Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| | | | | | - | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------|-------------------------------|----------|-------------------------|-------|-------------|-----------|--------------|--------------------|-----------------------------|--------------|-----------|----------------|--|--|
| Filer Identificat Number : | ion 2019 | 90166 | | | Report Filed B | | CANDI | DATE | СОМ | MITTEE | ✓ | LOBI | BYIST | | | |
| Name of Filing | Committee, Candio | date or L | obbyist: | | PENNSY | LVAN | IIA JUSTI | CE & Pl | JBLIC SAF | ETY PAC | | | | | | |
| Street Address: 700 13TH ST, NW, STE 600 | | | | | | | | | | | | | | | | |
| City: WASHINGTON State: DC | | | | | | | | | | Zip Coo | Zip Code: 20005-5998 | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE- 2. PRIMARY | | | | AY F ARY | | | | 1ENT ? | Yes | No | \checkmark | | |
| (place X to the right of | | | | | | 30 DA | | POST- | POST- 6. | | TERMINATION REPORT? | | No | \checkmark | | |
| report type) | ANNUAL REPORT | 7. X | Year 2020 |) | | | NG METHO | | | PAPER | | \checkmark | DISKE | TTE | | |
| Name of Office | Sought by Candida | ate: | | | | | DATE O | F ELEC | TION | District Number | Office Code | Par | ty Code | County Code | | |
| | | | | | | | мо | DAY | YEAR | | | | | | | |
| | | | | | | | 11 | | 3 2020 | 2 | (SEE INS | STRUCTI | ONS FOR (| CODES) | | |
| | Receipts and | мо | DAY | YEAR | 2 | | мо | DAY | YEAR | FO | R OFFIC | E USE | ONLY | | | |
| Expenditures | s from: | | 1 : | 1 2 | 020 T | 0 | 12 | 3 | 1 2020 |) | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last F | Report | | | \$ | | | 17,522.94 | | | | | | | |
| B. Total Monet | ary Contributions | And Red | ceipts (Froi | m Sche | dule I) | \$ | | | 0.00 |) | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | A and B) | | | \$ | | | 17,522.94 | | | | | | | |
| D. Total Expen | ditures (From Sch | edule II | II) | | | \$ | | | 120.00 | | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line | C) | | \$ | | | 17,402.94 | | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ved (From S | Schedu | le II) | \$ | | | 0.00 | | | | | | | |
| G. Unpaid Deb | ts And Obligations | s (From | Schedule I | V) | | \$ | | | 0.00 | | | | | | | |
| | | | | AFF | IDAVI | Γ SE | CTION | | | | | | | | | |
| PART I - If this i | s a Committee rep | oort, trea | asurer sign | here. | If this is | a Cai | ndidate re | eport, ca | andidate si | gn here. | | | | | | |
| I swear (or affirm correct and compl |) that this report, inc ete. | luding th | e attached s | chedules | s filed on _l | paper | or by elect | ronic me | dium, are to | the best o | f my knov | vledge | and beli | ef , true | | |
| Sworn to and sub | scribed before me thi day of | is | 20 | | | | | | Signatur | e of Perso | n Submitt | ing Rep | oort | | | |
| | Signati | Jre | | | | - | | | | Prin | ted Name | 1 | | | | |
| My Commission E | - | | | | | | | | | Ema | il | | | | | |
| | мо | D | AY | YR | | - | | Area | a Code | Daytim | e Teleph | one Nu | mber | | | |
| Part II- If this is | a report of a can | didate's | authorized | d Comn | nittee, Ca | andid | ate shall | sign he | re. | | | | | | | |
| 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 subs | cribed before me this | ; | | | | | | | | Signature o | of Candida | ate | | | | |
| | day of | | | | | - | | | | Printe | d Name | | | | | |
| | Signature | | | | | - | | | | | | | | | | |
| My Commission Ex | - | | | | | | | | | Ema | il | | | | | |
| | мо | D | AY | YR | 1 | | | Area C | ode | Da | aytime Te | elephor | e Numb | er | | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

| Detailed | a Summary Page | | | | |
|------------------------------------------------------------------------------------------------------------------------|------------------------|--------------|-------------------|----|------|
| Name of Filing Committee or Candidate | | Reporting | Period | | |
| PENNSYLVANIA JUSTICE & PUBLIC SAFETY PAC | <u>1/1/202</u> | <u>0</u> To: | <u>12/31/2020</u> | | |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per C | Contributor | | | | |
| Т | OTAL 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 |
| Т | OTAL for the Reporting | Period | (2) | \$ | 0.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Pa | nrt D) | | | • | |
| Contributions Received From Political Committees (Part C) |) | | | \$ | 0.00 |
| All Other Contributions (Part D) | | | | \$ | 0.00 |
| Т | OTAL for the Reporting | Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Check | ks, Etc.(From Part E) | | | | |
| Т | OTAL for the Reporting | Period | (4) | \$ | 0.00 |
| | | | | | |
| Total Monetary Contributions and Receipts During this Re totals from Boxes 1,2,3 and 4; also enter this amount on P | | | | \$ | 0.00 |
| | | | | | |

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.

PART A

| Name of Filing Committee or Candidate | | | | | Reporting Period | | | | | |
|---------------------------------------|-------|----------------|-----|-----|------------------|------|----|------------|--|--|
| | | | Fro | om: | | То | : | | | |
| | | | | | DATE | | | AMOUNT | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus | 4) | | | | | | | |
| | | | | | | | Γ | PAGE TOTAL | | |

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

0.00

\$

PAGE 3

| 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 Candidat | e | | | orting P | eriod | _ | | | |
| From: 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. \$ 0.00 | | | | | | | | | |

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 | | А | MOUNT | |
| Full Name of Contributing Comm | ittee | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | ſ | | PAGE TOTAL | |
| Enter Grand Total of Part C or | n Schedule I, Detaile | ed Summary Pa | age, Sectio | n 3. | | | \$ | 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.)

| Name of Filing Committee or Candidate | Reporting Period | |
|---------------------------------------|------------------|-----|
| | From: | То: |

| | | | | D | ATE | | АМ | OUNT |
|--------------------------------------------------|------------------------|-----------|------------------|---------|-------|------|----------|----------|
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus 4) | | | | | |
| Employer Name | | | | Occupat | tion | | | |
| Employer Mailing Address/Principal P Business | lace of | | City | | State | | Zip Code | (Plus 4) |
| Enter Grand Total of Part C on Sc | hedule I <i>,</i> Deta | iled Sumr | narv Page, Secti | on 3. | | Γ | PA | GE TOTAL |
| | , | | , . <u>.</u> | - | | | \$ | 0.00 |

I

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 C | Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|-------------------------------|---------------------------------------|----------------|---------|------------------|---------|------|----|----------|------|
| From: | | | | | om: To: | | | | |
| | | | I | D | ATE | | | AMOUNT | |
| Full Name | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | i | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | | |
| Receipt Description | I | | | | 1 | | | | |
| Enter Grand Total of Part E o | - Schodulo I. Dotailoc | l Summary Page | Section | 4 | | | | PAGE TOT | AL |
| | i Schedule 1, Detailet | summary raye, | Section | | | | \$ | | 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 | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|-------------------|
| PENNSYLVANIA JUSTICE & PUBLIC SAFETY PAC | From: | <u>1/1/2020</u> То: | <u>12/31/2020</u> |
| 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 Candidate R | | | | Reporting Period | | | | | |
|----------------------------------------------------|--------------------|-------------------|----------|------------------|------|------|-------|--|--|
| | From: | | | То: | | | | | |
| | | | | DATE | | АМО | UNT | | |
| 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 Sched Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum | mary Pag | je, | PAGE | TOTAL | | |
| | | | | | 4 | 6 | 0.00 | | |

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | | Reporting Period | | | | | |
|-----------------------------------------------|------------|------|--------------|-------|-----|------------------|-----------|--------|----------|----------------|--|
| | | | | | Fro | om: | | То: | | | |
| | | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | | \$ | 0.00 | |
| City | State | | Zip Code(Plu | ıs 4) | | | | | | | |
| Employer of Contributor | I | | 1 | | | Occupat | tion | | | | |
| Employer Mailing Address/Principa Business | l Place of | City | s | State | | Zip 4) | Code(Plus | Descri | ption of | f Contribution | |
| | | | | _ | | | | | | PAGE TOTAL | |

| _ 1 | Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | PAG |
|-----|--------------------------------------------------------------------------------------------------------|-----|

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period | | | | |
|------------------------------------------------------------------------|-------------|-----------------------------------|----------------------------------------|-----------|---------------|-----|-------------------|
| PENNSYLVANIA JUSTICE & PUBLIC SAFETY PAC | | | From | <u>1/</u> | <u>1/2020</u> | То: | <u>12/31/2020</u> |
| | | | | DATE | | | AMOUNT |
| To Whom Paid Amalgamated Bank | | | мо | DAY | YEAR | | |
| Mailing Address 1825 K St NW | | | 1 | 24 | 2020 | \$ | 10.00 |
| City Washington | State DC | Zip Code (Plus 4) 20006 | Description of Expenditure Bank Fee | | | | |
| To Whom Paid Amalgamated Bank | | | мо | DAY | YEAR | | |
| Mailing Address 1825 K St NW | | | 2 | 21 | 2020 | \$ | 10.00 |
| City Washington | State DC | Zip Code (Plus 4) 20006 | Description of Expenditure Bank Fee | | | | |
| To Whom Paid Amalgamated Bank | | | мо | DAY | YEAR | | |
| Mailing Address 1825 K St NW | | | 3 | 24 | 2020 | \$ | 10.00 |
| City Washington | State DC | Zip Code (Plus 4) 20006 | Description of Expenditure Bank Fee | | | | |
| To Whom Paid Amalgamated Bank | | | мо | DAY | YEAR | | |
| Mailing Address 1825 K St NW | | | 4 | 28 | 2020 | \$ | 10.00 |
| City Washington | State DC | Zip Code (Plus 4) 20006 | Description of Expenditure Bank Fee | | | | |
| To Whom Paid Amalgamated Bank | | | мо | DAY | YEAR | | |
| Mailing Address 1825 K St NW | | | 5 | 22 | 2020 | \$ | 10.00 |
| City Washington State Zip Code (Plus 4) DC 20006 | | | Description of Expenditure Bank Fee | | | | |

| To Whom Paid Amalgamated Bank | | | мо | DAY | YEAR | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------|-----------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------|-------|-------|--|--|
| Mailing Address 1825 K St NW | | | 6 | 26 | 2020 | \$ | 10.00 | | | |
| City Washingto | 'n | State | Zip Code (Plus 4) | Descrin | tion of Ex | Denditure | | | | |
| - Washingto | | DC | 20006 | | Description of Expenditure Bank Fee | | | | | |
| To Whom Paid Amalgamated Bank | | | | мо | DAY | YEAR | | | | |
| Mailing Address 1825 K St NW | | | 7 | 24 | 2020 | \$ | 10.00 | | | |
| City Washingto | 'n | State | Zip Code (Plus 4) | Descrip | tion of Exi | , Denditure | | | | |
| | | DC | 20006 | Description of Expenditure Bank Fee | | | | | | |
| To Whom Paid Amalgamated Bank | | | мо | DAY | YEAR | | | | | |
| Mailing Address 1825 K St NW | | | 8 | 28 | 2020 | \$ | 10.00 | | | |
| City Washingto | n | State | Zip Code (Plus 4) | Descrip | tion of Exp | , penditure | | | | |
| DC 20006 | | | | Bank Fee | | | | | | |
| To Whom Paid Amalgamated Bank | | | | | | | | | | |
| | ık | | | мо | DAY | YEAR | | | | |
| | 1825 K St NW | | | мо 9 | DAY 28 | YEAR 2020 | \$ | 10.00 | | |
| Amalgamated Ban Mailing Address | 1825 K St NW | State | Zip Code (Plus 4) | 9 | 28 | 2020 | | 10.00 | | |
| Amalgamated Ban Mailing Address | 1825 K St NW | State DC | Zip Code (Plus 4) 20006 | 9 | 28 otion of Exp | 2020 | | 10.00 | | |
| Amalgamated Ban Mailing Address | 1825 K St NW | | | 9 Descrip | 28 otion of Exp | 2020 | | 10.00 | | |
| Amalgamated Ban Mailing Address City Washingto To Whom Paid | 1825 K St NW | | | 9 Descrip Bank Fe | 28 ption of Exp ee | 2020 penditure | | 10.00 | | |
| Amalgamated Ban Mailing Address City Washingto To Whom Paid Amalgamated Ban Mailing Address | 1825 K St NW m nk 1825 K St NW | | | 9 Descrip Bank Fe MO | 28 otion of Exp ee DAY 29 | 2020 penditure YEAR 2020 | \$ | | | |
| Amalgamated Ban Mailing Address City Washingto To Whom Paid Amalgamated Ban Mailing Address | 1825 K St NW m nk 1825 K St NW | DC | 20006 | 9 Descrip Bank Fe MO | 28 ee DAY 29 etion of Exp | 2020 penditure YEAR 2020 | \$ | | | |
| Amalgamated Ban Mailing Address City Washingto To Whom Paid Amalgamated Ban Mailing Address | 1825 K St NW m nk 1825 K St NW m | DC | 20006 | 9 Descrip Bank Fe MO 10 Descrip | 28 ee DAY 29 etion of Exp | 2020 penditure YEAR 2020 | \$ | | | |
| Amalgamated Ban Mailing Address City Washingto To Whom Paid Amalgamated Ban Mailing Address City Washingto | 1825 K St NW m nk 1825 K St NW m | DC | 20006 | 9 Descrip Bank Fe MO 10 Descrip Bank Fe | 28 ee DAY 29 ption of Exp ee | 2020 penditure YEAR 2020 penditure | \$ | | | |
| Amalgamated Ban Mailing Address City Washingto To Whom Paid Amalgamated Ban Mailing Address City Washingto To Whom Paid Amalgamated Ban | 1825 K St NW m 1825 K St NW 1825 K St NW m 1825 K St NW | DC | 20006 | 9 Descrip Bank Fe MO 10 Descrip Bank Fe MO | 28 btion of Exp ee DAY 29 btion of Exp ee DAY | 2020 penditure YEAR 2020 penditure YEAR 2020 | \$ | 10.00 | | |

| To Whom Paid Amalgamated Bank | | | мо | DAY | YEAR | |
|--------------------------------------------------------------------------------------------------------------------|--|--|----|-----|------|-----------------------------------|
| Mailing Address 1825 K St NW | | | 12 | 21 | 2020 | \$ 10.00 |
| City Washington State Zip Code (Plus 4) Description of Expenditure DC 20006 Bank Fee | | | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ PAGE TOTAL 120.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |