# **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 :	i <b>on</b> 2010	054			Repo Filed		CAN	IDI	DATE		СОМ	AITTEE	✓	LOB	BYIST		
	Committee, Candid	ate or Lo	obbyist:			-	F MARC	IA H	L HAHN	_							
Street Address:	136 E. NORTH	HAMPTO	N STREET														
City:	BATH						State: PA				Zip Co	<b>Zip Code:</b> 18014					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					DAY MARY	Ρ	POST- 3. <b>X</b>			AMENDM REPORT		Yes	N	D	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					DAY CTION	Ρ	POST- 6.			TERMIN/ REPORT		Yes	N	D	$\checkmark$
report type)	ANNUAL REPORT	7.	<b>Year</b> 2020				ING ME ) CHECH					PAPER			DISK	ETTE	$\checkmark$
Name of Office S	L Sought by Candida	te:					DAT	0	F ELEC	TIO	N	District Number	Office Code	Pai	ty Code	Cou	
DEDDECENTAT							мо		DAY	YE	AR	138	STH	REF	)	48	
REPRESENTATI	REPRESENTATIVE IN THE GENERAL ASSEMBLY							11	3	3	2020	·	(SEE INS	TRUCTI	ONS FOR	CODES	i)
	Receipts and	мо	DAY	YEAR	2		мо		DAY	YE	AR	FC	R OFFIC	e use	ONLY		
Expenditures	s from:		5 19	2	020	то		6	22	2	2020						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			26,4	44.65						
B. Total Monet	ary Contributions	And Rec	eipts (From	n Sche	dule I)		\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			26,4	44.65						
D. Total Expen	ditures (From Sch	edule II	1)				\$				0.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$		2	26,44	14.65	-					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)		\$				0.00	-					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	')			\$				0.00						
				AFF	IDAV	IT S	ECTIO	N									
	s a Committee rep	•	-								_						
correct and comple	) that this report, incl ete.	luding the	attached sci	nedules	s filed of	n pape	er or by e	ectr	ronic med	aium,	are to t	ine best o	т ту кпом	leage	and bei	ier , ti	ue
Sworn to and subs	cribed before me this day of 	5	20							Si	gnature	e of Perso	n Submitt	ing Re	port		
	Signatu	re				_						Prin	ted Name				_
My Commission Ex	xpires							-				Ema	il				_
	МО	DA	AY	YR					Area	a Code	•	Daytim	e Telepho	one Nu	mber		
	a report of a cand that to the best of n								-		provis	ions of th	e act of Ju	ne 3,1	937 (P.	L. 133	з,
	ribed before me this										s	ignature o	of Candida	te			-
	day of											-					_
	Signature											Printe	d Name				
My Commission Exp	-							-				Ema	il				-
	МО	D	AY	YR		_			Area C	ode		D	aytime Te	lephor	ne Num	ber	-

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF MARCIA HAHN From: <u>5/19/2020</u> To: 6/22/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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			
			From:		То	:	
		· · · · ·		DATE			AMOUNT
Full Name of Contributing Com	mittee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
	-		-				PAGE TOTAL
Enter Grand Total of Part A	on Schedule I, Detail	ed Summary Page, Sect	ion 2.			\$	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 Candidat	e		Rep Froi	orting P m:	eriod	тс	):	
					DATE			AMOUNT
								AMOUNT
Full Name of Contributor				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								

# 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 Can	Name of Filing Committee or Candidate			Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:	

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Princi Business	pal Place of		City		State		Zip Code (	(Plus 4)
Enter Grand Total of Part C o	n Schedule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sectior							5	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	Name of Filing Committee or Candidate			ting Perio	od				
				From: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
Linter Granu Total of Part E		i Suillilai y Page,	Section				\$		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		
FRIENDS OF MARCIA HAHN	From:	<u>5/19/2020</u> <b>To:</b>	<u>6/22/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſ F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting	g Period			
Fr						То:	
				DATE		АМО	UNT
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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting P	Period				
					Fro	From: 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 Place of City State Business				State		Zip Code(Plus 4) Descrip			ption of	Contribution

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
					То:		
		AMOUNT					
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City	City State Zip Code (Plus 4)			otion of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
	Ji Page 1, Report C	over Page, Item I				\$	0.00

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