

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 : 20180505		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: RICKY'S PRIDE PAC J.D. LYON, TREAS										
Street Address: 120973 CROSS HILL CT										
City: LANSDALE			State: PA	Zip Code: 19446-4362						
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.	2ND FRIDAY PRE-ELECTION	5.X	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:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		9	15	2020	TO	10	19	2020		
A. Amount Brought Forward From Last Report				\$		1,382.12				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		0.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		1,382.12				
D. Total Expenditures (From Schedule III)				\$		586.01				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		796.11				
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
RICKY'S PRIDE PAC J.D. LYON, TREAS	From: <u>9/15/2020</u> To: <u>10/19/2020</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)	\$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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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: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 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
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Full Name of Contributor	MO	DAY	YEAR	AMOUNT			
Mailing Address				\$ 0.00			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:20%;">State</td> <td style="width:50%;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
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 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: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 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	
Mailing Address				\$ 0.00
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	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT	
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code (Plus 4)			
Receipt Description					

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

PAGE TOTAL
\$ 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 RICKY'S PRIDE PAC J.D. LYON, TREAS	Reporting Period From: <u>9/15/2020</u> To: <u>10/19/2020</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 RECEIVED - 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	
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 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		
Mailing Address				\$	0.00
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 RICKY'S PRIDE PAC J.D. LYON, TREAS	Reporting Period From <u>9/15/2020</u> To: <u>10/19/2020</u>
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			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
FRIENDS OF J. KASSA	10	9	2020	\$ 75.00
Mailing Address 132 WENTWORTH DR				
City LANSDALE	State PA	Zip Code (Plus 4) 19446		Description of Expenditure CAMPAIGN
FRIENDS OF N. GUENST	10	16	2020	\$ 25.00
Mailing Address 206 ACADEMY RD				
City HATBORO	State PA	Zip Code (Plus 4) 19040		Description of Expenditure CAMPAIGN
ELECT M. KATZ	10	16	2020	\$ 25.00
Mailing Address PO BOX 386				
City JAMISON	State PA	Zip Code (Plus 4) 18929		Description of Expenditure CAMPAIGN
FINELLO FOR CONGRESS	10	15	2020	\$ 100.00
Mailing Address PO BOX 2772				
City WARMINSTER	State PA	Zip Code (Plus 4) 18974		Description of Expenditure CAMPAIGN
BIDEN VICTORY FUND	10	16	2020	\$ 15.00
Mailing Address P.O. BOX 58174				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102		Description of Expenditure CAMPAIGN

To Whom Paid MADELEINE DEAN			MO	DAY	YEAR	
Mailing Address 101 E. MAIN ST. SUITE A			10	16	2020	
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401	Description of Expenditure CAMPAIGN			
To Whom Paid FRIENDS OF N. NELSON			MO	DAY	YEAR	
Mailing Address 218 KENT DR			10	16	2020	
City WYNCOTE	State PA	Zip Code (Plus 4) 19095	Description of Expenditure CAMPAIGN			
To Whom Paid FRIENDS OF J. CIREIS			MO	DAY	YEAR	
Mailing Address 120 CONNOR DR			10	16	2020	
City LIMERICK	State PA	Zip Code (Plus 4) 19468	Description of Expenditure CAMPAIGN			
To Whom Paid FRIENDS OF J. DENNIN			MO	DAY	YEAR	
Mailing Address 1210 MEGA LANE			10	16	2020	
City GILBERTSVILLE	State PA	Zip Code (Plus 4) 19525	Description of Expenditure CAMPAIGN			
To Whom Paid FRIENDS OF A.M. MITCHELL			MO	DAY	YEAR	
Mailing Address 172 GOLF VIEW DR			10	16	2020	
City IVYLAND	State PA	Zip Code (Plus 4) 18974	Description of Expenditure CAMPAIGN			
To Whom Paid FRIENDS OF W. ULLMAN			MO	DAY	YEAR	
Mailing Address PO BOX 16			10	16	2020	
City FOUNTAINVILLE	State PA	Zip Code (Plus 4) 18973	Description of Expenditure CAMPAIGN			

To Whom Paid ELECT G. SPILLANE			MO	DAY	YEAR	
Mailing Address PO BOX 34			10	16	2020	
City CHALFONT	State PA	Zip Code (Plus 4) 18914	Description of Expenditure CAMPAIGN			
To Whom Paid FRIENDS OF H. HAYES			MO	DAY	YEAR	
Mailing Address 2148 ANDREA DR			10	16	2020	
City BENSALEM	State PA	Zip Code (Plus 4) 19020	Description of Expenditure CAMPAIGN			
To Whom Paid ELECT R. COLASEZZI			MO	DAY	YEAR	
Mailing Address 1006 BARTRAM LN.			10	16	2020	
City QUAKERTOWN	State PA	Zip Code (Plus 4) 18951	Description of Expenditure CAMPAIGN			
To Whom Paid J. SHAPIRO FOR PA			MO	DAY	YEAR	
Mailing Address PO BOX 22635			10	15	2020	
City PHILA	State PA	Zip Code (Plus 4) 19110	Description of Expenditure CAMPAIGN			
To Whom Paid C. FINELLO FOR CONGRESS			MO	DAY	YEAR	
Mailing Address P.O. BOX 2772			10	15	2020	
City WARMINSTER	State PA	Zip Code (Plus 4) 18974	Description of Expenditure CAMPAIGN			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 586.01

