

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 :		20190229		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: HARTMAN, CHRISTINA FOR PA												
Street Address: PO BOX 1576												
City: LANCASTER						State: PA			Zip Code: 17608			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	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: AUDITOR GENERAL						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	-1	AUD	DEM	36
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		6	23	2020		9	14	2020				
A. Amount Brought Forward From Last Report						\$ 3,003.86						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 584.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 3,587.86						
D. Total Expenditures (From Schedule III)						\$ 3,587.86						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 0.00						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

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
HARTMAN, CHRISTINA FOR PA	From: <u>6/23/2020</u> To: <u>9/14/2020</u>

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)	\$ 500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 500.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 84.00

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.)	\$ 584.00
---	-----------

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	Reporting Period
	From: To:

DATE			AMOUNT
------	--	--	--------

Full Name of Contributor			MO	DAY	YEAR	\$0.00
Mailing Address						
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	
HARTMAN, CHRISTINA FOR PA	From: <u>6/23/2020</u>	To: <u>9/14/2020</u>

					DATE			AMOUNT	
Full Name of Contributing Committee					MO	DAY	YEAR	\$500.00	
Friends of Mary Jo Daley									
Mailing Address					6	30	2020		
1294 Montgomery Ave			City					State	
Narberth			PA		19072				

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

PAGE TOTAL	
\$	500.00

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	\$ 0.00
Mailing Address							
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 HARTMAN, CHRISTINA FOR PA	Reporting Period From: <u>6/23/2020</u> To: <u>9/14/2020</u>
---	--

				DATE	AMOUNT	
Full Name			MO	DAY	YEAR	
Paychex Inc						
Mailing Address 911 Panorama Trail South			8	7	2020	\$ 84.00
City Rochester	State NY	Zip Code (Plus 4) 14625-0397				
Receipt Description Refund						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 84.00

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	
HARTMAN, CHRISTINA FOR PA		From: <u>6/23/2020</u> To: <u>9/14/2020</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

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$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)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
HARTMAN, CHRISTINA FOR PA	From <u>6/23/2020</u> To: <u>9/14/2020</u>

DATE				AMOUNT
To Whom Paid Paychex, LLC	MO	DAY	YEAR	
Mailing Address 911 Panorama Trail South	7	1	2020	\$ 275.45
City Rochester	State NY	Zip Code (Plus 4) 14625-0397	Description of Expenditure Payroll Fees	
To Whom Paid Paychex, LLC	MO	DAY	YEAR	
Mailing Address 911 Panorama Trail South	8	14	2020	\$ 16.95
City Rochester	State NY	Zip Code (Plus 4) 14625-0397	Description of Expenditure Payroll Fees	
To Whom Paid Political Compliance Group LLC	MO	DAY	YEAR	
Mailing Address Three Logan Square	7	2	2020	\$ 1,500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure Compliance	
To Whom Paid Political Compliance Group LLC	MO	DAY	YEAR	
Mailing Address Three Logan Square	7	24	2020	\$ 500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Description of Expenditure Compliance	
To Whom Paid Karen Douglass	MO	DAY	YEAR	
Mailing Address 157 Harvard Dr	6	29	2020	\$ 30.00
City Trappe	State PA	Zip Code (Plus 4) 19426-1963	Description of Expenditure Contribution Refund	

To Whom Paid Karen Douglass			MO	DAY	YEAR	\$ 15.00
Mailing Address 157 Harvard Dr			6	30	2020	
City Trappe	State PA	Zip Code (Plus 4) 19426-1963	Description of Expenditure Contribution Refund			
To Whom Paid ActBlue			MO	DAY	YEAR	\$ 0.50
Mailing Address PO Box 441146			8	11	2020	
City Somerville	State MA	Zip Code (Plus 4) 02144-0031	Description of Expenditure Processing Fees			
To Whom Paid ActBlue			MO	DAY	YEAR	\$ 17.35
Mailing Address PO Box 441146			7	3	2020	
City Somerville	State MA	Zip Code (Plus 4) 02144-0031	Description of Expenditure Processing Fees			
To Whom Paid Blue Parasol Group, LLC DBA Paragon Payment Solutions			MO	DAY	YEAR	\$ 0.45
Mailing Address 2141 E. Broadway Rd., Suite 202			7	2	2020	
City Tempe	State AZ	Zip Code (Plus 4) 85282	Description of Expenditure Merchant Fees			
To Whom Paid NGP			MO	DAY	YEAR	\$ 150.00
Mailing Address PO Box 392264			6	29	2020	
City Pittsburgh	State PA	Zip Code (Plus 4) 15251-9264	Description of Expenditure NGP System			
To Whom Paid Caroline Ross			MO	DAY	YEAR	\$ 996.06
Mailing Address 1515 Park Rd NW #5			9	14	2020	
City Washington	State DC	Zip Code (Plus 4) 20010	Description of Expenditure Mileage Reimbursement			

To Whom Paid Vantiv			MO	DAY	YEAR	
Mailing Address 8500 Governors Hill Drive			7	9	2020	
City Symmes Township	State OH	Zip Code (Plus 4) 45249-1384	Description of Expenditure Processing Fees			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 3,587.86

