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 2019	0389		Report CANDIDATE Filed By:							СОМ	1ITTEE	✓	LOBBYIST	
Name of Filing C	Committee, Candid	late or L	obbyist:	•	DEM	10CI	RATIC	ATTORN	NEYS G	ENEF	RAL ASS	SOCIATI	ON - P	4	
Street Address:	1350 I St NW	/,Ste 30	0												
City:	Washington							State:	DC			Zip Cod	le: 2	0005	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- [2.	30 DA PRIMA		POST- 3.			AMENDMENT Yes No REPORT?			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- !	5.	30 DA ELECT		POST-	6.		TERMINATION Yes No REPORT?			
report type)	ANNUAL REPORT	7. X	Year 2020					IG METHO				PAPER		DISKE	TTE
Name of Office S	Sought by Candida	ite:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Party Code	County Code
								МО	DAY	YE	AR	reamber	Touc		Code
								11		3	2020		(SEE IN	ISTRUCTIONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	l			мо	DAY	YE	AR	FO	R OFFI	CE USE ONLY	
Expenditures	s from:		11 24 2020 TO 12 10 2					2020							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			5,4	42.35				
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	eI)	\$			7	705.33				
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			6,1	.47.68				
D. Total Expend	ditures (From Sch	edule II	I)				\$			6,1	47.68				
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$				0.00				
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	[)	\$				0.00				
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)	١			\$				0.00			1	
				AFF	IDA	٩VI	ΓSE	CTION							
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	[f thi	is is	a Can	didate r	eport, o	candio	date sig	ın here.			
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sch	edules	filed	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge and belie	ef , true
Sworn to and subs	cribed before me thi day of	s	20							s	ignature	of Perso	n Submit	ting Report	
	Signati	ıre					-					Prin	ted Nam	e	
My Commission Ex	cpires											Emai	il		
	МО	D	AY	YR					Arc	ea Cod	e	Daytim	e Telep	hone Number	
Part II- If this is	a report of a can	didate's	authorized (Comm	nitte	e, C	andida	ate shall	sign he	ere.					
I swear (or affirm) No 320) as amende	that to the best of ed.	ny knowl	edge and belie	f this	polit	tical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1937 (P.L.	. 1333,
Sworn to and subsc	ribed before me this day of		20								Si	ignature o	f Candid	ate	
							-					Printe	d Name		
My Commission Exp	Signature						-					Ema	il		
my commission exp							•								
	МО	D	AY	YR					Area	Code		Da	ytime 1	elephone Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DEMOCRATIC ATTORNEYS GENERAL ASSOCIATION - PA	From:	11/24/20	<u>20</u> To:	12/10/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	605.33
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)			\$	100.00
TOTAL for the Reporting	Period	(2)	\$	100.00
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 Pa			\$	705.33

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2) in the			
Nume of Fining Comm	intec of cumulate			om:	renou	То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE TOTAL

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

PAGE TOTAL
\$ 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

DEMOCRATIC ATTORNEYS GENERAL ASSOCIATION - PA

From: <u>11/24/2020</u> To:

DATE

12/10/2020

AMOUNT

Full Name of Contributor Betsy Taylor	МО	DAY	YEAR			
Mailing Address 8214 Cedar St						\$ 100.00
City Silver Spring	State	Zip Code (Plus 4)	12	1	2020	
	MD	209105558				

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

PAGE TOTAL \$ 100.00

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:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00	

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.)

lame of Filing Committee or Candidate			Rep	eporting Period					
			Fror	om: To:					
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	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 or	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Perio	od	
DEMOCRATIC ATTORNEYS GENERAL ASSOCIATION - PA	From:	11/24/2020 To :	12/10/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candid	ate		Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candi	ame of Filing Committee or Candidate				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			1			Occupa	tion	<u> </u>	1	
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descr	iption (of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
DEMOCRATIC ATTORNEYS GENERAL ASSOCIATION - PA	From	11/24/2020	То:	12/10/2020			

			DATE				AMOUNT
To Whom Paid ActBlue Technical Services			мо	DAY	YEAR		
Mailing Address 14 Arrow St			11	29	2020	\$	8.03
City Cambridge	State MA	Zip Code (Plus 4) 021385106	Description of Expenditure Credit Card Processing Fee				
To Whom Paid ActBlue Technical Services			МО	DAY	YEAR		
Mailing Address 14 Arrow St			12	6	2020	\$	16.26
City Cambridge	State MA	Zip Code (Plus 4) 021385106	Description of Expenditure Credit Card Processing Fee				
To Whom Paid Amalgamated Bank			МО	DAY	YEAR		
Mailing Address 275 7th Ave Lbby 2			11	30	2020	\$	85.00
City New York	State NY	Zip Code (Plus 4) 100018400	Description of Expenditure Bank Fee				
To Whom Paid Amalgamated Bank			МО	DAY	YEAR		
Mailing Address 275 7th Ave Lbby 2			11	30	2020	\$	85.00
City New York	State NY	Zip Code (Plus 4) 100018400	Description of Expenditure Bank Fee				
To Whom Paid Amalgamated Bank			МО	DAY	YEAR		
Mailing Address 275 7th Avo	e Lbby 2		11	30	2020	\$	244.10
City New York	State NY	Zip Code (Plus 4) 100018400	Description of Expenditure Bank Fee				
			1				

						PAC	GE 12
To Whom Paid Amalgamated Bank			МО	DAY	YEAR		
Mailing Address 275 7th Ave Lbby 2			11	30	2020	\$	159.17
City New York	State NY	Zip Code (Plus 4) 100018400	Description of Expenditure Bank Fee				
To Whom Paid DAGA Individual PAC			МО	DAY	YEAR		
Mailing Address 1350 I St NW Ste 300			12	10	2020	\$	4,479.82
City Washington	State DC	Zip Code (Plus 4) 200053377	Description of Expenditure Contribution				
To Whom Paid Democratic Attorneys General Assocation, Inc.			МО	DAY	YEAR		
Mailing Address 1350 I St NW Ste 300			12	10	2020	\$	134.75
City Washington	State DC	Zip Code (Plus 4) 200053377	Description of Expenditure Contribution				
To Whom Paid Democratic Attorneys General Assocation, Inc.			МО	DAY	YEAR		
Mailing Address 1350 I St NW Ste 300			12	10	2020	\$	204.75
City Washington	State DC	Zip Code (Plus 4) 200053377	Description of Expenditure Contribution				
To Whom Paid Democratic Attorneys General Assocation, Inc.			МО	DAY	YEAR		
Mailing Address 1350 I St NW Ste 300			12	10	2020	\$	726.56
City Washington	State DC	Zip Code (Plus 4) 200053377	Description of Expenditure Contribution				
To Whom Paid KnockCo, LLC			мо	DAY	YEAR		
KnockCo, LLC	d St Apt 10N		MO	DAY 1	YEAR 2020	\$	0.02

To Whom Paid KnockCo, LLC Mailing Address 300 W 23rd St Apt 10N			МО	DAY	YEAR		
			12	1	2020	\$	4.22
City New York	State NY	Zip Code (Plus 4) 100112244	Description of Expenditure Texting Services InKind Shapiro for PA				
Enter Grand Total of Expe	nditures on Page 1, Re	port Cover Page, Item D				\$	PAGE TOTAL 6,147.68
					'		