

Campaign Finance Report

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

Filer Identification Number : 2020C0810		Report Filed By :		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: GRAHAM GONZALES						
Street Address:						
City:			State:		Zip Code: 19567	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR
				11	3	2020
				(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	FOR OFFICE USE ONLY	
		10	20	2020		
A. Amount Brought Forward From Last Report				TO		
				11	23	2020
B. Total Monetary Contributions And Receipts (From Schedule I)						
C. Total Funds Available (Sum Of Lines A and B)						
D. Total Expenditures (From Schedule III)						
E. Ending Cash Balance (Subtract Line D From Line C)						
F. Value Of In-Kind Contributions Received (From Schedule II)						
G. Unpaid Debts And Obligations (From Schedule IV)						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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 subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
GRAHAM GONZALES	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 61.15

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)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 61.15
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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: To:

DATE				AMOUNT
Full Name of Contributing Committee				
Mailing Address				
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	

PAGE TOTAL	
\$	0.00

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 Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
GRAHAM GONZALES		From: <u>10/20/2020</u> To: <u>11/23/2020</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 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: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
GRAHAM GONZALES	From <u>10/20/2020</u> To: <u>11/23/2020</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
FACEBOOK				
Mailing Address 1 HACKER WAY	12	29	2020	\$ 46.17
City MENLO	State CA	Zip Code (Plus 4) 94025	Description of Expenditure ADVERTISING	
To Whom Paid	MO	DAY	YEAR	
FACEBOOK				
Mailing Address 1 HACKER WAY	12	28	2020	\$ 18.40
City MENLO	State CA	Zip Code (Plus 4) 94025	Description of Expenditure ADVERTISING	
To Whom Paid	MO	DAY	YEAR	
FACEBOOK				
Mailing Address 1 HACKER WAY	11	2	2020	\$ 500.00
City MENLO	State CA	Zip Code (Plus 4) 94025	Description of Expenditure ADVERTISING	
To Whom Paid	MO	DAY	YEAR	
SQUARESPACE				
Mailing Address 225 VARICK STREET	12	11	2020	\$ 31.80
City NEW YORK	State NY	Zip Code (Plus 4) 10014	Description of Expenditure CAMPAIGN WEBSITE	
To Whom Paid	MO	DAY	YEAR	
SQUARESPACE				
Mailing Address 225 VARICK STREET	11	12	2020	\$ 31.80
City NEW YORK	State NY	Zip Code (Plus 4) 10014	Description of Expenditure CAMPAIGN WEBSITE	
To Whom Paid	MO	DAY	YEAR	
ACTBLUE				
Mailing Address 366 SUMMER STREET	12	9	2020	\$ 1.00
City SOMERVILLE	State MA	Zip Code (Plus 4) 02144	Description of Expenditure ONLINE DONATION TRANSACTION FEE	

To Whom Paid ACTBLUE			MO	DAY	YEAR	\$ 2.83
Mailing Address 366 SUMMER STREET			11	10	2020	
City SOMERVILLE	State MA	Zip Code (Plus 4) 02144	Description of Expenditure ONLINE DONATION TRANSACTION FEE			

To Whom Paid SANTANDER			MO	DAY	YEAR	\$ 7.50
Mailing Address 75 STATE STREET			11	3	2020	
City BOSTON	State MA	Zip Code (Plus 4) 02109	Description of Expenditure ACCOUNT FEE			

To Whom Paid SANTANDER			MO	DAY	YEAR	\$ 7.50
Mailing Address 75 STATE STREET			12	1	2020	
City BOSTON	State MA	Zip Code (Plus 4) 02109	Description of Expenditure ACCOUNT FEE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 647.00

