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 2016		Repo Filed		CAND	IDATE		СОМ	MITTEE	✓	LOBI	BYIST			
Name of Filing	Committee, Candid	ate or Lo	obbyist:	I	MEDIA	DEM	OCRATIC	COMM	ITTEE						
Street Address:															
City:	MEDIA						State:	PA			Zip Co	de: 19	063-0	284	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2. X		DAY 1ARY	POST-	3.			AMENDMENT REPORT?		Nc	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	DAY CTION	POST-	6.		TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2021				LING METHOD) CHECK ONE				PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by Candida	te:					DATE	OF ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR	32		DEN	1	23
							1:	1	2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Receipts and MO DAY YEAR							мо	DAY	Y	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		1 1	2	021 -	ГО	!	5	3	2021					
A. Amount Bro	ought Forward From	n Last R	eport			4	\$		1,0	00.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	9	\$		3,6	545.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			5	\$		4,6	645.00					
D. Total Expen	ditures (From Sch	edule II	I)			9	\$		6	67.55					
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)			\$		3,9	77.45					
F. Value Of In-	Kind Contributions	s Receivo	ed (From S	chedu	le II)		\$			0.00	_				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()		5	\$			0.00					
				AFF	IDAV	IT SI	ECTION								
	s a Committee rep		-					• •			-				
I swear (or affirm correct and compl) that this report, incl lete.	luding the	e attached sc	hedules	s filed or	ı papeı	r or by elec	tronic m	edium	, are to	the best o	of my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before me this day of	5	20						S	ignatur	e of Perso	on Submitt	ing Rep	oort	
	Signatu	re				_					Prir	ited Name			
My Commission E	-										Ema	nil			
	мо	D/	AY	YR				Ar	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee,	Candio	date shall	l sign h	ere.						
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ef this	politica	l comr	nittee has	not viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subse	cribed before me this day of		20							S	ignature	of Candida	ite		
						_					Printe	ed Name			
My Commission Exp	Signature					_		Email							
	мо	D	AY	YR				Area	Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MEDIA DEMOCRATIC COMMITTEE	From:	<u>1/1/202</u>	<u>1</u> To:	<u>5/3/2021</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	185.00
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)	\$	1,840.00		
TOTAL for the Reporting	\$	1,840.00		
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)			\$	1,620.00
TOTAL for the Reporting) Period	(3)	\$	1,620.00
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	d enter am ge, Item B.	ount)	\$	3,645.00

PART A 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.

Name of Filing Committee or Candidat	e		Reporting Period					
			From: To:			1		
					DATE	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
Г							Г	PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						\$	0.00	

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 Candida	te		Repo	orting Po	eriod					
MEDIA DEMOCRATIC COMMITTEE			Fron	rom: <u>1/1/2021</u> To				<u>5/3/2021</u>		
				DATE				AMOUNT		
Full Name of Contributor Joi Washington				мо	DAY	YEAR				
Mailing Address					\$	240.00				
City Media	State PA	Zip Code (Plus 4 19063	•)	3	8	2021				
Full Name of Contributor David Forman		мо	DAY	YEAR						
Mailing Address City Media	•)	3	11	2021	\$	150.00				
Full Name of Contributor Debra Ciamacca				мо	DAY	YEAR				
Mailing Address			-1				\$	150.00		
City Media	State PA	Zip Code (Plus 4 19063	•)	4	2	2021	Ψ	150.00		
Full Name of Contributor David Krull				мо	DAY	YEAR				
Mailing Address							\$	200.00		
City Media	State PA	Zip Code (Plus 4 19063)	3	9	2021				
Full Name of Contributor				мо	DAY	YEAR				
Suzanne Boyer					2					
Mailing Address	0			4	12	2021	\$	200.00		
City Media	State PA	Zip Code (Plus 4 19063	,, 	4	12	2021				
Full Name of Contributor				мо	DAY	YEAR				
David Director			_							
Mailing Address City Media	•)	4	12	2021	\$	100.00				
	PA 19063									
Full Name of Contributor Jeanne Wordley		мо	DAY	YEAR						
Mailing Address			-+				\$	100.00		
City Media	State PA	Zip Code (Plus 4 19063	•)	4	12	2021		100.00		

Full Name of	Name of Contributor				DAY	YEAR	
Jeanne Wor	dley			мо			
Mailing Addr	ress			1			\$ 100.00
City Medi	lia	State	Zip Code (Plus 4)	3	5	2021	
		PA	19063				
Full Name of	f Contributor			мо	DAY	YEAR	
Lisa Murphy	/			мо	DAT	TLAK	
Mailing Addr	ress						\$ 100.00
City Unkr	nown	State	Zip Code (Plus 4)	3	8	2021	
		PA	19063				
Full Name of	f Contributor			мо	DAY	YEAR	
Katey McVe	rry			, no	DAI	TEAR	
Mailing Addr	ailing Address						\$ 200.00
City Medi	lia	State	Zip Code (Plus 4)	3	5	2021	
		PA	19063				
Full Name of	f Contributor			мо	DAY	YEAR	
Robert Stum	np			мо	DAT	TLAK	
Mailing Addr	ress						\$ 100.00
Mailing Addr City Medi		State	Zip Code (Plus 4)	3	5	2021	\$ 100.00
		State PA	Zip Code (Plus 4) 19063	3	5	2021	\$ 100.00
City Medi							\$ 100.00
City Medi	ia f Contributor			3 MO	5 DAY	2021 YEAR	\$ 100.00
City Medi	ia f Contributor egelhoffer Jr						\$ 200.00
City Medi Full Name of James A Zie	ia f Contributor egelhoffer Jr ress						
City Medi Full Name of James A Zie Mailing Addr	ia f Contributor egelhoffer Jr ress	PA	19063	мо	DAY	YEAR	
City Medi Full Name of James A Zie Mailing Addr	ia f Contributor egelhoffer Jr ress	PA	19063 Zip Code (Plus 4)	мо	DAY	YEAR	
City Medi Full Name of James A Zie Mailing Addr City Medi	ia f Contributor egelhoffer Jr ress	PA State PA	19063 Zip Code (Plus 4) 19063	MO 3	DAY 5	YEAR	200.00

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		Å	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Cod	e (Plus 4)					
						PAGE TOTAL		
Enter Grand Total of Part C on Sched	nmary 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				Repo	orting Pe	riod		
MEDIA DEMOCRATIC COMMITTEE				Fron	n:	<u>1/1/2</u>	<u>021</u> То	: <u>5/3/2021</u>
					DA	ATE		AMOUNT
Full Name of Contributor					мо	DAY	YEAR	
Brian Hall					MO	DAT	TEAR	\$ 350.00
Mailing Address					2	5	2021	
City Media	State	Zij	p Code (Plus	; 4)	_	5		
	PA	19	063					
Employer Name Eisenberg & Rothweile	er				Occupat	ion	Lawyer	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code (Plus 4)
			Philadelph	ia		PA		19103
Full Name of Contributor								
Elizabeth Romaine					мо	DAY	YEAR	\$ 270.00
Mailing Address					3	3	2021	
City Media	State	Zij	p Code (Plus	; 4)	5	5	2021	
	PA	19	063					
Employer Name goBrands					Occupat	ion	Director	of Communications
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code (Plus 4)
			Philadelph	ia		PA		19123
Full Name of Contributor					No	DAY	VEAD	
Patty Doyle					мо	DAY	YEAR	\$ 400.00
Mailing Address		_			4	12	2021	
City Media	State	Zij	p Code (Plus	; 4)	-	12	2021	
	PA	19	063				-	
Employer Name Scenery First Inc.					Occupat	ion	Seamst	ress
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Code (Plus 4)
			Holmes			PA		19043
Full Name of Contributor					No	DAY	VEAD	
Mark Paikoff					мо	DAY	YEAR	\$ 300.00
Mailing Address					3	9	2021	
City Media		l	a 1 (n)	•	5	5		
PA 19063			p Code (Plus	; 4)				
	State PA			: 4)				
Employer Name School District of Phila	РА				Occupat	ion	Teacher	
Employer Name School District of Phila Employer Mailing Address/Principal Plac	PA			; 4)	Occupat	ion State	Teacher	Zip Code (Plus 4)

Full Name of Contributor			мо	DAY	YEAR		200.00
John Powell			MO	DAT	ILAN	\$	300.00
Mailing Address			4	9	2021		
City Philadelphia	State	Zip Code (Plus 4)	т		2021		
PA 19134							
Employer Name WAWA, Inc.			Occupat	Manager			
Employer Mailing Address/Principal Plac	e of Business	City		State		Zip Code	e (Plus 4)
		Media		PA		19063	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sectio					\$		SGE TOTAL 1,620.00

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 Candio	late		Report	ing Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description							_		
								PAGE TO	ſAL
nter Grand Total of Part E on Schedule I, Detailed Summary Page, Se				4.			\$		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		
MEDIA DEMOCRATIC COMMITTEE	From:	<u>1/1/2021</u> To:	<u>5/3/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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			Reporting Period					
			From:			То:		
				DATE		AMOUNT		
Full Name of Contributor				DAY	YEAR			
Mailing Address						\$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:						-		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai Section 2.				mary Pag	e,		PAGE TOTA	<u>، ۱</u>
						\$		0.00

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

Name of Filing Committee or Candidate				Rep	orting	Period			
				Fro	m:		То:		
						DATE		AMOUNT	
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	ip Code(Plus 4)						
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plac	e of Business	City		State	e Zip	Code(Plus 4)	Descri	ption of Cor	itribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributio Summary Page, Section 3.			ntributions De	etaile	d			PA	AGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
MEDIA DEMOCRATIC COMMITTEE			From	<u>1/</u>	<u>1/2021</u>	То:	<u>5/3/2021</u>	
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
U.S. Postal Service								
Mailing Address			3	17	2021	\$	73.00	
City Media	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	PA	19063	P.O. Box Fee					
To Whom Paid			мо	DAY	YEAR			
PayPal								
Mailing Address			4	25	2021	\$	44.55	
City San Jose	State	Zip Code (Plus 4)	Description of Expenditure					
	CA	95131	Finance Fees					
To Whom Paid			мо	DAY	YEAR			
U.S. Postal Service								
Mailing Address			4	30	2021	\$	550.00	
City Media	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	PA	19063	Postage Stamps					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
Enter Grand Total of Expendi	itures on Page 1, R	Leport Cover Page, Item	D.			\$	667.55	