

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 : 20190356		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: SCHROEDER, FRIENDS OF MICHAEL										
Street Address: PO BOX 2148										
City: CLEONA			State: PA		Zip Code: 17042					
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.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2020	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			
				1	14	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		12	31	2019	TO	1	24	2020		
A. Amount Brought Forward From Last Report				\$		728.25				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		2,780.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		3,508.25				
D. Total Expenditures (From Schedule III)				\$		7,008.90				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		(3,500.65)				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		11,550.00				

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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
SCHROEDER, FRIENDS OF MICHAEL	From: <u>12/31/2019</u> To: <u>1/24/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 580.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 1,700.00
TOTAL for the Reporting Period (2)	\$ 1,950.00

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)	\$ 250.00
TOTAL for the Reporting Period (3)	\$ 250.00

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.)	\$ 2,780.00
---	-------------

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 Candidate	Reporting Period
SCHROEDER, FRIENDS OF MICHAEL	From: <u>12/31/2019</u> To: <u>1/24/2020</u>
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
DE PASQUALE FOR PENNSYLVANIA				
Mailing Address				\$ 250.00
City	State	Zip Code (Plus 4)		
	1	28	2020	

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

PAGE TOTAL
\$ 250.00

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.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate	Reporting Period
SCHROEDER, FRIENDS OF MICHAEL	From: <u>12/31/2019</u> To: <u>1/24/2020</u>

				DATE	AMOUNT
Full Name of Contributor			MO	DAY	YEAR
MELISSA HERMANSON					
Mailing Address 211 EAST MAIN ST			1	14	2020
City PALMYRA	State PA	Zip Code (Plus 4) 17078			
					\$ 250.00
Full Name of Contributor			MO	DAY	YEAR
RUTH SHAFFER					
Mailing Address 39 CIRCLE DRIVE			1	14	2020
City YORK	State PA	Zip Code (Plus 4) 17042			
					\$ 100.00
Full Name of Contributor			MO	DAY	YEAR
JAMES BURCHIK					
Mailing Address 9 CONEWAGO HILL DRIVE			1	19	2020
City MT. GRETNA	State PA	Zip Code (Plus 4) 17064			
					\$ 150.00
Full Name of Contributor			MO	DAY	YEAR
ROBERTA WARSHAW					
Mailing Address PO BOX 537			1	6	2020
City MT. GRETNA	State PA	Zip Code (Plus 4) 17064			
					\$ 100.00
Full Name of Contributor			MO	DAY	YEAR
BETSY TOUTECHI					
Mailing Address 6622 LINCOLN DRIVE			1	6	2020
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19119			
					\$ 100.00

Full Name of Contributor KEVIN REILLY			MO	DAY	YEAR	\$ 100.00
Mailing Address 974 DOGWOOD TREE DRIVE			1	7	2020	
City ANNAPOLIS	State MD	Zip Code (Plus 4) 21409				
Full Name of Contributor JEFFREY ROBBINS			MO	DAY	YEAR	\$ 100.00
Mailing Address 112 FARMSTEAD CIRCLE			1	8	2020	
City LEBANON	State PA	Zip Code (Plus 4) 17042				
Full Name of Contributor KAYLEIGH STREIT			MO	DAY	YEAR	\$ 100.00
Mailing Address 321 1ST AVE			1	8	2020	
City PHOENIXVILLE	State PA	Zip Code (Plus 4) 19467				
Full Name of Contributor JANE KIERAN			MO	DAY	YEAR	\$ 100.00
Mailing Address 2027 ASCAT DRIVE APT 2			1	11	2020	
City MORAGA	State CA	Zip Code (Plus 4) 94556				
Full Name of Contributor MEGAN BELL			MO	DAY	YEAR	\$ 150.00
Mailing Address 202 WEST SHERIDAN AVE.			1	7	2020	
City ANNVILLE	State PA	Zip Code (Plus 4) 17003				
Full Name of Contributor ANDI SACHS			MO	DAY	YEAR	\$ 200.00
Mailing Address 14700 CHESTER FIELD ROAD			1	4	2020	
City ROCKVILLE	State MD	Zip Code (Plus 4) 20853				

Full Name of Contributor			MO	DAY	YEAR	\$	
SYLVIA BORIS			1	5	2020		250.00
Mailing Address 5031 OVERLAND AVE.							
City CULVER CITY	State CA	Zip Code (Plus 4) 90230					

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

PAGE TOTAL	
\$	1,700.00

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	
Mailing Address				\$ 0.00
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 SCHROEDER, FRIENDS OF MICHAEL	Reporting Period From: <u>12/31/2019</u> To: <u>1/24/2020</u>
---	---

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
JOHN HINSHAW					
Mailing Address 1114 E. MAIN ST.				\$ 250.00	
City ANNVILLE State PA Zip Code (Plus 4) 17003	1	14	2020		
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
\$ 250.00

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: _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code (Plus 4)			
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 SCHROEDER, FRIENDS OF MICHAEL	Reporting Period From: <u>12/31/2019</u> To: <u>1/24/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
<p style="text-align: right;">TOTAL for the Reporting Period (1)</p>	<p style="text-align: right;">\$ 0.00</p>
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
<p style="text-align: right;">TOTAL for the Reporting Period (2)</p>	<p style="text-align: right;">\$ 100.00</p>
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
<p style="text-align: right;">TOTAL for the Reporting Period (3)</p>	<p style="text-align: right;">\$ 0.00</p>
<p>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.)</p>	<p style="text-align: right;">\$ 100.00</p>

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate SCHROEDER, FRIENDS OF MICHAEL	Reporting Period From: <u>12/31/2019</u> To: <u>1/24/2020</u>
---	---

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
NATHAN LUND				
Mailing Address 1516 S. 13TH ST.	1	1	2020	\$ 100.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17104		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 100.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

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)					
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
SCHROEDER, FRIENDS OF MICHAEL	From <u>12/31/2019</u> To: <u>1/24/2020</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
PA DEMOCRATIC PARTY	1	7	2020	\$ 3,750.00
Mailing Address 229 STATE ST.				
City HARRISBURG	State PA	Zip Code (Plus 4) 171011110	Description of Expenditure CAMPAIGN MAILER	
To Whom Paid ACT BLUE DONATION PLATFORM	1	6	2020	\$ 36.96
Mailing Address PO BOX 441146				
City SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure FEES FOR ON-LINE CONTRIBUTIONS	
To Whom Paid NATHAN LUND	1	6	2020	\$ 1,000.00
Mailing Address 1516 S. 13TH ST.				
City HARRISBURG	State PA	Zip Code (Plus 4) 17104	Description of Expenditure CAMPAIGN MANAGEMENT	
To Whom Paid I HEART MEDIA	1	13	2020	\$ 1,050.00
Mailing Address 20880 STONE OAK PARKWAY				
City SAN ANTONIO	State TX	Zip Code (Plus 4) 78258	Description of Expenditure CAMPAIGN ADS	
To Whom Paid FOUNDATION BLUE MEDIA	1	13	2020	\$ 700.00
Mailing Address 902 EMERSON ST NW				
City WASHINGTON	State DC	Zip Code (Plus 4) 20011	Description of Expenditure CAMPAIGN ADS	

To Whom Paid FACEBOOK Q36NPNK9			MO	DAY	YEAR	
Mailing Address 1 FACEBOOK WAY			1	14	2020	\$ 35.01
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Description of Expenditure CAMPAIGN ADS			
To Whom Paid FACEBOOK ADS (3 \$25, AD BUYS TOTALING \$75)			MO	DAY	YEAR	
Mailing Address 1 FACEBOOK WAY			1	18	2019	\$ 75.00
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Description of Expenditure			
To Whom Paid FACEBOOK ADS			MO	DAY	YEAR	
Mailing Address 1 FACEBOOK WAY			1	13	2020	\$ 250.00
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Description of Expenditure			
To Whom Paid FACEBOOK			MO	DAY	YEAR	
Mailing Address 1 FACEBOOK WAY			1	21	2020	\$ 51.93
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Description of Expenditure CAMPAIGN AD			
To Whom Paid FACEBOOK			MO	DAY	YEAR	
Mailing Address 1 FACEBOOK WAY			1	24	2020	\$ 60.00
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Description of Expenditure CAMPAIGN AD			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 7,008.90

SCHEDULE IV
STATEMENT OF UNPAID DEBTS
 Use this Section to itemize all unpaid debts and obligations
 which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate SCHROEDER, FRIENDS OF MICHAEL				Reporting Period From: <u>12/31/2019</u> To: <u>1/24/2020</u>			
DATE						Outstanding Balance of Debt	
Name of Creditor MICHAEL SCHROEDER				MO	DAY	YEAR	\$ 5,000.00
Mailing Address 189 SCHOOL HOUSE ROAD				11	25	2019	
City ANNVILLE	State PA	Zip Code (Plus 4) 17003	Description of Debt CAMPAIGN LOAN				
DATE						Outstanding Balance of Debt	
Name of Creditor MICHAEL SCHROEDER				MO	DAY	YEAR	\$ 1,450.00
Mailing Address 189 SCHOOL HOUSE ROAD				12	30	2019	
City ANNVILLE	State PA	Zip Code (Plus 4) 17003	Description of Debt CAMPAIGN LOAN				
DATE						Outstanding Balance of Debt	
Name of Creditor KAREN FEATHER				MO	DAY	YEAR	\$ 5,000.00
Mailing Address 180 SCHOOL HOUSE ROAD				11	25	2019	
City ANNVILLE	State PA	Zip Code (Plus 4) 17003	Description of Debt CAMPAIGN LOAN				
DATE						Outstanding Balance of Debt	
Name of Creditor KAREN FEATHER				MO	DAY	YEAR	\$ 100.00
Mailing Address 180 SCHOOL HOUSE ROAD				11	12	2019	
City ANNVILLE	State PA	Zip Code (Plus 4) 17003	Description of Debt CAMPAIGN LOAN				
DATE						Outstanding Balance of Debt	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 11,550.00	

