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 20:	150282			Rep File			CA	NDII	DATE		СОМИ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Cand	idate or L	obbyist:		DAW	'KIN	IS, JA	SON	FRII	ENDS	OF			·				
Street Address:	6333 GLENI	LOCH STR	REET															
City:	PHILADELPH	AIF						State	e:	PA			Zip Code: 19135					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2		30 DA		Р	OST-	3.		AMENDM REPORT?	Yes	N	0	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	. X	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPOR	₹ T 7.	Year 2020					NG METHOD CHECK ONE					PAPER	√	DISK	ETTE		
Name of Office S	ought by Candid	date:						DAT	E O	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Code	
REPRESENTATI	VE IN THE GEN	ΕΡΔΙ ΔΟς	SEMBLY					МО		DAY	Y	'EAR	179	STH	DEI	1	51	
KEI KESENIIKII	VE IIV IIIE GEIV	LIVIL 7100	JEI IDE I						11		3	2020		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		МО	DAY	YEAR	R			МО		DAY	Y	'EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:		7 3	2	020	Т	0		10		19	2020						
A. Amount Bro	ught Forward Fr	om Last P	Report				\$				5,	,227.58						
B. Total Moneta	ary Contribution	s And Rec	eipts (Fron	n Sche	dule	I)	\$				6,	,400.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$				11,	,627.58						
D. Total Expend	ditures (From So	:hedule II	ΙΙ)				\$					2.77						
E. Ending Cash	Balance (Subtra	act Line D	From Line	C)			\$				11,	624.81						
F. Value Of In-	Kind Contributio	ns Receiv	red (From S	chedu	le II))	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From :	Schedule I\	/)			\$					0.00						
				AFF	IDA	VI	ΓSE	CTIC	NC									
PART I - If this is			_									_		e I	.11		:-e	
I swear (or affirm) correct and comple		nciuaing th	e attached sc	neaules	s filea	on	paper	or by e	electr	onic m	eaiun	n, are to t	ne best o	r my knov	vieage	and be	ıет , tr	ue
Sworn to and subs	cribed before me t day of	his	20						•			Signature	of Perso	n Submitt	ing Re _l	ort		
	Signa	iture					-						Prin	ted Name				-
My Commission Ex	pires						_						Emai	il				
	МО	D	AY	YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nittee	e, C	andid	ate sl	nalls	sign h	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and bel	ief this	politi	cal	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me th day of	is	20									s	ignature o	of Candida	ite			_
							-						Printe	d Name				-
	Signatur	<u></u> е					-						-	:1				_
My Commission Exp	ires												Emai	11				
	мо	D	AY	YR			-			Area	Code	1	Da	aytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
DAWKINS, JASON FRIENDS OF	From:	7/3/202	<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)			\$	5,900.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	5,900.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	500.00
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			\$	6,400.00

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 Candidat	e		Reporting	Period			
		1	From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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.

Name of Filing Committ	ee or Candidate		Rep	orting F	Period			
			Fro	m:		Т	o :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
								PAGE TOTAL

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			
DAWKINS, JASON FRIENDS OF			From:	<u>7/</u>	3/2020	То:	10/19/2020
				DA	TE		AMOUNT
Full Name of Contributing Committee Z PAC (PA ANESTHESIOLOGISTS PAC)				МО	DAY	YEAR	\$ 500.00
Mailing Address 50 S PROVIDENCE R	D			9	9	2020	
City MEDIA	State PA	Zip Code 19063	e (Plus 4)				
Full Name of Contributing Committee Friend of Matt Bradford				мо	DAY	YEAR	\$ 1,000.00
Mailing Address PO Box 349		1		10	7	2020	
City Norristown	State PA	Zip Cod 19404	e (Plus 4)				
Full Name of Contributing Committee Mid Atlantic Laborer Political League				МО	DAY	YEAR	\$ 2,500.00
Mailing Address 11951 Freedom Drive	е			10	7	2020	_,
City Reston	State VA	Zip Code 20190	e (Plus 4)				
Full Name of Contributing Committee United Health Group		-		мо	DAY	YEAR	\$ 1,000.00
Mailing Address 800 N Thirst Street				10	9	2020	1,000.00
City Harrisburg	State PA	Zip Code 17102	e (Plus 4)				
Full Name of Contributing Committee LAWPAC				МО	DAY	YEAR	\$ 500.00
Mailing Address 202 North 3rd Street				10	9	2020	
City Harrisburg	State PA	Zip Cod 17101	e (Plus 4)				
Full Name of Contributing Committee PAMIC PAC				мо	DAY	YEAR	\$ 400.00
Mailing Address 4999 Louise Drive				10	19	2020]
City Mechanicburg	State PA	Zip Code 17055	e (Plus 4)				

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

PAGE TOTAL

\$ 5,900.00

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.)

			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
				МО	DAY	YEAR	\$	0.00
State	Zip	Code (Plus	4)					
				Occupa	tion			
ce of Business		City		•	State		Zip C	ode (Plus 4)
dule I, Detailed S	umm	ary Page,	Section	on 3.				PAGE TOTAL
							\$ 	0.00
	State ce of Business	State Zip ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupation	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	From: To DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State edule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR \$ State Zip Code (Plus 4) Occupation Ce of Business City State Zip Code City City

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 Perio	d	
DAWKINS, JASON FRIENDS OF	From:	<u>7/3/2020</u> To:	10/19/2020

			D	ATE		AMOUN	г
Full Name			МО	DAY	VEAD		500.00
Families Against Mandatory Min			МО	DAY	YEAR	\$	500.00
Mailing Address 1100 H. Street, Suite	1000		10	19	2020		
City Washington	State	Zip Code (Plus 4)]		2020		
	DC	20005					
Receipt Description Contribution	•	•					

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

PAGE TOTAL \$500.00

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		
DAWKINS, JASON FRIENDS OF	From:	<u>7/3/2020</u> To:	<u>10/19/2020</u>
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 Candidate			Reporting Period					
	F					То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ame of Filing Committee or Candidate					Reporting Period						
DAWKINS, JASON FRIENDS OF	From <u>7/3/2020</u> To: <u>10/19</u>											
	DATE AMOU											
To Whom Paid	МО	DAY	YEAR									
Vantiv Ecommerce												
Mailing Address 8500 Govern	Mailing Address 8500 Governor Hill Drive				2020	\$	2.27					
City Cincinnati	State	Zip Code (Plus 4)	Description of Expenditure									
	ОН	45249	Fee									
To Whom Paid			МО	DAY	YEAR							
Vantiv Ecommerce			1-10									
Mailing Address 8500 Governor Hill Drive			8	11	2020	\$	0.50					
City Cincinnati	City Cincinnati State Zip Code (Plus 4)				Description of Expenditure							
	l oh	45249	Fee									