

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		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 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
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 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 MariaforPA	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
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				DATE			AMOUNT	
Full Name of Contributor JOSEPH SILVERSTEIN					MO	DAY	YEAR	\$ 250.00
Mailing Address 1305 Red Rambler Rd					10	22	2020	
City Jenkintown		State PA	Zip Code (Plus 4) 190462918					

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

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

PAGE TOTAL
\$ 438.00

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 MariaforPA	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
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				DATE	AMOUNT		
Full Name of Contributing Committee Highmark Health PAC				MO	DAY	YEAR	\$500.00
Mailing Address1800 Center St				11	2	2020	
CityCamp Hill	StatePA	Zip Code (Plus 4) 170111702					
Full Name of Contributing Committee Merck Employees Political Action Committee				MO	DAY	YEAR	\$1,500.00
Mailing Address601 Pennsylvania Ave NW North Building - Suite 1200				10	20	2020	
CityWashington	StateDC	Zip Code (Plus 4) 200042601					
Full Name of Contributing Committee Pennsylvania Association of Nurse Anesthetists				MO	DAY	YEAR	\$500.00
Mailing Address401 N 2nd St				10	20	2020	
CityHarrisburg	StatePA	Zip Code (Plus 4) 171011378					
Full Name of Contributing Committee Pennsylvania Optometric PAC				MO	DAY	YEAR	\$500.00
Mailing Address218 North St				10	20	2020	
CityHarrisburg	StatePA	Zip Code (Plus 4) 171011124					

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

PAGE TOTAL
\$ 3,000.00

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	\$ 0.00
Mailing Address							
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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

				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	
MariaforPA		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 RECIEVED - 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:
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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

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	\$ 0.00
Mailing Address							
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				
Mailing Address PO Box 441146	11	4	2020	\$ 5.38
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure Fee	
To Whom Paid	MO	DAY	YEAR	
ActBlue				
Mailing Address PO Box 441146	11	10	2020	\$ 19.14
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure Fee	
To Whom Paid	MO	DAY	YEAR	
Hellenic News of America				
Mailing Address PO Box 465	10	26	2020	\$ 165.00
City Concordville	State PA	Zip Code (Plus 4) 193310465	Description of Expenditure advertisement	
To Whom Paid	MO	DAY	YEAR	
Montgomery County Democratic Committee				
Mailing Address PO Box 857	11	2	2020	\$ 250.00
City Norristown	State PA	Zip Code (Plus 4) 194040857	Description of Expenditure fall dinner	
To Whom Paid	MO	DAY	YEAR	
NGP Van				
Mailing Address 1445 New York Ave NW Ste 200	11	2	2020	\$ 265.00
City Washington	State DC	Zip Code (Plus 4) 200052158	Description of Expenditure fee	

To Whom Paid Senate Democratic Campaign Committee			MO	DAY	YEAR	\$ 5,000.00
Mailing Address PO Box 59358			10	29	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191029358	Description of Expenditure Contribution			

To Whom Paid USPS			MO	DAY	YEAR	\$ 84.00
Mailing Address 1925 Keith Rd			10	20	2020	
City Abington	State PA	Zip Code (Plus 4) 190012633	Description of Expenditure PO Box Renewal Fee			

To Whom Paid Wells Fargo			MO	DAY	YEAR	\$ 30.00
Mailing Address 420 Montgomery St			10	29	2020	
City San Francisco	State CA	Zip Code (Plus 4) 941041207	Description of Expenditure fee			

To Whom Paid Wells Fargo			MO	DAY	YEAR	\$ 10.00
Mailing Address 420 Montgomery St			11	9	2020	
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

