LOBBYIST

COMMITTEE 🗸

Campaign Finance Report

Report

CANDIDATE

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

| Filer Identificati Number : | on 2001 | 257 | | | Rep File | | | CA | NDI | DATE | | COM | 4ITTEE | ✓ | LOB | BYIST | |
|--|---------------------------------|-------------|--------------------------------------|------------|-------------|-------|----------------|---------------|--------|----------|--------|--------------------|------------------------|-------------|---------------------|----------------|-----------|
| Name of Filing C | ommittee, Candida | ate or Lo | obbyist: | Ĺ | EAC | CH, | DAYL | IN D | AYP/ | 4C | | | | · | | | |
| Street Address: | PO BOX 6017 | 8 | | | | | | | | | | | | | | | |
| City: | KING OF PRUS | SSIA | | | | | | State: PA Z | | | | | | de: 19 | 406-0 | 000 | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | 2 | 2. | 30 DA PRIMA | | P | POST- 3. | | | AMENDM REPORT | | Yes | No | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE- 5. 30 ELECTION EL | | | | | Y TION | P | POST- 6. | | | TERMINATION REPORT? | | Yes | No | ~ |
| report type) | ANNUAL REPORT | 7. X | | | | | | IG ME CHEC | | | | | PAPER | | \ | DISKE | TTE |
| Name of Office Sought by Candidate: | | | | | | | DAT | ЕΟ | F ELE | СТІС | N | District Number | Office Code | Par | ty Code | County Code | |
| SENATOR IN TH | HE GENERAL ASSE | EMBLY | | | | | | МО | | DAY | | EAR | 17 | STS | DEI | | 46 |
| | | мо | DAY | YEAR | | | | мо | 11 | DAY | 3 | 2020 | | <u> </u> | | ONS FOR C | ODES) |
| Summary of Expenditures | Receipts and from: | МО | 6 23 | | 020 | Т | 0 | МО | 12 | DAY | 31 | EAR 2020 | FC | R OFFIC | E USE | ONLY | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | | \$ | | | | | 458.85 | | | | | |
| B. Total Monet | ary Contributions A | And Rec | eipts (From | Sched | lule | I) | \$ | | | 5,000.00 | | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ | | | | 5, | 458.85 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ | | | | 5,4 | 458.85 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ | | | | | 0.00 |] | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From S | chedul | e II) |) | \$ | | | | | 0.00 | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV | ') | | | \$ | | | 0.00 | | | | | | | |
| | | | | AFF] | [DA | VI | ΓSE | CTIC | NC | | | | | | | | |
| PART I - If this is | a Committee repo | ort, trea | surer sign | here. I | f this | s is | a Car | ndidat | te re | eport, o | candi | date sig | jn here. | | | | |
| I swear (or affirm) correct and comple | that this report, inclete. | uding the | attached sc | hedules | filed | on | paper (| or by e | electi | ronic m | edium | ı, are to t | he best o | f my knov | /ledge | and belie | ef , true |
| Sworn to and subs | cribed before me this day of | | 20 | | | | | | | | 5 | Signature | of Perso | n Submitt | ing Re _l | oort | |
| | Signatu | re | | | | | • • | | | | | | Prin | ted Name | | | |
| My Commission Ex | xpires | | | | | | _ | | • | | | | Ema | il | | | |
| | МО | D | AY | YR | | | | | | Ar | ea Co | de | Daytim | e Teleph | one Nu | mber | |
| Part II- If this is | a report of a cand | lidate's | authorized | Comm | ittee | e, Ca | andid | ate sl | nall | sign h | ere. | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of med. | ny knowle | edge and beli | ef this | politi | ical | comm | ittee h | as n | ot viola | ted ar | ny provis | ions of th | e act of Ju | ne 3,1 | 937 (P.L. | . 1333, |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | | | | S | ignature (| of Candida | te | | |
| | _ | | | | | | | | | | | | Printe | ed Name | | | |
| My Commission Exp | Signature ires | | | | | | | | | | | | Ema | il | | | |
| | МО | D | AY | YR | | | | | | Area | Code | | D | aytime Te | lephor | ne Numbo | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|----------|--------------|------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| LEACH, DAYLIN DAYPAC | From: | 6/23/202 | <u>0</u> To: | 12/31/2020 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL 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 |
| TOTAL for the Reporting |) Period | (2) | \$ | 0.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 5,000.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 5,000.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | J 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 | | | \$ | 5,000.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | | |
|---------------------------------------|---------------|-------------------|-------|------------------|------|----|--------|--|--|--|--|
| | | | From: | | То | : | | | | | |
| | | I | | DATE | | | AMOUNT | | | | |
| Full Name of Contribut | ing Committee | | МО | 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 |

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 Filling Committee of Candidate | | | | Reporting Period From: To: | | | | | |
|--|-------|-------------------|---|----------------------------|------|------|----|--------|--|
| | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | 1 | | | | | | |

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

PAGE TOTAL \$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 Pe | | | |
|---------------------------------------|--------------|-----------|-----|------------|
| LEACH, DAYLIN DAYPAC | From: | 6/23/2020 | То: | 12/31/2020 |

DATE AMOUNT

| Full Name of Contributing Committee LABORERS' DIST COUNCIL OF THE MET | МО | DAY | YEAR | | | |
|--|----|-----|------|----|------|-------------|
| Mailing Address 61 NORTH BROAD ST | | | | | | \$ 5,000.00 |
| State Zip Code (Plus 4) PA 191230000 | | | | 25 | 2020 | |

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

PAGE TOTAL \$ 5,000.00

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.)

| Name of Filing Committee or Candidate Rep | | | | porting Period | | | | | |
|---|---------------------|----------------|---------|----------------|-------|------|----------|-------------|--|
| | | | Fron | m: To: | | | | | |
| | | | | D | ATE | | АМ | OUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus | | | | | | | |
| Employer Name | | | | Occupa | tion | | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | | State | | Zip Code | e (Plus 4) | |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ummary Page, | Section | on 3. | | | PA \$ | 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 | Name of Filing Committee or Candidate | | | Reporting Period | | | | | | | |
|-------------------------------|---------------------------------------|-------------------|---------|------------------|-----|------|----|----------|--|--|--|
| | | | From: | | | To: | | | | | |
| | | | • | D | ATE | | AI | MOUNT | | | |
| 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. Detailed | d Summary Page | Section | 4 | | | PA | GE TOTAL | | | |
| - Inc. Statia Total of Fall E | Jonedane 1, Betanet | . Jammar y r uge, | 500.011 | | | | \$ | 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 | | | | | | | |
|--|-----------------|-----------------------------|------------|--|--|--|--|--|--|
| LEACH, DAYLIN DAYPAC | From: | <u>6/23/2020</u> To: | 12/31/2020 | | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 | | | | | | |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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, | | \$ | 0.00 | | | | | | |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candid | Name of Filing Committee or Candidate R | | | | 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 Candidate | | | | | Rej | Reporting Period | | | | | | |
|---|-------|------------------|------------|--|-----|---------------------|------|--------|-----------------------------|--------|--|--|
| | | | | | Fro | m: | | То: | | | | |
| | | | | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | | | | мо | 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) | | Descri | Description of Contribution | | | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | | | | PAGE TOTAL 0.00 | | | |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | |
|---------------------------------------|------------------|-----------|-----|------------|--|
| LEACH, DAYLIN DAYPAC | From | 6/23/2020 | То: | 12/31/2020 | |
| | DATE AMO | | | | |

| | | | DATE | | | | AMOUNT |
|---------------------------------|--|-----------------------------------|---|---------------------|-----------|----|--------|
| To Whom Paid Go Daddy | | | мо | DAY | YEAR | | |
| Mailing Address 14455 Hayden Rd | | | 7 | 27 | 2020 | \$ | 21.20 |
| City Scottsdale | State AZ | Zip Code (Plus 4) 85260 | Description of Expenditure Web Services | | | | |
| To Whom Paid Go Daddy | | | МО | DAY | YEAR | | |
| Mailing Address 14455 Hayden Rd | Mailing Address 14455 Hayden Rd | | | 26 | 2020 | \$ | 21.20 |
| City Scottsdale | State AZ | Zip Code (Plus 4) 85260 | Description of Expenditure Web Services | | | | |
| To Whom Paid Go Daddy | | | МО | DAY | YEAR | | |
| Mailing Address 14455 Hayden Rd | | | 9 | 28 | 2020 | \$ | 21.20 |
| City Scottsdale | State AZ | Zip Code (Plus 4) 85260 | Description of Expenditure Web Services | | | | |
| To Whom Paid Go Daddy | | | МО | DAY | YEAR | | |
| Mailing Address 14455 Hayden Rd | | | 10 | 26 | 2020 | \$ | 21.20 |
| City Scottsdale | State AZ | Zip Code (Plus 4) 85260 | Description of Expenditure Web Services | | | | |
| To Whom Paid Go Daddy | | | МО | DAY | YEAR | | |
| Mailing Address 14455 Hayden Rd | | | 11 | 25 | 2020 | \$ | 21.20 |
| City Scottsdale | State AZ | Zip Code (Plus 4) 85260 | Descrip Web Se | otion of Expervices | penditure | | |

| To Whom Paid Go Daddy | мо | DAY | YEAR | | | | |
|---|-----------------------------------|---|-------------------------------|--------------------------------------|----|------|-------|
| Mailing Address 14455 Hayden Rd | | | 28 | 2020 | \$ | | 21.20 |
| City Scottsdale State AZ | Zip Code (Plus 4) 85260 | Description of Expenditure Web Services | | | | | |
| To Whom Paid PNC Bank | | | DAY | YEAR | | | |
| Mailing Address 109 E. Dekalb Pike | | 7 | 1 | 2020 | \$ | | 2.50 |
| City King of Prussia State PA | Zip Code (Plus 4) 19406 | Description of Expenditure Bank Fee | | | | | |
| To Whom Paid PNC Bank | | МО | DAY | YEAR | | | |
| Mailing Address 109 E. Dekalb Pike | | 8 3 2020 \$ | | | | 2.50 | |
| City King of Prussia State PA | Zip Code (Plus 4) 19406 | Description of Expenditure bank fee | | | | | |
| | | | | | | | |
| To Whom Paid PNC Bank | | мо | DAY | YEAR | | | |
| | | мо | DAY 1 | YEAR 2020 | \$ | | 2.50 |
| PNC Bank | Zip Code (Plus 4) 19406 | 9 | 1 otion of Exp | 2020 | \$ | | 2.50 |
| PNC Bank Mailing Address 109 E. Dekalb Pike City King of Prussia State | | 9 Descrip | 1 otion of Exp | 2020 | \$ | | 2.50 |
| PNC Bank Mailing Address 109 E. Dekalb Pike City King of Prussia State PA To Whom Paid | | 9 Descrip Bank Fe | 1 otion of Exp | 2020 penditure | \$ | | 2.50 |
| PNC Bank Mailing Address 109 E. Dekalb Pike City King of Prussia State PA To Whom Paid PNC Bank | | 9 Descrip Bank Fe | 1 DAY 1 stion of Expension 1 | 2020 penditure YEAR 2020 | | | |
| PNC Bank Mailing Address 109 E. Dekalb Pike City King of Prussia State PA To Whom Paid PNC Bank Mailing Address 109 E. Dekalb Pike City King of Prussia State | 19406 Zip Code (Plus 4) | 9 Descrip Bank Fe MO 10 Descrip | 1 DAY 1 stion of Expension 1 | 2020 penditure YEAR 2020 | | | |
| PNC Bank Mailing Address 109 E. Dekalb Pike City King of Prussia State PA To Whom Paid PNC Bank Mailing Address 109 E. Dekalb Pike City King of Prussia State PA To Whom Paid | 19406 Zip Code (Plus 4) | 9 Descrip Bank Fe MO 10 Descrip Bank Fe | DAY 1 btion of Expect | 2020 Penditure YEAR 2020 Penditure | | | |

| To Whom Paid | | | мо | DAY | YEAR | | | | |
|--|----------------------|----------------------------|--------------------------------------|-------------|----------|--------|------------|--|--|
| NC Bank | | | MO | | ILAK | | | | |
| Mailing Address 109 E. Dekalb Pike | | | 12 | 1 | 2020 | \$ | 2.50 | | |
| City King of Prussia State Zip Code (Plus 4) | | Descrit | tion of Ext | enditure | | | | | |
| King of Frassia | PA | 19406 | Description of Expenditure Bank Fee | | | | | | |
| To Whom Paid Extra Space Storage | | • | мо | DAY | YEAR | | | | |
| Mailing Address 282 S. Gulph Road | | | 7 | 10 | 2020 | \$ | 271.26 | | |
| City King of Prussia | State | Zip Code (Plus 4) | Descri | tion of Exp | enditure | re | | | |
| | PA | 19406 | Storage | | | | | | |
| To Whom Paid Crossroads Consulting Inc. | | МО | DAY | YEAR | | | | | |
| Mailing Address 1825 K Street NW Suite 450 | | | 7 | 27 | 2020 | \$ | 3,771.52 | | |
| City Washington | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| Washington | DC | 20006 | Consulting fees | | | | | | |
| To Whom Paid Live Learn LLC/Peregrine Strate | egies | · | МО | DAY | YEAR | | | | |
| Mailing Address 442 Leedom St | | | 7 | 1 | 2020 | \$ | 1,273.87 | | |
| City Jenkintown State Zip Code (Plus 4) | | Description of Expenditure | | | | | | | |
| 56 | PA | 19014 | Consulting Fees | | | | | | |
| Enton Cuand Tatal of Free and | lituuse on Para 1 Pa | mont Cover Page Tham P | | | | | PAGE TOTAL | | |
| Enter Grand Total of Expend | ntures on Page 1, Re | port Cover Page, Item D | • | | | \$ | 5,458.85 | | |