### **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 :	Filer Identification 2010482 Number :				Report CANDII Filed By:			IDATE		СОМ	<b>ITTEE</b>	<b>✓</b>	LOBE	YIST		
Name of Filing C	ommittee, Cand	idate or L	obbyist:		DON	VATU	JCCI,	MARIA	P FRIE	NDS	OF		_			
Street Address:																
City:	PHILADELPH	ΙΙΑ						State:	PA			Zip Cod	de: 19	9145-00	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- PRIMARY				30 DA PRIMA		POST-				1ENT ?	Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE- 5. 30 DAY ELECTION				POST-	6. 2	K	TERMINA REPORT		Yes	No	<b>~</b>	
report type)	ANNUAL REPOR	7.	<b>Year</b> 2020					IG METH CHECK (				PAPER	PAPER DISKETTE			
Name of Office Sought by Candidate:  DATE OF ELECTION								ON	District Number	Office Code	Part	ty Code	County Code			
									STH	DEM		51				
REPRESENTATIVE IN THE GENERAL ASSEMBLY								1	1	3	2020		(SEE IN	STRUCTIO	NS FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY YE	AR				МО	DAY	1	YEAR	FC	R OFFI	CE USE	ONLY	
Expenditures	il Olli.		10 20	20	020	Т	<u> </u>	1	1	23	2020					
A. Amount Bro	ught Forward Fr	om Last R	eport				\$			20	,684.53					
B. Total Moneta	ary Contribution	s And Rec	eipts (From So	he	dule	ı)	\$				0.00					
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B) \$ 20,684.53															
D. Total Expenditures (From Schedule III)						\$				642.34						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			20,	,042.19					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sche	dul	e II	[)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00			1		
			А	FF	IDA	٩VI	T SE	CTION								
PART I - If this is			_								_					
I swear (or affirm) correct and comple		ncluding the	e attached sched	ules	filed	d on	paper o	or by elec	tronic m	ediu	m, are to t	the best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me t day of	his	20								Signature	of Perso	n Submit	ting Rep	ort	
	Signa	turo	_				- -					Prin	ted Name	e		
My Commission Ex	_	ture										Ema	il			
	мо	D	AY	YR					Aı	ea Co	ode	Daytim	ie Telepl	none Nur	nber	
Part II- If this is	a report of a ca	ndidate's	authorized Co	mm	itte	e, C	andida	ate shal	l sign h	ere.						
	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 subsc		is									s	ignature o	of Candid	ate		
	day of ————————————————————————————————————						_					Del/	d Na			
	Signatur	<u> </u>					-					Printe	ed Name			
My Commission Exp	_	_										Ema	il			
MO DAY YR							-		Area	Code	e	D	aytime T	elephon	e Numbe	er

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
DONATUCCI, MARIA P FRIENDS OF	From:	10/20/20	<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)			\$	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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page 1, Page 2, Pa			\$	0.00

**PAGE TOTAL** 

#### **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	Name of Filing Committee or Candidate			Reporting Period						
				From:			To	<b>!</b>		
			•			DATE			AMOUNT	
Full Name of Contributing Co	ommittee			МО		DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code (Plus 4)							

ary Page, Section 2. \$ 0.00

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

0.00

## 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								
			Fro	m:		To	):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
								PAGE TOTAL

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.

lame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	00
Mailing Address							<b>+</b>	0.	00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	nter Grand Total of Part C on Schedule I, Detailed Summary Page, S						\$	0.0	0

### 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	ame of Filing Committee or Candidate				Reporting Period					
				Fron	n:		To	<b>)</b> :		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address										
City	State	Zi	p Code (Plus	<b>(4)</b>						
Employer Name	•				Occupa	tion	-	-		
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sectio									PAGE TOTAL	
								\$	0.00	

# 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	ame of Filing Committee or Candidate			Reporting Period					
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Pl	us 4)						
Receipt Description	<b>'</b>	<u>'</u>					·		
Futor Curred Total of Doub	Fan Cabadula I. Datailad	I Communication of the Communi		4			F	PAGE TOTAL	
Enter Grand Total of Part	E ON Schedule 1, Detalled	i Summary Page, S	ection	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							
DONATUCCI, MARIA P FRIENDS OF	From:	<u>10/20/2020</u> <b>To:</b>	11/23/2020						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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, 1		\$	0.00						

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Can	ame of Filing Committee or Candidate				Reporting Period				
						То:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address						<b>7</b> \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	•	•	•	•		·			
					-				
Inter Grand Total of Part F on Schedule II, In-Kind Contributions Deta				ımary 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	me of Filing Committee or Candidate				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	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zij	p Code(Plus 4)	Descr	iptio	n of Contribution	on
Enter Grand Total of Part G on Sch	edule II. In-K	ind	Contributions D	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.					-					0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee o	or Candidate		Reporti	ng Period			
DONATUCCI, MARIA P FRIE			From		<u>0/2020</u>	То:	11/23/2020
				DATE			
To Whom Paid			МО	DAY	YEAR		
NAACP			1-10		1 = 1 1		
Mailing Address			10	28	2020	\$	75.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA 19145				ION			
To Whom Paid VERIZON				DAY	YEAR		
Mailing Address				28	2020	\$	20.00
City PHILADELPHIA State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	<u> </u>	
	PA	19145	TELEPH	IONE EXPE	NSE		
To Whom Paid			МО	DAY	YEAR		
CAPITAL ONE			140	ואמן	ILAK		
Mailing Address			11	3	2020	\$	344.50
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19145	CAMPA1	IGN EXPEN	SE		
To Whom Paid CEDRONE FLOWERS			мо	DAY	YEAR		
Mailing Address			11	13	2020	\$	157.84
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	<u> </u> enditure	<u> </u>	
PA 19145				ION			
To Whom Paid	·		МО	DAY	VEAD		
VERIZON	RIZON			DAY	YEAR		
Mailing Address	ing Address				2020	\$	45.00

	PA	19145	TELEPHONE EXPENSE	
				PAGE TOTAL
Enter Grand Total of Expenditures o	\$ 642.34			

Zip Code (Plus 4)

Description of Expenditure

State

City

PHILADELPHIA