Campaign Finance Report

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

						ort d B		CANDI	DATE	DATE COMMITTEE / LC			LOBE	SYIST			
Name of Filing C	Committee, Candid	late or L	obbyist:	Ī	MED:	IA [DEMO	CRATIC	COMM	ITTEE							
Street Address:	PO BOX 284																
City:	MEDIA							State: PA Zip Code:					ie: 19	19063-0284			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2	2. X	30 DA PRIMA		POST- 3.			AMENDM REPORT		Yes	No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					30 DA ELECT		POST-	6.		TERMIN/ REPORT		Yes	No	\	
report type)	ANNUAL REPORT	7.	Year 2021					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
								МО	DAY	YE	AR	32	10000	DEM	l	23	
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY Y	EAR				МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	irom:		1 1	20)21	T	<u> </u>	5		3	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			1,0	00.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule	I)	\$			3,6	45.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			4,6	45.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$			6	67.55						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			3,9	77.45						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II))	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00						
			A	\FF	IDA	VI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	f this	s is	a Can	ididate re	eport, o	candio	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sched	dules	filed	on p	paper o	or by elect	ronic m	edium	, are to t	the best o	f my knov	wledge a	and belie	ef , true	
Sworn to and subs	cribed before me thi day of	s	20							s	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	ıre	_				-					Prin	ted Name	•			
My Commission Ex	cpires						_					Ema	il				
	мо	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	one Nu	mber	_	
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee	e, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowle	edge and belief	this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this										s	ignature o	of Candida	ate			
	day of						-					Printe	d Name				
	Signature						-					Ema	il				
My Commission Exp	ires											Епіа					
	МО	D	AY	YR			-		Area	Code		D	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate Reporting Period						
MEDIA DEMOCRATIC COMMITTEE	From:	1/1/202	<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) Period	(2)	\$	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) 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			\$	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 Candidate			Reporting				
	From:		То	•			
		•		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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 Commi	ttee or Candidate		Reporting P	Reporting Period					
MEDIA DEMOCRATIC	СОММІТТЕЕ		From:	<u>1/1/</u>	2021 T o	5/3/20	<u>)21</u>		
				DATE		AMOUNT			
Full Name of Contributor	r		МО	DAY	YEAR				
James A Ziegelhoffer Jr									
Mailing Address 402	W 3rd St					\$ 20	00.00		
City Media	State PA	Zip Code (Plus 4 19063	3	5	2021				
Full Name of Contributor	r		мо	DAY	YEAR				
·	N Lemon St D9					\$ 10	0.00		
City Media	State	Zip Code (Plus 4) 3	5	2021				
	PA	19063							
Full Name of Contributor	r		мо	DAY	YEAR				
Katey McVerry	1.01								
	rd St	71: 0: 1: (81::: 4) 3	5	2021	\$ 20	00.00		
City Media	State PA	Zip Code (Plus 4 19063	, 3		2021				
Full Name of Contributor	r		МО	DAY	YEAR				
Lisa Murphy			MO	DAT	TEAR				
Mailing Address Unk	known					\$ 10	00.00		
City Unknown	State	Zip Code (Plus 4) 3	8	2021				
	PA	19063							
Full Name of Contributor	r		мо	DAY	YEAR				
_	N Olive St					. \$ 24	10.00		
City Media	State	Zip Code (Plus 4	3	8	2021				
	PA	19063		1		<u> </u>			
Full Name of Contributor	r		мо	DAY	YEAR				
David Forman	West End Wall								
	West End Walk	Zin Code (Blue 4) 3	11	2021	 \$ 15	50.00		
City Media	State PA	Zip Code (Plus 4 19063	, 3	'''	2021				
	I FA	19003		<u> </u>	<u> </u>	<u> </u>			

Full Name of	Contributor			мо	DAY	YEAR	
Debra Ciama	сса			MO	DAT	TEAR	
Mailing Addre	ess 301 Radnor St						\$ 150.00
City Media	3	State	Zip Code (Plus 4)	4	2	2021	
		PA	19063				
Full Name of	Contributor			мо	DAY	YEAR	
David Krull				140	DAT	TEAR	
Mailing Addre	ess 702 Centennial Av	/e					\$ 200.00
City Media	3	State	Zip Code (Plus 4)	3	9	2021	
		PA	19063				
Full Name of				мо	DAY	YEAR	
Suzanne Boy	er						
Mailing Addre	235 E 3rd St	T	T	4			\$ 200.00
City Media	a .	State	Zip Code (Plus 4)	4	12	2021	
		PA	19063				
Full Name of	Contributor			мо	DAY	YEAR	
David Directo	or						
Mailing Addre	ass 309 N Monroe St	<u>_</u>					\$ 100.00
City Media	a	State	Zip Code (Plus 4)	4	12	2021	
		PA	19063				
Full Name of				мо	DAY	YEAR	
Jeanne Word	<u> </u>						
Mailing Addre	ess 402 W 3rd St			4			\$ 100.00
City Media	a .	State	Zip Code (Plus 4)	4	12	2021	
		PA	19063				
Full Name of	Contributor			МО	DAY	YEAR	
Jeanne Word	ley				<i>37</i> (,	7 = 7 11 1	
Mailing Addre	ess 402 W 3rd St]			\$ 100.00
City Media		State	Zip Code (Plus 4)	3	5	2021	
		PA	19063				

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

PAGE TOTAL \$ 1,840.00

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		A	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							- \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary 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.)

Name of Filing Committee or Candidate				Repo	orting Pe	riod				
MEDIA DEMOCRATIC COMMITTEE				Fron	n:	<u>1/1/2</u>	<u>021</u> To	:	5/3/2021	
			<u> </u>		D/	ATE		AN	MOUNT	
Full Name of Contributor Brian Hall					МО	DAY	YEAR	\$	350.00	
Mailing Address 117 N Edgmont St							2024	7		
City Media	State	Zip (Code (Plus	4)	2	5	2021			
	PA	1906	63							
Employer Name Eisenberg & Rothweiler			Occupat	ion	Lawyer					
Employer Mailing Address/Principal Place of Business City					State		Zip Cod	e (Plus 4)		
1634 Spruce St			Philadelph	ia		PA		19103		
Full Name of Contributor						•				
Elizabeth Romaine					МО	DAY	YEAR	\$	270.00	
Mailing Address 322 W 2nd St					3	3	2021			
City Media	State	Zip (Code (Plus	4)	3	3	2021			
	PA	1906	63							
Employer Name goBrands					Occupat	ion	Director	of Com	munications	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Cod	e (Plus 4)	
537 N 3rd Street			Philadelph	ia		PA		19123		
Full Name of Contributor							V=45			
Patty Doyle					МО	DAY	YEAR	\$	400.00	
Mailing Address 201 E Front St					4	12	2021			
City Media	State	Zip (Code (Plus	4)	·	12	2021			
	PA	1906	63							
Employer Name Scenery First Inc.					Occupat	ion	Seamst	ress		
Employer Mailing Address/Principal Plac	e of Business	•	City			State		Zip Cod	e (Plus 4)	
500 Pine St			Holmes			PA		19043		
Full Name of Contributor					мо	DAY	YEAR		200.00	
Mark Paikoff					МО	DAI	ILAK	\$	300.00	
Mailing Address 131 E 2nd St					3	9	2021			
City Media	State	Zip (Code (Plus	4)						
	PA 19063							l		
Employer Name School District of Philadelphia				Occupation Teacher						
Employer Mailing Address/Principal Plac	e of Business	(City			State		Zip Cod	e (Plus 4)	
440 N Broad St			Philadelph	ia		PA	19130			

Full Name of Contributor					DAY	VEAD	
John Powell					DAY	YEAR	\$ 300.00
Mailing Address 2525 E Madison St					9	2021	1
City Philadelphia	State	Zij	Code (Plus 4)	4		2021	
	PA	19	134				
Employer Name WAWA, Inc.				Occupat	ion	Food & E	Beverage Manager
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
260 W. Baltimore Pike			Media	PA			19063

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

PAGE TOTAL	
\$ 1,620.00	

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	ing Peri	od			
			From:			То:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	lus 4)					
Receipt Description	'	.					<u> </u>	
				_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	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	d	
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	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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re				Reporting Period				
	From: To:							
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period							
				Fro	m:		To:			
						DATE			AMOUNT	•
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	iptio	on of Contribut	ion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE TO	TAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
MEDIA DEMOCRATIC COMMITTEE	From	1/1/2021	То:	<u>5/3/2021</u>			

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
U.S. Postal Service			М		I ZAIK		
Mailing Address 101 E Baltin	nore Ave		3	17	2021	\$	73.00
City Media	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19063	P.O. Box	x Fee			
To Whom Paid PayPal			мо	DAY	YEAR		
Mailing Address 2211 N 1st St			4	25	2021	\$	44.55
City San Jose	State	Zip Code (Plus 4)	Description of Expenditure				
	CA	95131	Finance Fees				
To Whom Paid U.S. Postal Service			мо	DAY	YEAR		
Mailing Address 101 E Baltin	nore Ave		4	30	2021	\$	550.00
City Media	State	Zip Code (Plus 4)	Description of Expenditure				
	PA 19063 Postage Stamps						
6 116- 1							PAGE TOTAL
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item D	•			\$	667.55