Campaign Finance Report

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

Filer Identification 20160255 Number :						Report CANDII			DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Cand	idate or L	obbyist:		SPIR	RIT (OF 17	76									_
Street Address:	3031A WAL	TON ROA	D														
City:	PLYMOUTH	MEETING						State:	PA			Zip Cod	le: 19	9462			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	Y PRI	≣- 5	5. X	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No		/
report type)	ANNUAL REPOR	T 7.	Year 2020					ING METHOD I) CHECK ONE					PAPER			TTE	
Name of Office S	of Office Sought by Candidate:							District Number	Office Code	Par	ty Code	Coun					
								МО	DAY	YE	AR		10000			-	
								11		3	2020		(SEE IN	STRUCTI	ONS FOR (ODES)	-
Summary of Expenditures	Receipts and	МО	DAY	YEAR	t		_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			9 15	2	020	Т	<u> </u>	10	:	19	2020						
A. Amount Bro	ught Forward Fr	om Last R	eport				\$			137,9	940.00						
B. Total Monet	ary Contribution	s And Rec	eipts (From	Sche	dule	I)	\$			3,6	500.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			141,5	540.00						
D. Total Expen	ditures (From So	hedule II	1)				\$				0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$		-	141,5	40.00						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedu	le II))	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From	Schedule IV	')			\$				0.00			1			
				AFF	IDA	VI	ΓSE	CTION									
PART I - If this is			_						-		_						
I swear (or affirm) correct and comple		ncluding th	e attached scl	hedule	s filed	l on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before me t day of	his	20							S	ignature	of Perso	n Submit	ting Rep	ort		-
							- -					Prin	ted Name	e			-
My Commission Ex	Signa opires	ture										Ema	il				-
	мо	D	AY	YR			-		Are	ea Cod	le		e Telepi	none Nu	mber		-
Part II- If this is	a report of a ca	ndidate's	authorized	Comr	nittee	e, C	andida	ate shall	sign he	ere.							ī
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ef this	politi	ical	comm	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me th	is									Si	ignature o	of Candid	ate			-
	day of						_					Du!4	d Nac				_
	Signatur	<u> </u>					-					Printe	d Name				
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:	9/15/202	<u>0</u> To:	10/19/2020
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)			\$	3,600.00
TOTAL for the Reporting) Period	(3)	\$	3,600.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			\$	3,600.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Committee or Candidate				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 Candidate					Reporting Period From: To:				
					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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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 of Candidate Repo						porting Period					
SPIRIT OF 1776	SPIRIT OF 1776 From					m: 9/15/2020			10/19/2020		
					D	ATE		АМ	OUNT		
Full Name of Contributor UFCW Local 1776ks					МО	DAY	YEAR				
Mailing 3031a Walton Rd					9	26	2020	\$	3,600.00		
City Plymouth Meeting	State PA		i p Code (Plus 9462	5 4)	9	20	2020				
Employer Name N/A					Occupat	tion N	I/A				
Employer Mailing Address/Principal Pla Business	ace of		City			State		Zip Code	(Plus 4)		
N/A			Plymouth	n Meeti	ng	PA		19462			
Enter Grand Total of Part C on Sch	edule I, Detailed :	Sumr	mary Page,	Section	on 3.			PA	GE TOTAL		
								\$	3,600.00		

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 Ca	ndidate		Report	ting 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.			PAGE TOTAL
			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	d	
SPIRIT OF 1776	From:	9/15/2020 To:	10/19/2020
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 Candidat	Reporting	g Period					
	From:						
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting P	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	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Reporti						
			From			То:	
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00