### **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	20002	207				Repo Filed		:	CAI	NDII	DATE		СОМ	MITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	Committee	e, Candida	ate or L	obbyist	t:	P	enns	ylva	nia	Futui	e Fı	und								
Street Address:	РО В	ox 6128																		
City:	Harri:	sburg								State	::	PA			Zip Cod	l <b>e:</b> 17	112			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FI PRIMA		PRE-	2.		DA RIMA		P	OST-	3.		AMENDM REPORT?		Yes	N	0	<b>/</b>
(place X to the right of	6TH TUES		4.	2ND FI		PRE-	5.		DA LECT	Y TION	Р	OST-	6. <b>X</b>	(	TERMINA REPORT?		Yes	N	0	<b>√</b>
report type)	ANNUAL	REPORT	7.	Year 2	2020					ING METHOD ) CHECK ONE				PAPER		<b>\</b>	DISK	ETTE		
Name of Office S	ought by	Candidat	e:							DAT	E O	F ELE	CTI	ON	District Number	Office Code	Pa	rty Cod	Cour	
										МО		DAY	Υ	/EAR			•		22	
											11		3	2020		(SEE INS	TRUCT	ONS FOR	CODES	)
Summary of		and	МО	DAY	Y	YEAR				МО		DAY	Y	/EAR	FO	R OFFIC	E USE	ONLY	,	
Expenditures	rrom:			10	20	20	20	то			11	7	23	2020						
A. Amount Bro	ught Forv	vard From	ı Last R	eport					\$			,	381	,838.66						
B. Total Monetary Contributions And Receipts (From Schedule I						lule I)		\$			44,700.00									
C. Total Funds Available (Sum Of Lines A and B)							\$				426	,538.66								
D. Total Expenditures (From Schedule III)						\$				71,	.027.94									
E. Ending Cash	Balance	(Subtract	Line D	From L	Line C	<b>:</b> )			\$			3	355,	510.72						
F. Value Of In-	Kind Cont	ributions	Receive	ed (Fro	om Sc	hedule	e II)	_	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedu	le IV)	)			\$					0.00		,				
						AFFI	DAV	IT :	SE	CTIC	N									
PART I - If this is		-	•		_									_					:- <b>c</b>	
I swear (or affirm) correct and comple		ерогі, іпсіі	uaing the	attacni	eu scn	eaules	mea o	п рај	рего	ог ву е	iectr	onic m	earur	n, are to t	ne best of	ту кпоч	vieage	and be	iei, tr	ue
Sworn to and subs	cribed befo	ore me this		20							•			Signature	of Persor	Submitt	ing Re	port		
		Signatur	·e					_							Print	ed Name				
My Commission Ex	cpires										•				Emai	I				
		мо	D	AY		YR						Are	ea Co	ode	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report	of a cand	idate's	author	ized (	Commi	ittee,	Can	dida	ate sh	alls	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and	d belie	f this p	politica	ıl co	mmi	ittee h	as no	ot viola	ted a	iny provisi	ions of the	act of Ju	ine 3,1	.937 (P.	L. 133	з,
Sworn to and subsc		e me this												Si	ignature o	f Candida	ite			-
	day of —			_ 20 				_							Printe	d Name				-
	5	Signature						_								_				_
My Commission Exp	ires														Emai	I 				
	_	МО	D	AY		YR						Area	Code	•	Da	ytime Te	elepho	ne Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
Pennsylvania Future Fund	From:	10/20/202	<u>20</u> To:	11/23/2020
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)			\$	5,000.00
All Other Contributions (Part D)			\$	39,700.00
TOTAL for the Reporting	Period	(3)	\$	44,700.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	44,700.00

#### **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 Candidate		Reporting Period  From: To:  DATE AMOUNT						
				From:			To:	I	
			'			DATE			AMOUNT
Full Name of Contributing Co	ommittee			М	0	DAY	YEAR		
Mailing Address								\$	0.00
City	State	e	Zip Code (Plus 4)						

PAGE TOTAL
0.00

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

### 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 Comn	nittee or Candidate	Re	porting l	Period			
		Fr	om:		To	o:	
				DATE			AMOUNT
Full Name of Contribut	or		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						
Pennsylvania Future Fund	From:	10/20/2020	То:	11/23/2020			

DATE AMOUNT

Full N	Full Name of Contributing Committee				МО	DAY	YEAR		
Commonwealth Heritage PAC				1-10		ILAK	\$	5,000.00	
Mailing Address Union Meeting Corp. Center 925 Harvest Drive			10	27	2020	·	5,223.23		
City	Blue Bell		State	State Zip Code (Plus 4)		_,			
			PA	19422					

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

**PAGE TOTAL**\$ 5,000.00

## 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 or Candidate			Rep	orting Pe	riod		
Pennsylvania Future Fund			Fron	n:	10/20/2	<u>020</u> To	: <u>11/23/2020</u>
				D <i>A</i>	ATE		AMOUNT
Full Name of Contributor					DAY	VEAD	
Marat S Mamedov				МО	DAY	YEAR	\$ 10,000.00
Mailing Address 112 Mechanics Street	et			11	9	2020	7
<b>City</b> Doylestown	State	Zip Code (Plu	s 4)			2020	
	PA	18901					
Employer Name				Occupat			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)
Full Name of Contributor		•		мо	DAY	YEAR	\$ 5,000.00
Paul Goldean							3,000.00
Mailing Address 8115 Pemswood Str	eet				9	2020	
<b>City</b> Charlotte	State	Zip Code (Plu	s 4)				
	NC I				<u> </u>		
Employer Name Paceomatic				Occupat	ion	Chief Ac	lmin Officer
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)
3450 Corporate Way		Duluth			GA		30096
Full Name of Contributor					DAY	VEAD	
Full Name of Contributor Lynn C Lehocky				МО	DAY	YEAR	\$ 1,200.00
	oad						,
Lynn C Lehocky	oad <b>State</b>	Zip Code (Plu	s 4)	<b>MO</b>	<b>DAY</b> 27	<b>YEAR</b> 2020	,
Lynn C Lehocky  Mailing Address 24 West Hampton R	l I	<b>Zip Code (Plu</b> 19118	s 4)				,
Lynn C Lehocky  Mailing Address 24 West Hampton R	State		s 4)		27		
Lynn C Lehocky  Mailing Address 24 West Hampton R  City Philadelphia	<b>State</b> PA		s 4)	- 10	27	2020	
Lynn C Lehocky  Mailing Address 24 West Hampton R  City Philadelphia  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor	<b>State</b> PA	19118	s 4)	- 10	27	2020	aker Zip Code (Plus 4)
Lynn C Lehocky  Mailing Address 24 West Hampton R  City Philadelphia  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  Michael A Maholick	<b>State</b> PA	19118	s 4)	10 Occupat	27	2020 Homem	aker
Lynn C Lehocky  Mailing Address 24 West Hampton R  City Philadelphia  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  Michael A Maholick  Mailing Address 105 Stayman Drive	State PA se of Business	19118  City		10 Occupat	27	2020 Homem	aker Zip Code (Plus 4)  \$ 2,500.00
Lynn C Lehocky  Mailing Address 24 West Hampton R  City Philadelphia  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  Michael A Maholick	State PA The of Business State	City Zip Code (Plu		Occupat	27 ion State DAY	2020 Homem YEAR	aker Zip Code (Plus 4)  \$ 2,500.00
Lynn C Lehocky  Mailing Address 24 West Hampton R  City Philadelphia  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  Michael A Maholick  Mailing Address 105 Stayman Drive  City North Wales	State PA se of Business	19118  City		Occupat	27 sion State DAY	2020 Homem YEAR 2020	aker Zip Code (Plus 4)  \$ 2,500.00
Lynn C Lehocky  Mailing Address 24 West Hampton R  City Philadelphia  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  Michael A Maholick  Mailing Address 105 Stayman Drive  City North Wales  Employer Name McCormick Taylor	State PA Se of Business State PA	19118  City  Zip Code (Plu		Occupat	27 State  DAY  16	2020 Homem YEAR	aker Zip Code (Plus 4)  \$ 2,500.00
Lynn C Lehocky  Mailing Address 24 West Hampton R  City Philadelphia  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  Michael A Maholick  Mailing Address 105 Stayman Drive  City North Wales	State PA Se of Business State PA Se of Business	City Zip Code (Plu	s 4)	Occupat	27 sion State DAY	2020 Homem YEAR 2020	aker Zip Code (Plus 4)  \$ 2,500.00

								,,,,,,,
Full Name of Contributor				мо	DAY	YEAR		
Patrick J Oconnor				MO	DAT	TEAR	\$	1,000.00
Mailing Address 1900 Market Street	-			10	27	2020	1	
<b>City</b> Philadelphia	State	Zi <sub>l</sub>	p Code (Plus 4)	] '	21	2020	Ī	
	PA	19	103				1	
Employer Name Cozen O'Connor Atto	rneys			Occupat	ion	Attorne	/	
Employer Mailing Address/Principal Pla	ce of Business		City		State		Zip Code	e (Plus 4)
1900 Market Street			Philadelphia		PA		19103	
Full Name of Contributor								
Mario Mele				МО	DAY	YEAR	<b>\$</b>	10,000.00
Mailing Address 1250 Pinetown Roa	d			10	27	2020	7	
<b>City</b> Fort Washington	State	Zi	p Code (Plus 4)	1 10	27	2020		
	PA	19	0034					
Employer Name Fidelio Insurance Cor	npany			Occupat	ion	Executiv	/e	
Employer Mailing Address/Principal Place of Business City			City		State		Zip Code	e (Plus 4)
2826 Mount Carmel Avenue			Glenside		PA 19038			
Full Name of Contributor								
Saul Ewing Arnstein & Dr.; Lehr LLP				МО	DAY	YEAR	\$	5,000.00
Mailing Address Centre Square Wes	t 1500 Market Stree	et 3	88th Floor	10	27	2020	7	
<b>City</b> Philadelphia	State	Zij	p Code (Plus 4)	] 10	21	2020		
	PA	19	1022186					
Employer Name Saul Ewing LLP				Occupat	ion	Partners	ship	
Employer Mailing Address/Principal Pla	ce of Business		City		State		Zip Code	e (Plus 4)
1500 Market Street, 38th FloorCentre	Square West		Philadelphia		PA		191022	186
Full Name of Contributor				140				
Robert Asher				МО	DAY	YEAR	\$	5,000.00
Mailing Address PO Box 305 1307	Township Line Road			10	27	2020		
<b>City</b> Gwynedd Valley	State	Zij	p Code (Plus 4)		_,	2020		
	PA	19	9437					
<b>Employer Name</b> C. A. Asher Inc.				Occupat	ion	Executiv	/e	
Employer Mailing Address/Principal Pla	ce of Business		City		State		Zip Code	e (Plus 4)
			7		1			
80 Wambold Road			Souderton		PA		18964	

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

**PAGE TOTAL \$** 39,700.00

## 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 Candidate		Report	ing Peri	od		AMOUNT		
			From:			To:			
		<b>'</b>			ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (P	Plus 4)						
Receipt Description	<b>'</b>	<b>'</b>		<u> </u>			•		
				_				PAGE TOTAL	
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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 Peri	od	
Pennsylvania Future Fund	From:	<u>10/20/2020</u> <b>To:</b>	11/23/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	र	
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 Can	didate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	•	•	•		·		
					-			
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	-
Section 2.						\$		0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	Reporting Period					
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	V	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	Contributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	,									0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
Pennsylvania Future Fund	From	10/20/2020	То:	11/23/2020

				DATE	AMOUNT			
To Whom Paid			МО	DAY	YEAR			
Friends of Tom Mehaffie			140		ILAK			
Mailing Address PO Box 414			10	20	2020	\$	10,000.00	
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17108	Contribution					
To Whom Paid			мо	DAY	YEAR			
Friends of Nicole Ziccarelli			140		ILAK			
Mailing Address PO Box 12022			10	20	2020	\$	20,000.00	
City Lower Burell	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	15068	Contribution					
To Whom Paid			МО	DAY	YEAR			
Friends of Carrie Delrosso			140		ILAK			
Mailing Address PO Box 72		10	22	2020	\$	10,000.00		
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17108	Contribution					
To Whom Paid			МО	DAY	YEAR			
Garrity for PA			1-10		1 = Aux			
Mailing Address 383 Gateway Industrial Park Road		10	27	2020	\$	2,500.00		
City Athens	State	Zip Code (Plus 4)	Description of Expenditure					
PA 18810			Contribution					
To Whom Paid			МО	DAY	YEAR			
Friends of Miles Arnott			MO	DAI	ILAK			
Mailing Address PO Box 362			10	28	2020	\$	10,000.00	
City Telford	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	18969	Contribution					
To Whom Paid			Ma	DAY	VEAD			
Tri-State Consulting			МО	DAY	YEAR			
Mailing Address 6414 Farmcrest Lane		10	30	2020	\$	6,000.00		
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17111	consulti	ng fee sep	oct20			

To Whom Paid			МО	DAY	YEAR			
Tri-State Consulting			140		ILAK			
Mailing Address 6414 Farmcrest Lane			10	30	2020	\$	6,000.00	
City Harrisburg State Zip Code (Plus 4)			Description of Expenditure					
	PA	17111	consulting fee novdec20					
To Whom Paid			МО	DAY	YEAR			
Friends of Karen Houck			MO	DAT	TEAR			
Mailing Address 178 Deer Run Road			11 2 2020			\$	2,000.00	
City Willow Grove	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19090	Contribution					
To Whom Paid			МО	DAY	YEAR			
KC Consulting			MO	DAT	TEAR			
Mailing Address PO Box 2101		11	16	2020	\$	4,500.00		
<b>City</b> Jenkintown	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19046	Consulting					
To Whom Paid			МО	DAY	YEAR			
ACH Direct			MO		ILAK			
Mailing Address 500 West Bethany Drive Suite #200		11	10	2020	\$	27.94		
ty Allen State Zip Code (Plus 4) Description of Expendit			enditure					
	TX	75013	ACH Fees					
							PAGE TOTAL	
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item D	•			\$	71,027.94	