

Commonwealth of Pennsylvania

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 : 20170364		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: MariaforPA										
Street Address: PO Box 1006										
City: Spring House			State: PA		Zip Code: 19477					
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.	30 DAY POST-ELECTION	6. X	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	
		10	20	2020	TO	11	23	2020		
A. Amount Brought Forward From Last Report				\$		6,866.68				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		3,493.24				
C. Total Funds Available (Sum Of Lines A and B)				\$		10,359.92				
D. Total Expenditures (From Schedule III)				\$		5,828.52				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		4,531.40				
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
MariaforPA	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 55.24

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)	\$ 438.00
TOTAL for the Reporting Period (2)	\$ 438.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 3,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 3,000.00

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.)	\$ 3,493.24
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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
MariaforPA	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

				DATE	AMOUNT
Full Name of Contributor			MO	DAY	YEAR
Stephen Hecht					
Mailing Address					
209 Overbrook Ave					
City	State	Zip Code (Plus 4)			
Willow Grove	PA	19090	10	20	2020
					\$ 188.00

Full Name of Contributor			MO	DAY	YEAR
JOSEPH SILVERSTEIN					
Mailing Address					
1305 Red Rambler Rd					
City	State	Zip Code (Plus 4)			
Jenkintown	PA	190462918	10	22	2020
					\$ 250.00

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

PAGE TOTAL
\$ 438.00

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:

Full Name	DATE			AMOUNT
	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 MariaforPA	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</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: _____
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				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	Reporting Period
MariaforPA	From <u>10/20/2020</u> To: <u>11/23/2020</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
ActBlue	11	4	2020	\$ 5.38
Mailing Address PO Box 441146				
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure Fee	
To Whom Paid ActBlue	11	10	2020	\$ 19.14
Mailing Address PO Box 441146				
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure Fee	
To Whom Paid Hellenic News of America	10	26	2020	\$ 165.00
Mailing Address PO Box 465				
City Concordville	State PA	Zip Code (Plus 4) 193310465	Description of Expenditure advertisement	
To Whom Paid Montgomery County Democratic Committee	11	2	2020	\$ 250.00
Mailing Address PO Box 857				
City Norristown	State PA	Zip Code (Plus 4) 194040857	Description of Expenditure fall dinner	
To Whom Paid NGP Van	11	2	2020	\$ 265.00
Mailing Address 1445 New York Ave NW Ste 200				
City Washington	State DC	Zip Code (Plus 4) 200052158	Description of Expenditure fee	

To Whom Paid Senate Democratic Campaign Committee			MO	DAY	YEAR	
Mailing Address PO Box 59358			10	29	2020	\$ 5,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 191029358	Description of Expenditure Contribution			
To Whom Paid USPS			MO	DAY	YEAR	
Mailing Address 1925 Keith Rd			10	20	2020	\$ 84.00
City Abington	State PA	Zip Code (Plus 4) 190012633	Description of Expenditure PO Box Renewal Fee			
To Whom Paid Wells Fargo			MO	DAY	YEAR	
Mailing Address 420 Montgomery St			10	29	2020	\$ 30.00
City San Francisco	State CA	Zip Code (Plus 4) 941041207	Description of Expenditure fee			
To Whom Paid Wells Fargo			MO	DAY	YEAR	
Mailing Address 420 Montgomery St			11	9	2020	\$ 10.00
City San Francisco	State CA	Zip Code (Plus 4) 941041207	Description of Expenditure fee			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 5,828.52

