

# 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 :		20190389		Report Filed By :		CANDIDATE		COMMITTEE		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: Democratic Attorneys General Association - PA													
Street Address: 1350 I St NW, Ste 300													
City: Washington						State: DC				Zip Code: 20005			
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	✓	No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6. X	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					
						11	3	2020				(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:				MO	DAY	YEAR	FOR OFFICE USE ONLY						
				10	20	2020	TO	MO	DAY	YEAR			
								11	23	2020			
A. Amount Brought Forward From Last Report						\$ 1,631.30							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 5,010.77							
C. Total Funds Available (Sum Of Lines A and B)						\$ 6,642.07							
D. Total Expenditures (From Schedule III)						\$ 1,199.72							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 5,442.35							
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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Democratic Attorneys General Association - PA	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 2,335.77

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 675.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 675.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 2,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 2,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 5,010.77
---	-------------



# 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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
Democratic Attorneys General Association - PA	<b>From:</b> <u>10/20/2020</u> <b>To:</b> <u>11/23/2020</u>

				DATE		AMOUNT	
Full Name of Contributor Susan Christenson				MO	DAY	YEAR	\$ 100.00
Mailing Address 723 N 10th St Unit B				10	26	2020	
City Gunnison	State CO	Zip Code (Plus 4) 812302839					
Full Name of Contributor David Decostanza				MO	DAY	YEAR	\$ 75.00
Mailing Address 166 Seaside Ave				10	26	2020	
City Milford	State CT	Zip Code (Plus 4) 064606301					
Full Name of Contributor Paul Lamboleley				MO	DAY	YEAR	\$ 100.00
Mailing Address 1976 Villa Way S				10	30	2020	
City Reno	State NV	Zip Code (Plus 4) 895095847					
Full Name of Contributor Brooke L. Manley				MO	DAY	YEAR	\$ 100.00
Mailing Address 1262 Stanford Ave				10	27	2020	
City Saint Paul	State MN	Zip Code (Plus 4) 551052853					
Full Name of Contributor Vandana Mistry				MO	DAY	YEAR	\$ 100.00
Mailing Address 28041 Longford				10	20	2020	
City Mission Viejo	State CA	Zip Code (Plus 4) 926924604					

Full Name of Contributor				MO	DAY	YEAR	\$100.00
Thomas Oherron							
Mailing Address				10	26	2020	
1819 Tilton Dr							
City	Silver Spring	State	MD	Zip Code (Plus 4)	209024009		

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Matthew Schott							
Mailing Address				10	25	2020	
5404 Killarney Hope Dr							
City	Raleigh	State	Zip Code (Plus 4)				
		NC	276131029				

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

<b>PAGE TOTAL</b>
\$ 675.00

**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	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.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  Democratic Attorneys General Association - PA	<b>Reporting Period</b>  <b>From:</b> <u>10/20/2020</u> <b>To:</b> <u>11/23/2020</u>
---	--

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Ellen Hertzmark				10	27	2020	\$ 1,000.00
<b>Mailing Address</b> 44 Browne St Apt 1							
<b>City</b> Brookline	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 024467068					
<b>Employer Name</b> Harvard University				<b>Occupation</b> Statistician			
<b>Employer Mailing Address/Principal Place of Business</b> Massachusetts Hall Cambridge			<b>City</b> Cambridge		<b>State</b> MA	<b>Zip Code (Plus 4)</b> 02138	

Full Name of Contributor				MO	DAY	YEAR	
Reed Smith LLP				10	26	2020	\$ 1,000.00
<b>Mailing Address</b> 20 Stanwix St Ste 1200							
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152224899					
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>			<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>	

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

<b>PAGE TOTAL</b>
\$ 2,000.00

## 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: <span style="float: right;">To:</span>
---------------------------------------	--

			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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
Democratic Attorneys General Association - PA		From: <u>10/20/2020</u> To: <u>11/23/2020</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
---------------------------------------	--

			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.						<b>PAGE TOTAL</b>  \$ 0.00



# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Democratic Attorneys General Association - PA	From <u>10/20/2020</u> To: <u>11/23/2020</u>

DATE				AMOUNT		
To Whom Paid ActBlue Technical Services			MO	DAY	YEAR	\$ 31.48
Mailing Address 14 Arrow St			10	25	2020	
City Cambridge	State MA	Zip Code (Plus 4) 021385106	Description of Expenditure Credit Card Processing Fee			
To Whom Paid ActBlue Technical Services			MO	DAY	YEAR	\$ 15.51
Mailing Address 14 Arrow St			11	1	2020	
City Cambridge	State MA	Zip Code (Plus 4) 021385106	Description of Expenditure Credit Card Processing Fee			
To Whom Paid ActBlue Technical Services			MO	DAY	YEAR	\$ 6.85
Mailing Address 14 Arrow St			11	3	2020	
City Cambridge	State MA	Zip Code (Plus 4) 021385106	Description of Expenditure Credit Card Processing Fee			
To Whom Paid ActBlue Technical Services			MO	DAY	YEAR	\$ 10.25
Mailing Address 14 Arrow St			11	8	2020	
City Cambridge	State MA	Zip Code (Plus 4) 021385106	Description of Expenditure Credit Card Processing Fee			
To Whom Paid ActBlue Technical Services			MO	DAY	YEAR	\$ 15.40
Mailing Address 14 Arrow St			11	15	2020	
City Cambridge	State MA	Zip Code (Plus 4) 021385106	Description of Expenditure Credit Card Processing Fee			

To Whom Paid ActBlue Technical Services			MO	DAY	YEAR	\$ 19.52
Mailing Address 14 Arrow St			11	22	2020	
City Cambridge	State MA	Zip Code (Plus 4) 021385106	Description of Expenditure Credit Card Processing Fee			

To Whom Paid Amalgamated Bank			MO	DAY	YEAR	\$ 85.00
Mailing Address 275 7th Ave Lbby 2			10	29	2020	
City New York	State NY	Zip Code (Plus 4) 100018400	Description of Expenditure Bank Fee			

To Whom Paid Amalgamated Bank			MO	DAY	YEAR	\$ 233.60
Mailing Address 275 7th Ave Lbby 2			10	29	2020	
City New York	State NY	Zip Code (Plus 4) 100018400	Description of Expenditure Bank Fee			

To Whom Paid Amalgamated Bank			MO	DAY	YEAR	\$ 176.06
Mailing Address 275 7th Ave Lbby 2			10	29	2020	
City New York	State NY	Zip Code (Plus 4) 100018400	Description of Expenditure Bank Fee			

To Whom Paid Amalgamated Bank			MO	DAY	YEAR	\$ 85.00
Mailing Address 275 7th Ave Lbby 2			10	29	2020	
City New York	State NY	Zip Code (Plus 4) 100018400	Description of Expenditure Bank Fee			

To Whom Paid Democratic Attorneys General Association, Inc.			MO	DAY	YEAR	\$ 100.00
Mailing Address 1350 I St NW Ste 300			10	29	2020	
City Washington	State DC	Zip Code (Plus 4) 200053377	Description of Expenditure Contribution			

<b>To Whom Paid</b> Elizabeth Irving			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 25.00
<b>Mailing Address</b> 12713 W 100th Ter			11	8	2020	
<b>City</b> Lenexa	<b>State</b> KS	<b>Zip Code (Plus 4)</b> 662151701	<b>Description of Expenditure</b> Contribution Refund			

<b>To Whom Paid</b> KnockCo, LLC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 3.66
<b>Mailing Address</b> 300 W 23rd St Apt 10N			10	27	2020	
<b>City</b> New York	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 100112244	<b>Description of Expenditure</b> Texting Services InKind Shapiro for PA			

<b>To Whom Paid</b> KnockCo, LLC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 8.28
<b>Mailing Address</b> 300 W 23rd St Apt 10N			10	28	2020	
<b>City</b> New York	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 100112244	<b>Description of Expenditure</b> Texting Services InKind Shapiro for PA			

<b>To Whom Paid</b> KnockCo, LLC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 7.47
<b>Mailing Address</b> 300 W 23rd St Apt 10N			11	3	2020	
<b>City</b> New York	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 100112244	<b>Description of Expenditure</b> Texting Services InKind Shapiro for PA			

<b>To Whom Paid</b> KnockCo, LLC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1.06
<b>Mailing Address</b> 300 W 23rd St Apt 10N			11	3	2020	
<b>City</b> New York	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 100112244	<b>Description of Expenditure</b> Texting Services InKind Shapiro for PA			

<b>To Whom Paid</b> KnockCo, LLC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 0.66
<b>Mailing Address</b> 300 W 23rd St Apt 10N			11	10	2020	
<b>City</b> New York	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 100112244	<b>Description of Expenditure</b> Texting Services InKind Shapiro for PA			

<b>To Whom Paid</b> Megan Mielnik			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1350 I St NW Ste 300			10	20	2020	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 200053377	<b>Description of Expenditure</b> Shipping Reimbursement			

  

<b>To Whom Paid</b> Megan Mielnik			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1350 I St NW Ste 300			11	3	2020	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 200053377	<b>Description of Expenditure</b> Shipping Reimbursement			

  

<b>To Whom Paid</b> NGP VAN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 11101 15th St. NW Suite 500			11	3	2020	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20005	<b>Description of Expenditure</b> NGP Database			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 1,199.72

