate's	authorized C	omm	ittee	e, Ca	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of led.	my knowl	edge and belief	this	politi	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	ribed before me this										S	ignature o	of Candida	ate		
	day of						-					Printe	d Name			
My Commission 5	Signature						•					Ema	il			
My Commission Exp													 -			
	МО	D	AY	YR					Area	Code		Da	aytime To	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MEDIA DEMOCRATIC COMMITTEE	From:	11/26/201	<u>19</u> To :	12/31/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	100.00
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
			Т	
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

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 Candidat	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.

PART B 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 Com	nittee or Candidate	1	Reporting	Period			
		1	From:		To) :	
		<u> </u>		DATE			AMOUNT
Full Name of Contribu	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
	I			1	1		PAGE TOTAL

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		Þ	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00
Mailing Address							7	0.00
City	State	Zip Cod	e (Plus 4)					
							•	PAGE TOTAL
Enter Grand Total of Part C on Schee	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 or Candidate				Rep	orting Pe	riod					
				Fron	n:			То:			
					D	ATE			АМ	IOUNT	
Full Name of Contributor					МО	DAY	YEAI	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	3 4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City		•	State		z	ip Code	e (Plus 4)	
Enter Grand Total of Part C on Schee	dule I, Detailed Su	umm	nary Page,	Section	on 3.				PA	AGE TOTA	L
								\$		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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							\neg	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary Page,	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 Per	riod	
MEDIA DEMOCRATIC COMMITTEE	From:	<u>11/26/2019</u> To:	12/31/2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candidate			Reporting	g 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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	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 Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee o	r Candidate		Reporti	ng Period			
MEDIA DEMOCRATIC COMM	MITTEE		From	11/20	6/2019	То:	12/31/2019
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Media-Upper Providence Fre	e Library		140		TEAR		
Mailing Address			12	27	2019	\$	35.00
City Media	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19063	1 Room	ı Rental			
To Whom Paid			мо	DAY	YEAR		_
Jeanne F Wordley					TLAIN		
Mailing Address		11	26	2019	\$	34.10	
City MEDIA	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure		
	PA	19063	Postage	e fees for C	Certified L	_etters	
To Whom Paid			мо	DAY	YEAR		
Evelyn Blair					TLAN		
Mailing Address			12	19	2019	\$	212.18
City Media	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure		
	PA	19063	Website	e Services 8	& Food R	.eimburse	ment
To Whom Paid			мо	DAY	YEAR		
PayPal							
Mailing Address			12	23	2019	\$	0.59
City San Jose	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure		
		ſ	ı				

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

281.87