

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 :		20190250		Report Filed By :		CANDIDATE		COMMITTEE		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF ELVIRA N. BERRY													
Street Address: 144 NORTH NARBERTH AVENUE,P.O. BOX 33													
City: NARBERTH						State: PA				Zip Code: 19072			
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	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR	DEM				
						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		10	19	2020					
A. Amount Brought Forward From Last Report						\$ 390.74							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 1,605.47							
C. Total Funds Available (Sum Of Lines A and B)						\$ 1,996.21							
D. Total Expenditures (From Schedule III)						\$ 1,482.47							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 513.74							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 20.00							
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 29,075.25							

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
FRIENDS OF ELVIRA N. BERRY	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)	\$ 105.47
TOTAL for the Reporting Period (2)	\$ 105.47

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)	\$ 1,500.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

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.)	\$ 1,605.47
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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
FRIENDS OF ELVIRA N. BERRY	From: <u>9/15/2020</u> To: <u>10/19/2020</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 105.47
AYMERIC SAHA				
Mailing Address 1646 PICCARD DRIVE				
City ROCKVILLE	State MD	Zip Code (Plus 4) 20850	6 24 2020	

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

PAGE TOTAL
\$ 105.47

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	\$ 0.00	
Mailing Address							
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 FRIENDS OF ELVIRA N. BERRY	Reporting Period From: <u>9/15/2020</u> To: <u>10/19/2020</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
ELVIRA BERRY Mailing Address 1145 CROTON ROAD <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> City WAYNE </div> <div style="width: 20%;"> State PA </div> <div style="width: 30%;"> Zip Code (Plus 4) 19087 </div> </div>	8	11	2020	\$	1,500.00
Employer Name PROVIDENCE CORPORATION				Occupation EXECUTIVE DIRECTOR	
Employer Mailing Address/Principal Place of Business 39018 MAIN STREET SUITE 101		City PHILADELPHIA		State PA	Zip Code (Plus 4) 19127

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

PAGE TOTAL
\$ 1,500.00

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:
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			DATE			AMOUNT	
Full Name			MO	DAY	YEAR	\$0.00	
Mailing Address							
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		Reporting Period	
FRIENDS OF ELVIRA N. BERRY		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)		\$	20.00
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.)		\$	20.00

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:
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			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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF ELVIRA N. BERRY	From <u>9/15/2020</u> To: <u>10/19/2020</u>

DATE				AMOUNT		
To Whom Paid BANK OF AMERICA			MO	DAY	YEAR	\$ 18.00
Mailing Address 250 E LANCASTER AVENUE			7	1	2020	
City WYNNEWOOD	State PA	Zip Code (Plus 4) 19096	Description of Expenditure MONTHLY FEE FOR BUSINESS FUNDAMENTALS			
To Whom Paid BANK OF AMERICA			MO	DAY	YEAR	\$ 18.00
Mailing Address 250 E LANCASTER AVENUE			8	3	2020	
City WYNNEWOOD	State PA	Zip Code (Plus 4) 19096	Description of Expenditure MONTHLY FEE FOR BUSINESS FUNDAMENTALS			
To Whom Paid BANK OF AMERICA			MO	DAY	YEAR	\$ 18.00
Mailing Address 250 E LANCASTER AVENUE			9	1	2020	
City WYNNEWOOD	State PA	Zip Code (Plus 4) 19096	Description of Expenditure MONTHLY FEE FOR BUSINESS FUNDAMENTALS			
To Whom Paid JOSHUA LEVY			MO	DAY	YEAR	\$ 1,405.00
Mailing Address 2031 FRANKFORD AVENUE UNIT 3			8	11	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19125	Description of Expenditure FINANCE SERVICES			
To Whom Paid BANK OF AMERICA			MO	DAY	YEAR	\$ 18.00
Mailing Address 250 E LANCASTER AVENUE			10	1	2020	
City WYNNEWOOD	State PA	Zip Code (Plus 4) 19096	Description of Expenditure MONTHLY FEE FOR BUSINESS FUNDAMENTALS			

To Whom Paid FUND HERO			MO	DAY	YEAR	
Mailing Address 243 EAST 400 SOUTH SUITE E100			6	24	2020	
City SALT LAKE CITY	State UT	Zip Code (Plus 4) 84110	Description of Expenditure PAYMENT TO VENDOR FOR ONLINE DONATIONS			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,482.47

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

Name of Filing Committee or Candidate FRIENDS OF ELVIRA N. BERRY				Reporting Period From: <u>9/15/2020</u> To: <u>10/19/2020</u>			
							Outstanding Balance of Debt
				DATE			
Name of Creditor KLEINBARD				MO	DAY	YEAR	
Mailing Address 1717 ARCH STREET				5	11	2020	\$ 29,075.25
City PHILADELPHIA	State PA		Zip Code (Plus 4) 19103		Description of Debt LEGAL DEFENSE		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 29,075.25