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 202 | 0C0563 | | | | Repo | | | CAN | NDIDATE COMMITTEE LOBBYIST | | | | | | | | | |
|---|-------------------------------|-------------|-----------|-----------|-----------|---------|------|----------------|---------|----------------------------|----------|-------|------------|------------------------|----------------|--|--------|-----------|----------|
| Name of Filing C | ommittee, Candi | date or L | obby | ist: | | CATH | IER | INE E | . SPA | HR | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | State: | | | | | | | | Zip Code: 19061 | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | | FRIDAY | / PRE- | 2. | | 30 DA PRIMA | | Р | OST- | 3. | | AMENDME REPORT? | NT | Yes | N | lo | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | | FRIDAY | / PRE | - 5. | | 30 DA ELECT | | Р | OST- | 6. | | TERMINAT REPORT? | ΓΙΟΝ | Yes | ١ | lo | \ |
| report type) | ANNUAL REPORT | Г 7. | Yea | r 2020 | | | | | IG ME | | | | | PAPER | | V | DISK | ETTE | |
| Name of Office S | ought by Candida | ate: | | | | • | • | | DAT | E O | F ELE | СТІ | ON | District Number | Office Code | Par | ty Cod | e Cou | |
| DEDDECENITATI | VE IN THE GENE | DAI ACC | EMBI | ıv | | | | | МО | | DAY | ١ | YEAR | 160 | STH | DEN | М | • | |
| KLIKESENTATI | VE IN THE GENE | TAL A33 | CITIO | LI | | | | | | 11 | | 3 | 2020 | | (SEE IN: | STRUCTI | ONS FO | R CODES | 6) |
| Summary of | | МО | D. | AY | YEAR | | | | МО | | DAY | ' | YEAR | FOF | OFFIC | E USE | ONL | 1 | |
| Expenditures | Trom: | | 3 | 10 | 20 |)20 | T | 0 | | 5 | : | 18 | 2020 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | epor | t | | | | \$ | | | | | 0.00 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts | (From | Sched | dule 1 | I) | \$ | | | | | 537.50 | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and | В) | | | | \$ | | | | | 0.00 | | | | | | |
| D. Total Expend | ditures (From Scl | nedule II | Ι) | | | | | \$ | | | | | 856.50 | | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | From | 1 Line C | C) | | | \$ | | | | (3 | 319.00) | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (F | rom So | hedul | e II) | | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligation | s (From S | Sched | dule IV |) | | | \$ | | | | | 0.00 | | | ' | | | |
| | | | | | AFF: | IDA | VI٦ | ΓSE | CTIC | N | | | | | | | | | |
| PART I - If this is | | | | _ | | | | | | | • | | | | | | | | |
| I swear (or affirm) correct and comple | that this report, inc ete. | cluding the | e attac | ched sch | edules | filed | on p | paper (| or by e | lectr | onic m | ediu | m, are to | the best of | my knov | wledge | and be | lief , tr | rue |
| Sworn to and subs | cribed before me th day of | is | 20 | | | | | | | | | | Signatur | e of Person | Submitt | ing Re | oort | | _ |
| | Signat | | _ | | | | | <u>-</u> | | | | | | Printe | ed Name | <u>, </u> | | | _ |
| My Commission Ex | _ | | | | | | | | | • | | | | Email | | | | | - |
| | мо | D | AY | | YR | | | | | | Are | ea Co | ode | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report of a car | ididate's | auth | orized | Comm | ittee | , Ca | ndid | ate sh | alls | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of | my knowle | edge a | and belie | ef this | politic | cal | comm | ittee h | as no | ot viola | ted a | any provis | ions of the | act of J | une 3,1 | 937 (P | .L. 133 | з, |
| Sworn to and subsc | | ; | | | | | | | | | - | | S | ignature of | Candida | ate | | | - |
| | day of | | _ 20 _ | | | | | • | | | | | | Printed | Name | | | | - |
| My Commission Exp | Signature | | | | | | | • | | - | | | | Email | | | | | _ |
| My Commission Exp | | | | | | | | | | | | | | | | | | | _ |
| | мо | D | AY | | YR | | | | | | Area | Code | e | Da | time T | elephor | ne Num | ber | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|----------|--------------|-----------|
| CATHERINE E. SPAHR | From: | 3/10/202 | <u>0</u> To: | 5/18/2020 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | g 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 | J Period | (2) | \$ | 0.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 537.50 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | y Period | (3) | \$ | 537.50 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | g Period | (4) | \$ | 0.00 |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 537.50 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | this Part to itemize onl with an aggregate valu | - | | | - | | | |
|------------------------|--|-------------------|-----|---------|--------|------|----|------------|
| Name of Filing Comm | nittee or Candidate | | Re | porting | Period | | | |
| | | | Fro | om: | | То | : | |
| | | L | | | DATE | | | AMOUNT |
| Full Name of Contribut | ing Committee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) |) | | | | | |
| | • | • | | | | - | | DAGE TOTAL |

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

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 of | or Candidate | | Rep Fro | oorting P | eriod | To |): | |
|-----------------------------|--------------|-------------------|------------|-----------|-------|------|----|--------|
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | ١ | | | | | |

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 Pe | 'eriod | | | | | |
|---------------------------------------|--------------|-----------|-----|-----------|--|--|--|
| CATHERINE E. SPAHR | From: | 3/10/2020 | То: | 5/18/2020 | | | |

DATE AMOUNT

| Full Name of Contributing Committee FRIENDS OF CATHY SPAHR | МО | DAY | YEAR | | | |
|--|--------------------|-----------------------------------|------|------------------|------|--|
| Mailing Address PO BOX 2312 | | | | \$ 537.50 | | |
| City BOOTHWYN | State PA | Zip Code (Plus 4) 19061 | 4 | 30 | 2020 | |

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

PAGE TOTAL \$ 537.50

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 | | | | | |
|---------------------------------------|----------------|--------------|-------------------------|---------------------------------|--|---|--|--|--|--|
| | | Fron | om: To: | | | | | | | |
| | | | D/ | ATE | | АМО | UNT | | | |
| | | | МО | DAY | YEAR | | | | | |
| | | | | | | \$ | 0.00 | | | |
| State | Zip Code (Plus | s 4) | | | | | | | | |
| | | | Occupat | ion | | | | | | |
| e of | City | | | State | | Zip Code (| Plus 4) | | | |
| lule I, Detailed Su | ımmary Page, | Section | on 3. | | 4 | | E TOTAL 0.00 | | | |
| | e of | e of City | State Zip Code (Plus 4) | State Zip Code (Plus 4) Occupat | State Zip Code (Plus 4) Occupation Octobroad Octobro | State Zip Code (Plus 4) Occupation Occupation Olivy State State Output Date Occupation Output Output | DATE AMO MO DAY YEAR \$ State Zip Code (Plus 4) Occupation Occupation PAG | | | |

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 Car | ndidate | | Report | ing Perio | od | | | |
|---------------------------------|----------------------|----------------|---------|-----------|-----|------|----|-----------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | A | MOUNT |
| Full Name | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | · | | | | | | |
| Enter Grand Total of Part E on | Schedule T. Detailed | d Summary Page | Section | 4 | | | P | AGE TOTAL |
| | 2, 200 0000 | | 22300 | | | | \$ | 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 Perio | od | |
|--|-----------------|-----------------------|------------------|
| CATHERINE E. SPAHR | From: | 3/10/2020 To : | <u>5/18/2020</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| 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 Candid | ate | | Reportin | g Period | | | |
|------------------------------------|--------------------|-----------------------|----------|-----------|------|-----------|------------|
| | | | From: | | | To: | |
| | | | | 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 S | chedule II, In-Kir | nd Contributions Deta | iled Sun | nmary Pag | je, | | PAGE TOTAL |
| Section 2. | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidat | e | | | | Re | porting F | Period | | | |
|---|--------------|---------|------------|---------|-------|-----------|-----------|--------|-----------|--------------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(F | Plus 4) | | | | | | |
| Employer of Contributor | • | | • | | | Occupa | tion | | • | |
| Employer Mailing Address/Principal Pla Business | ace of | City | | State | | Zip 4) | Code(Plus | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sc Summary Page, Section 3. | hedule II, I | In-Kind | Contributi | ons De | taile | ed | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Pe | eriod | | |
|---------------------------------------|--------------|-----------|-----|------------------|
| CATHERINE E. SPAHR | From | 3/10/2020 | То: | <u>5/18/2020</u> |

| | | DATE | | | AMOUNT | | |
|---|--|-----------------------------------|-------------------------------|----|--------|--|--|
| To Whom Paid USPS | МО | DAY | YEAR | | | | |
| Mailing Address 3390 CHICHESTER AVE | 1 | 11 | 2020 | \$ | 90.00 | | |
| City UPPER CHICHESTER State PA 19061 | Descri | Description of Expenditure STAMPS | | | | | |
| To Whom Paid USPS | мо | DAY | YEAR | | | | |
| Mailing Address 3390 CHICHESTER AVE | 2 | 15 | 2020 | \$ | 35.00 | | |
| City UPPER CHICHESTER State PA PA 19061 | Descri | Description of Expenditure STAMPS | | | | | |
| To Whom Paid USPS | мо | DAY | YEAR | | | | |
| Mailing Address 3390 CHICHESTER AVE | 3 | 15 | 2020 | \$ | 34.00 | | |
| | | | 1 | 1 | | | |
| City UPPER CHICHESTER State PA 19061 | PO BO | iption of Exp | penditure | | | | |
| · OFFER CHICHESTER | Descri | | yEAR | | | | |
| To Whom Paid | PO BC | x T | | \$ | 35.00 | | |
| To Whom Paid USPS Mailing Address | PO BO | DAY 6 | YEAR 2020 | \$ | 35.00 | | |
| To Whom Paid USPS Mailing Address 3390 CHICHESTER AVE City UPPER CHICHESTER State Zip Code (P | PO BO MO 4 lus 4) Descri | DAY 6 | YEAR 2020 | \$ | 35.00 | | |
| To Whom Paid USPS Mailing Address 3390 CHICHESTER AVE City UPPER CHICHESTER PA 2ip Code (P PA 19061) To Whom Paid | PO BC MO 4 lus 4) Descri | DAY 6 iption of Exp | YEAR 2020 penditure | \$ | 35.00 | | |
| To Whom Paid USPS Mailing Address 3390 CHICHESTER AVE City UPPER CHICHESTER State PA 19061 To Whom Paid USPS Mailing Address 3390 CHICHESTER AVE | MO August 4) Description MO 4 MO 4 | DAY 6 iption of Expos DAY 13 | YEAR 2020 penditure YEAR 2020 | \$ | | | |

| To Whom Paid USPS | | | мо | DAY | YEAR | | | |
|--------------------------------|--------------------|-----------------------------------|---------------------------------------|-----|------|----|------------|--|
| Mailing Address 3390 CHICHEST | TER AVE | | 4 | 20 | 2020 | \$ | 55.00 | |
| City UPPER CHICHESTER | State PA | Zip Code (Plus 4) 19061 | Description of Expenditure STAMPS | | | | | |
| To Whom Paid USPS | | | МО | DAY | YEAR | | | |
| Mailing Address 3390 CHICHEST | TER AVE | | 4 | 22 | 2020 | \$ | 55.00 | |
| City UPPER CHICHESTER | State PA | Zip Code (Plus 4) 19061 | Description of Expenditure STAMPS | | | | | |
| To Whom Paid SIGN ROCKET | | | МО | DAY | YEAR | | | |
| Mailing Address 340 BROADWA | / AVE | | 3 | 23 | 2020 | \$ | 537.50 | |
| City ST. PAUL PARK | State MN | Zip Code (Plus 4) 55071 | Description of Expenditure YARD SIGNS | | | | | |
| Enter Grand Total of Expenditu | res on Page 1, R | eport Cover Page, Item D | _ | | | | PAGE TOTAL | |
| | | | | | | \$ | 946.50 | |