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 2016	0255			Rep File	oort		CAND	IDATE		СОМ	4ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		SPIF	RIT (OF 17	76									_
Street Address:	3031A WALTO	on Roai)														
City:	PLYMOUTH MI	EETING						State:	PA			Zip Cod	ie: 19	9462			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2	2.	30 DA		POST-	3. X		AMENDM REPORT?		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	<u>-</u> !	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2020					NG METH CHECK C				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE (F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Count	
								МО	DAY	YI	EAR		1				
								11		3	2020		(SEE IN	STRUCTIO	ONS FOR (ODES)	
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		5 19	2	020	Т	<u> </u>	6	5	22	2020						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			150,	740.00						
B. Total Monetary Contributions And Receipts (From S						I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			150,	740.00						
D. Total Expenditures (From Schedule III)							\$			25,0	00.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line C	E)			\$			125,7	740.00						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•			
				AFF	IDA	١٧٧	T SE	CTION									
	s a Committee rep	-	_														
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edule	s filed	d on	paper	or by elec	tronic m	edium	ı, are to t	he best o	f my kno	wledge	and belie	ef , tru	ie,
Sworn to and subs	cribed before me this day of	i	20							S	Signature	of Perso	n Submit	ting Rep	ort		-
	Signatu	ra					-					Prin	ted Name	e			-
My Commission Ex	_											Ema	il				-
	мо	D	AY	YR					Ar	ea Cod	de	Daytim	e Teleph	one Nu	mber		_
Part II- If this is	a report of a cand	didate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		ny knowle	edge and belie	ef this	polit	ical	comm	ittee has	not viola	ited ar	ny provis	sions of the act of June 3,1937 (P.L. 1333,					
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
	day of 						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	_											Ema	il				
	МО	D	AY	YR	1		•		Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
SPIRIT OF 1776	From:	5/19/202	<u>0</u> To:	6/22/2020
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)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	0.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE 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 Fining Committee of Canadate			Reporting Period From: To:					
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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			Rep	orting Pe	riod			
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL
							\$	0.00

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		Report	ing Perio	od			
			From:			To:		
				D	ATE			AMOUNT
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 I. Detailed	d Summary Page	Section	4			ı	PAGE TOTAL
	Januario 1, Betailet	a cannual y 1 age,	200011	••			\$	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	d	
SPIRIT OF 1776	From:	<u>5/19/2020</u> To:	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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		Reporting	g Period			
			From:			То:	
				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 Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		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:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period				
SPIRIT OF 1776	From	<u>5/19/2020</u>	То:	6/22/2020		

				DATE			AMOUNT
To Whom Paid PA Alliance Action				DAY	YEAR		
Mailing Address 121 South Broad, Ste 400				4	2020	\$	25,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19107	Descrip Contrib	otion of Exp oution	penditure		
Enter Grand Total of Expenditures	Inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							25,000.00