Commonwealth of Pennsylvania

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 :	2010482	**Report Filed By :**	**CANDIDATE**		**COMMITTEE**	✓	**LOBBYIST**					
Name of Filing Committee, Candidate or Lobbyist:	DONATUCCI, MARIA P FRIENDS OF											
Street Address:												
City:	PHILADELPHIA	**State:**	PA		**Zip Code:**	19145-0000						

TYPE OF REPORT (place X to the right of report type)										
	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.**X**	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓
	ANNUAL REPORT	7.	**Year** 2020		**FILING METHOD ( ) CHECK ONE**		**PAPER**	✓	**DISKETTE**	

Name of Office Sought by Candidate:

REPRESENTATIVE IN THE GENERAL ASSEMBLY

DATE OF ELECTION		
MO	**DAY**	**YEAR**
11	3	2020

District Number	**Office Code**	**Party Code**	**County Code**
185	STH	DEM	51

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	**MO**	**DAY**	**YEAR**	**TO**	**MO**	**DAY**	**YEAR**
	3	10	2020		5	18	2020

FOR OFFICE USE ONLY

A. Amount Brought Forward From Last Report	$	27,674.33
B. Total Monetary Contributions And Receipts (From Schedule I)	$	36,850.00
C. Total Funds Available (Sum Of Lines A and B)	$	64,524.33
D. Total Expenditures (From Schedule III)	$	37,045.37
E. Ending Cash Balance (Subtract Line D From Line C)	$	27,478.96
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

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
DONATUCCI, MARIA P FRIENDS OF	From: 3/10/2020 To: 5/18/2020

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)	$	250.00
All Other Contributions (Part B)	$	0.00
TOTAL for the Reporting Period (2)	$	250.00

3. Contributions Received Over $250.00 (From Part C and Part D)		
Contributions Received From Political Committees (Part C)	$	36,100.00
All Other Contributions (Part D)	$	500.00
TOTAL for the Reporting Period (3)	$	36,600.00

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.)	$	36,850.00

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
DONATUCCI, MARIA P FRIENDS OF	From: 3/10/2020 To: 5/18/2020

Full Name of Contributing Committee			MO	DAY	YEAR	DATE / AMOUNT
FRIENDS OF JARED SOLOMON						
Mailing Address			5	18	2020	$ 250.00
City PHILADELPHIA	**State** PA	**Zip Code (Plus 4)** 19101				

	PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.	$ 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 From: To:

Full Name of Contributor			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

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
DONATUCCI, MARIA P FRIENDS OF	From: 3/10/2020 To: 5/18/2020

Full Name of Contributing Committee	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO	DAY	YEAR	AMOUNT
LOCAL 0690 PLUMBERS UNION POL ACTION FUND		PHILADELPHIA	PA	19154	3	18	2020	$ 2,000.00
IRON WORKERS LOCAL 401		PHILADELPHIA	PA	19154	3	18	2020	$ 1,000.00
CHAPTER 830 DRIVE		PHILADELPHIA	PA	19154	3	18	2020	$ 500.00
PECO PAC		PHILADELPHIA	PA	19103-0000	3	18	2020	$ 500.00
LABORERS DISTRICT COUNCIL PAC		PHILADELPHIA	PA	19123	4	29	2020	$ 5,000.00
ROAD SPRINKLER FITTERS LOCAL UNION NO. 692 PAC		PHLADELPHIA	PA	19154	4	29	2020	$ 500.00

Full Name of Contributing Committee			MO	DAY	YEAR	$
BRIDGE ACROSS PA PAC			4	29	2020	1,000.00
Mailing Address						
City PHILADELPHIA	**State** PA	**Zip Code (Plus 4)** 19107				

Full Name of Contributing Committee			MO	DAY	YEAR	$
PA REALTORS PAC			4	29	2020	2,000.00
Mailing Address						
City LEMOYNE	**State** PA	**Zip Code (Plus 4)** 17043				

Full Name of Contributing Committee			MO	DAY	YEAR	$
IATSE LOCAL 8 PAC			5	18	2020	3,000.00
Mailing Address						
City PHILADELPHIA	**State** PA	**Zip Code (Plus 4)** 191480000				

Full Name of Contributing Committee			MO	DAY	YEAR	$
Local 22 Philadelphia Fire Fighters			5	18	2020	2,000.00
Mailing Address						
City Philadelphia	**State** PA	**Zip Code (Plus 4)** 19123				

Full Name of Contributing Committee			MO	DAY	YEAR	$
AFSCME COUNCIL 13 POL & LEG ACCT			5	18	2020	1,000.00
Mailing Address						
City HARRISBURG	**State** PA	**Zip Code (Plus 4)** 17111-1507				

Full Name of Contributing Committee			MO	DAY	YEAR	$
FRIENDS OF MATT BRADFORD			5	18	2020	1,000.00
Mailing Address						
City NORRISTOWN	**State** PA	**Zip Code (Plus 4)** 19404				

Full Name of Contributing Committee			MO	DAY	YEAR	$
MALCOLM FOR PA PAC			5	18	2020	600.00
Mailing Address						
City PHILADELPHIA	**State** PA	**Zip Code (Plus 4)** 19130				

Full Name of Contributing Committee			MO	DAY	YEAR	$
FRIENDS OF JOANNA MCCLINTON			5	18	2020	500.00
Mailing Address						
City PHILADELPHIA	**State** PA	**Zip Code (Plus 4)** 19139				

Full Name of Contributing Committee			MO	DAY	YEAR	$
IUPAT DC21 PAF			5	18	2020	5,000.00
Mailing Address						
City PHILADELPHIA	**State** PA	**Zip Code (Plus 4)** 19154				

Full Name of Contributing Committee			MO	DAY	YEAR	$
MID-ATLANTIC LABORERS' PAC FUND			5	18	2020	7,500.00
Mailing Address						
City FAIRFAX	**State** VA	**Zip Code (Plus 4)** 20190-5686				

Full Name of Contributing Committee			MO	DAY	YEAR	$
AMERICAN FEDERATION OF STATE EMPLOYEES			5	18	2020	3,000.00
Mailing Address						
City WASHINGTON	**State** DC	**Zip Code (Plus 4)** 20036				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
$	36,100.00

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
DONATUCCI, MARIA P FRIENDS OF	From: 3/10/2020 To: 5/18/2020

Full Name of Contributor	City	State	Zip Code (Plus 4)	DATE MO	DAY	YEAR	AMOUNT
MELISSA SHUSTERMAN	PHOENIXVILLE	PA	19460	5	15	2020	$ 500.00

Mailing Address	Employer Name	Occupation
	COMMONWEALTH OF PA	STATE REPRESENTATIVE

Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)
	PAOLI	PA	19301

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
$ 500.00

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	$ 0.00
Mailing Address						
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	Reporting Period
DONATUCCI, MARIA P FRIENDS OF	From: 3/10/2020 To: 5/18/2020

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 RECIEVED - 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:

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
Mailing Address						$ 0.00
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:

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
Mailing Address						$ 0.00
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
DONATUCCI, MARIA P FRIENDS OF	From 3/10/2020 To: 5/18/2020

To Whom Paid	City	State	Zip Code (Plus 4)	Mailing Address	DATE MO	DAY	YEAR	AMOUNT	Description of Expenditure
Capital One Bank	PHILADELPHIA	PA	19145		3	10	2020	$ 109.79	CAMPAIGN EXPENSE
SPBA	Philadelphia	PA	19145		3	25	2020	$ 100.00	ADVERTISING EXPENSE
FRANK ARGENZIO	PHILADELPHIA	PA	19145		3	11	2020	$ 58.00	Reimbursement of Campaign Expenses
Capital One Bank	PHILADELPHIA	PA	19145		3	10	2020	$ 190.01	CAMPAIGN EXPENSE
KRAIN OUTDOOR ADVERTISING	PHILADELPHIA	PA	19145		3	10	2020	$ 1,605.00	ADVERTISING EXPENSE
Capital One Bank	PHILADELPHIA	PA	19145		3	17	2020	$ 130.40	CAMPAIGN EXPENSE

To Whom Paid			MO	DAY	YEAR	
Capital One Bank						
Mailing Address			3	24	2020	$ 15.25
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19145	Description of Expenditure POSTAGE			

To Whom Paid			MO	DAY	YEAR	
Capital One Bank						
Mailing Address			4	14	2020	$ 386.75
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19145	Description of Expenditure PRINTING EXPENSE			

To Whom Paid			MO	DAY	YEAR	
Capital One Bank						
Mailing Address			4	21	2020	$ 551.80
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19145	Description of Expenditure POSTAGE			

To Whom Paid			MO	DAY	YEAR	
KEYSTONE OUTDOOR ADVERTISING						
Mailing Address			4	17	2020	$ 2,675.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19145	Description of Expenditure ADVERTISING EXPENSE			

To Whom Paid			MO	DAY	YEAR	
STUART ROSENBERG						
Mailing Address			4	20	2020	$ 1,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19145	Description of Expenditure WEBPAGE EXPENSE			

To Whom Paid			MO	DAY	YEAR	
KRAIN OUTDOOR ADVERTISING						
Mailing Address			4	6	2020	$ 1,200.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19145	Description of Expenditure ADVERTISING EXPENSE			

To Whom Paid			MO	DAY	YEAR	
Capital One Bank						
Mailing Address			4	28	2020	$ 385.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19145	Description of Expenditure POSTAGE			

To Whom Paid			MO	DAY	YEAR	
Capital One Bank						
Mailing Address			4	21	2020	$ 7.15
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19145	Description of Expenditure POSTAGE			

To Whom Paid			MO	DAY	YEAR	
CLEAR CHANNEL OUTDOOR						
Mailing Address			5	5	2020	$ 1,637.50
City PHILADELPHIA	**State** PA	**Zip Code (Plus 4)** 19145	**Description of Expenditure** ADVERTISING EXPENSE			

To Whom Paid			MO	DAY	YEAR	
INDEPENDENCE COMMUNICATION & CAMPAIGNS						
Mailing Address			5	5	2020	$ 14,798.97
City PHILADELPHIA	**State** PA	**Zip Code (Plus 4)** 19145	**Description of Expenditure** CAMPAIGN EXPENSE			

To Whom Paid			MO	DAY	YEAR	
FOUNDATION BLUE MEDIA						
Mailing Address			5	6	2020	$ 3,250.00
City PHILADELPHIA	**State** PA	**Zip Code (Plus 4)** 19145	**Description of Expenditure** CAMPAIGN EXPENSE			

To Whom Paid			MO	DAY	YEAR	
Capital One Bank						
Mailing Address			5	12	2020	$ 385.14
City PHILADELPHIA	**State** PA	**Zip Code (Plus 4)** 19145	**Description of Expenditure** PRINTING EXPENSE			

To Whom Paid			MO	DAY	YEAR	
Cedrone's Flowers						
Mailing Address			5	12	2020	$ 81.00
City Philadelphia	**State** PA	**Zip Code (Plus 4)** 19145	**Description of Expenditure** Donation			

To Whom Paid			MO	DAY	YEAR	
Capital One Bank						
Mailing Address			5	13	2020	$ 478.61
City PHILADELPHIA	**State** PA	**Zip Code (Plus 4)** 19145	**Description of Expenditure** PRINTING EXPENSE			

To Whom Paid			MO	DAY	YEAR	
INDEPENDENCE COMMUNICATION & CAMPAIGNS						
Mailing Address			5	18	2020	$ 8,000.00
City PHILADELPHIA	**State** PA	**Zip Code (Plus 4)** 19145	**Description of Expenditure** CAMPAIGN EXPENSE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	**PAGE TOTAL** $ 37,045.37