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 2	0160	290				port		CANDI	DATE		СОМ	ITTEE	✓	LOBE	SYIST		
Name of Filing C	Committee, Can	ndida	te or Lo	obbyist:		MED)IA	DEMO	CRATIC	СОММ	ITTEE							
Street Address:	PO BOX 28	84																
City:	MEDIA								State:	PA			Zip Cod	de: 19	9063-0	284		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4	4.	2ND FRIDATELECTION	y pre	≣-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	\
report type)	ANNUAL REPO	ORT	7.	Year 2021					NG METHO				PAPER		\	DISKE	TTE	
Name of Office S	- Sought by Cand	lidate	e:			_			DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
									МО	DAY	YE	AR	32	10000	DEM	1	23	
									11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES))
Summary of Expenditures		d	МО	DAY	YEAR			_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
				1 1	2	021	I	0	5		3	2021						
A. Amount Bro	ught Forward I	From	Last Re	eport				\$			1,0	00.00						
B. Total Moneta	ary Contributio	ons A	nd Rece	eipts (From	Sche	dule	e I)	\$			3,6	45.00						
C. Total Funds	Available (Sun	n Of I	Lines A	and B)				\$			4,6	45.00						
D. Total Expend	ditures (From S	Sche	dule III	(1)				\$			6	67.55						
E. Ending Cash	Balance (Subt	tract	Line D	From Line (C)			\$			3,9	77.45						
F. Value Of In-	Kind Contribut	ions	Receive	ed (From S	chedu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obligati	ons (From S	chedule IV)			\$				0.00			'			
					AFF	IDA	٩VI	T SE	CTION									
PART I - If this is		-	•	_														
I swear (or affirm) correct and comple		, inclu	ding the	attached scl	nedules	s file	d on	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , tru	ue
Sworn to and subs	cribed before me day of	this		20							S	ignature	of Perso	n Submit	ting Rep	ort		_
	- Sign	nature						- -					Prin	ted Nam	e			-
My Commission Ex	-	iiatui	5										Ema	il				-
	МО		DA	ΛΥ	YR					Are	ea Cod	e	Daytim	ie Telepl	none Nu	mber		
Part II- If this is	a report of a	candi	date's	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		of my	y knowle	dge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc		this										s	ignature o	of Candid	ate			-
	day of 							_					Printe	ed Name				-
	Signati	ure						-										_
My Commission Exp	_												Ema	il				
	МО		DA	λΥ	YR	l		-		Area	Code		Da	aytime T	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:	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 ar 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

Name of Filing Committee or Candidate				ing Pe				
			From:			То	:	
		I			DATE			AMOUNT
Full Name of Contribution	ng Committee		М	0	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 Filing (ame of Filing Committee or Candidate					eriod	Reporting Period							
MEDIA DEMOCE	RATIC COMMITTEE			Fror	m:	1/1/2	2021 T o) :	5/3/2021					
						DATE		AM	IOUNT					
Full Name of Cont	ributor				МО	DAY	YEAR							
Mailing Address	506 N Olive St							\$ \$	240.00					
City Media		State PA	Zip Code (Plus 4) 19063		3	8	2021							
Full Name of Contributor David Forman						DAY	YEAR							
Mailing Address 639 West End Walk					3	11	2021	\$	150.00					
City Media		State PA	Zip Code (Plus 4) 19063		J									
Full Name of Cont Debra Ciamacca	ributor				МО	DAY	YEAR							
Mailing Address	301 Radnor St							\$	150.00					
City Media		State PA	Zip Code (Plus 4) 19063		4	2	2021							
Full Name of Cont	ributor				МО	DAY	YEAR							
Mailing Address	702 Centennial Ave				3	9	2021	\$	200.00					
City Media		State PA	Zip Code (Plus 4) 19063		3	,	2021							
Full Name of Cont	Full Name of Contributor Suzanne Boyer					DAY	YEAR							
Mailing Address	Mailing Address 235 E 3rd St							\$	200.00					
City Media		State PA	Zip Code (Plus 4) 19063		4	12	2021							

Full Na	ame of Contr	ibutor						
David	Director				МО	DAY	YEAR	
Mailine	g Address							
Manning	y Address	309 N Monroe St						\$ 100.00
City	Media		State	Zip Code (Plus 4)	4	12	2021	
• •	меша		PA	19063				
				13003				
Full Na	ame of Contr	ibutor						
Jeanne	e Wordley				МО	DAY	YEAR	
Mailing	g Address							
Pianing	y Address	402 W 3rd St						\$ 100.00
City	Media		State	Zip Code (Plus 4)	3	5	2021	
	ricula		PA	19063				
Full Name of Contributor								
Jeanne	e Wordley				МО	DAY	YEAR	
Mailing	g Address	402 W 2"d Ct						
_	•	402 W 3rd St						\$ 100.00
City	Media		State	Zip Code (Plus 4)	4	12	2021	
	ricaia		PA	19063				
Full Name of Contributor								
Full Na	ame of Contr	ibutor			МО	DAY	VEAD	
Full Na Lisa Mi		ibutor			МО	DAY	YEAR	
Lisa Mı					МО	DAY	YEAR	
Lisa Mı	urphy	Unknown						\$ 100.00
Lisa Mı	urphy		State	Zip Code (Plus 4)	MO 3	DAY 8		\$ 100.00
Lisa Mı	urphy g Address		State PA	Zip Code (Plus 4) 19063				\$ 100.00
Lisa Mı	urphy g Address							\$ 100.00
Lisa Miling Mailing City Full Na	urphy g Address Unknown	Unknown			3	8	2021	\$ 100.00
Lisa Miling Mailing City Full Na	urphy g Address Unknown	Unknown						\$ 100.00
Lisa Mondaling City Full Na James	urphy g Address Unknown	Unknown ributor ffer Jr			3	8	2021	
Lisa Mondaling City Full Na James	urphy g Address Unknown ame of Contr	Unknown			мо	DAY	2021 YEAR	\$ 200.00
Lisa Mondaling City Full Na James	urphy g Address Unknown ame of Contr	Unknown ributor ffer Jr			3	8	2021 YEAR	
Lisa Mi Mailing City Full Na James Mailing	urphy g Address Unknown ame of Contr A Ziegelhof g Address	Unknown ributor ffer Jr	PA	19063	мо	DAY	2021 YEAR	
Lisa Ming City Full Na James Mailing City	urphy g Address Unknown ame of Contr A Ziegelhof g Address Media	Unknown ibutor fer Jr 402 W 3rd St	PA	19063 Zip Code (Plus 4)	мо	DAY	2021 YEAR	
Lisa Mi Mailing City Full Na James Mailing City	urphy g Address Unknown ame of Contr A Ziegelhof g Address Media	Unknown ibutor fer Jr 402 W 3rd St	PA	19063 Zip Code (Plus 4)	мо	DAY	2021 YEAR	
Lisa Mi Mailing City Full Na James Mailing City	urphy g Address Unknown ame of Contr A Ziegelhof g Address Media	Unknown ibutor fer Jr 402 W 3rd St	PA	19063 Zip Code (Plus 4)	MO	DAY 5	2021 YEAR 2021	
City Full Na James Mailing City Full Na Robert	urphy g Address Unknown ame of Contr A Ziegelhof g Address Media	Unknown ibutor fer Jr 402 W 3rd St	State PA	19063 Zip Code (Plus 4)	MO	DAY 5	2021 YEAR 2021	\$ 200.00
City Full Na James Mailing City Full Na Robert	urphy g Address Unknown ame of Contr A Ziegelhof g Address Media ame of Contr t Stump	Unknown ributor fer Jr 402 W 3rd St	State PA	19063 Zip Code (Plus 4) 19063	мо мо	DAY 5	2021 YEAR 2021 YEAR	
City Full Na James Mailing City Full Na Robert	urphy g Address Unknown ame of Contr A Ziegelhof g Address Media ame of Contr t Stump	Unknown ributor fer Jr 402 W 3rd St	State PA	19063 Zip Code (Plus 4)	MO	DAY 5	2021 YEAR 2021 YEAR	\$ 200.00
City Full Na James Mailing City Full Na Robert Mailing	urphy g Address Unknown ame of Contr A Ziegelhof g Address Media ame of Contr t Stump g Address	Unknown ributor fer Jr 402 W 3rd St	State PA	19063 Zip Code (Plus 4) 19063	мо мо	DAY 5	2021 YEAR 2021 YEAR	\$ 200.00

Full Name of Contributor Katey McVerry	МО	DAY	YEAR			
Mailing Address E 3rd St	Mailing Address E 3rd St					\$ 200.00
City _{Media}	State	Zip Code (Plus 4)	3	5	2021	
	PA	19063				

PAGE TOTAL \$ 1,840.00

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

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 Committee				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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 Co	ommittee or Candidate				Rep	orting Pe	riod			
MEDIA DEMOCF	RATIC COMMITTEE				Fror	n:	1/1/2	<u>2021</u> T	o:	5/3/2021
						D/	ATE		AN	10UNT
Full Name of Con John Powell	ntributor					мо	DAY	YEAR		
Mailing Address	2525 E Madison St								\$	300.00
City Philadelp	phia	State	Zip	Code (Plus	4)	4	9	202	1	
		PA	19	134						
Employer Name	WAWA, Inc.					Occupat	tion	Food &	Beverage	Manager
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip Code	e (Plus 4)
260 W. Baltimor	e Pike			Media			PA		19063	
Full Name of Con Mark Paikoff	ntributor					МО	DAY	YEAR	4	
Mailing Address	131 E 2nd St								\$	300.00
City _{Media}		State	Zip	Code (Plus	4)	3	9	202	1	
		PA	19	063						
Employer Name	School District of Phil	adelphia				Occupat	ion	Геаcher		
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip Code	e (Plus 4)
440 N Broad St				Philadelp	hia		PA		19130	
Full Name of Con	ntributor									
Patty Doyle						МО	DAY	YEAR	•	
Mailing Address	201 E Front St								\$	400.00
City _{Media}		State	Zip	Code (Plus	4)	4	12	202	1	
		PA	19	063						
Employer Name	Scenery First Inc.					Occupat	tion	Seamst	ress	
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip Code	e (Plus 4)
500 Pine St				Holmes			PA		19043	

								r A	GL 9
Full Name of Co					МО	DAY	YEAR		
Mailing Address	322 W 2nd St							<u> </u>	270.00
City Media		State PA		p Code (Plus 4) 9063	3	3	2021		
Employer Nam	Employer Name goBrands Occupation Director						irector	of Commun	ications
Employer Mailing Address/Principal Place of Business City				•	State		Zip Code (Plus 4)		
537 N 3rd Street Philadelphia					PA				
Full Name of Contributor Brian Hall					мо	DAY	YEAR		
Mailing Address	117 N Edgmont	t St						\$	350.00
City Media		State PA		p Code (Plus 4) 9063	2	5	2021		
Employer Nam	e Eisenberg & Ro	thweiler	,		Occupat	tion L	.awyer	1	
Employer Mailii Business	ng Address/Princip	al Place of		City	1	State		Zip Code (F	Plus 4)
1634 Spruce S	it			Philadelphia		PA		19103	
Enter Grand 1	nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						Γ	PAGE	TOTAL
							1	+	

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 Can	didate		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name		-		мо	DAY	YEAR		-
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description								
Enter Grand Total of Part E on S	Schedule I Detailer	d Summary Page	Section	4		[P	PAGE TOTAL
zneci Grana rotar or r art z on o	renedure 1/ Detaned	· Summary rage,	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	I						
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	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 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 Sol	hodulo II. In-Vir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			illeu Summary Page,			PAGE TOTAL			
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period									
					Fro	m:		То	:			
					l		DATE				AMOUNT	
Full Name of Contributor					мо	DAY	YEAR	1				
Mailing Address									\$	0	0.00	
City	State	Zip Code(Plus 4)										
Employer of Contributor				Occupation								
Employer Mailing Address/Principal Place of Business		City		State	Zip 4)		Zip Code(Plus 4) Descri		cripti	iption of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed							PAGE TOTAL					
Summary Page, Section 3.					0.00							

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
MEDIA DEMOCRATIC COMMITTEE			From	<u>1/:</u>	1/2021	То:	<u>5/3/2021</u>	
				DATE				
To Whom Paid U.S. Postal Service				DAY	YEAR			
Mailing Address 101 E Ba	3	17	2021	\$	73.00			
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure P.O. Box Fee					
To Whom Paid PayPal			мо	DAY	YEAR			
Mailing Address 2211 N 1st St			4	25	2021	\$	44.55	
City San Jose	State CA	Zip Code (Plus 4) 95131	Description of Expenditure Finance Fees					
To Whom Paid U.S. Postal Service			мо	DAY	YEAR			
Mailing Address 101 E Baltimore Ave			4	30	2021	\$	550.00	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Postage Stamps					
	<u> </u>	I	_I				PAGE TOTAL	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

667.55