

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b>		20190276		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FOUNTAIN, TRACIE FOR PA												
<b>Street Address:</b> 1326 FULTON STREET												
<b>City:</b> HARRISBURG						<b>State:</b> PA		<b>Zip Code:</b> 17102-1716				
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. X	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	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
AUDITOR GENERAL						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	-1	AUD	DEM	22
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		5	19	2020		6	22	2020				
<b>A. Amount Brought Forward From Last Report</b>						\$		1,974.57				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$		596.50				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$		2,571.07				
<b>D. Total Expenditures (From Schedule III)</b>						\$		5,536.07				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$		(2,965.00)				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$		0.00				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$		1,849.49				

## 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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FOUNTAIN, TRACIE FOR PA	From: <u>5/19/2020</u> To: <u>6/22/2020</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 246.50

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 350.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 350.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 596.50
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**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)**

<b>Name of Filing Committee or Candidate</b> FOUNTAIN, TRACIE FOR PA	<b>Reporting Period</b> From: <u>5/19/2020</u> To: <u>6/22/2020</u>
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DATE	AMOUNT
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<b>Full Name of Contributor</b> Phyllis Hankin			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
<b>Mailing Address</b> 644 Hollace Street			5	19	2020	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15219				

<b>Full Name of Contributor</b> Andrea Griffin			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 150.00
<b>Mailing Address</b> 232 Crescent Gardens Dr			5	25	2020	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15235				

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

<b>PAGE TOTAL</b>
\$ 350.00

**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	\$	0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>
\$ 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	Reporting Period
	From: <span style="float: right;">To:</span>

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
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.

<b>PAGE TOTAL</b>
\$ 0.00

## 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: <span style="float: right;">To:</span>
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				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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FOUNTAIN, TRACIE FOR PA		From: <u>5/19/2020</u> To: <u>6/22/2020</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>  <div style="display: flex; justify-content: space-between;"> <span><b>From:</b></span> <span><b>To:</b></span> </div>
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			DATE			AMOUNT
<b>Full Name of Contributor</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">\$</span> <span>0.00</span> </div>
<b>Mailing Address</b>						
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>				
<b>Description of Contribution:</b>						
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>						<b>PAGE TOTAL</b>  <div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">\$</span> <span>0.00</span> </div>



# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FOUNTAIN, TRACIE FOR PA	From <u>5/19/2020</u> To: <u>6/22/2020</u>

				DATE		AMOUNT	
To Whom Paid DOCUCARE Copy Service				MO	DAY	YEAR	\$ 250.00
Mailing Address 900 N. Broad Street				5	20	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19130	Description of Expenditure Printing				
To Whom Paid USPS				MO	DAY	YEAR	\$ 18.85
Mailing Address 100 S. Broad Street, Ste 30				5	20	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Description of Expenditure Mailing				
To Whom Paid SUNOCO				MO	DAY	YEAR	\$ 17.98
Mailing Address 1 E. City Line Ave				5	27	2020	
City Belmont Hill	State PA	Zip Code (Plus 4) 19004	Description of Expenditure Gas				
To Whom Paid USPS				MO	DAY	YEAR	\$ 7.75
Mailing Address 100 S. Broad St, Ste 30				5	28	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Description of Expenditure Mailing				
To Whom Paid DeMaria Consulting LLC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1635 Market Street, 16th Floor				5	30	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure Compliance Services				
To Whom Paid Philly Vote				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 5311 Florence Avenue				5	30	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Description of Expenditure Literature - GOTV - Distribution				

<b>To Whom Paid</b> PA Engagement LLC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 3,241.49
<b>Mailing Address</b> 1500 Walnut Street, Ste 409			6	1	2020	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19102	<b>Description of Expenditure</b> Contract Agreement			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> <b>\$</b> 5,536.07

**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**

<b>Name of Filing Committee or Candidate</b>  FOUNTAIN, TRACIE FOR PA	<b>Reporting Period</b>  From: <u>5/19/2020</u> To: <u>6/22/2020</u>
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				DATE		Outstanding Balance of Debt		
Name of Creditor				MO	DAY	YEAR		
Tracie Fountain								
Mailing Address				1326 Fulton St	6	22	2020	\$ 1,849.49
City	Harrisburg	State	PA	Zip Code (Plus 4)	17102	Description of Debt		
						Carried Debt from C2		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								PAGE TOTAL
								\$ 1,849.49