

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 :		20190276		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FOUNTAIN, TRACIE FOR PA												
Street Address: 1326 FULTON STREET												
City: HARRISBURG						State: PA			Zip Code: 17102-1716			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	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
AUDITOR GENERAL						MO	DAY	YEAR	-1	AUD	DEM	22
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	19	2020		6	22	2020				
A. Amount Brought Forward From Last Report						\$ 1,974.57						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 596.50						
C. Total Funds Available (Sum Of Lines A and B)						\$ 2,571.07						
D. Total Expenditures (From Schedule III)						\$ 5,536.07						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ (2,965.00)						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 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

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

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

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)	\$ 350.00
TOTAL for the Reporting Period (2)	\$ 350.00

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

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.)	\$ 596.50
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

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 FOUNTAIN, TRACIE FOR PA	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>
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				DATE			AMOUNT		
Full Name of Contributor					MO	DAY	YEAR	\$	150.00
Andrea Griffin									
Mailing Address					5	25	2020		
232 Crescent Gardens Dr									
City			State		Zip Code (Plus 4)				
Pittsburgh			PA		15235				

Full Name of Contributor Phyllis Hankin				MO	DAY	YEAR	\$ 200.00
Mailing Address 644 Hollace Street				5	19	2020	
City Pittsburgh	State PA	Zip Code (Plus 4) 15219					

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

PAGE TOTAL
\$ 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.

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	Reporting Period
	From: To:

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 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.

PAGE TOTAL
\$ 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: 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	
FOUNTAIN, TRACIE FOR PA		From: <u>5/19/2020</u> To: <u>6/22/2020</u>	
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	\$ 0.00
Mailing Address						
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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
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	
Mailing Address 900 N. Broad Street	5	20	2020	\$ 250.00
City Philadelphia	State PA	Zip Code (Plus 4) 19130	Description of Expenditure Printing	
To Whom Paid USPS	MO	DAY	YEAR	
Mailing Address 100 S. Broad Street, Ste 30	5	20	2020	\$ 18.85
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Description of Expenditure Mailing	
To Whom Paid SUNOCO	MO	DAY	YEAR	
Mailing Address 1 E. City Line Ave	5	27	2020	\$ 17.98
City Belmont Hill	State PA	Zip Code (Plus 4) 19004	Description of Expenditure Gas	
To Whom Paid USPS	MO	DAY	YEAR	
Mailing Address 100 S. Broad St, Ste 30	5	28	2020	\$ 7.75
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Description of Expenditure Mailing	
To Whom Paid DeMaria Consulting LLC	MO	DAY	YEAR	
Mailing Address 1635 Market Street, 16th Floor	5	30	2020	\$ 1,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure Compliance Services	

To Whom Paid Philly Vote			MO	DAY	YEAR	
Mailing Address 5311 Florence Avenue			5	30	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Description of Expenditure Literature - GOTV - Distribution			
To Whom Paid PA Engagement LLC			MO	DAY	YEAR	
Mailing Address 1500 Walnut Street, Ste 409			6	1	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure Contract Agreement			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 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**

Name of Filing Committee or Candidate FOUNTAIN, TRACIE FOR PA				Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>			
DATE							Outstanding Balance of Debt
Name of Creditor Tracie Fountain				MO	DAY	YEAR	\$ 1,849.49
Mailing Address 1326 Fulton St				6	22	2020	
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