

Commonwealth of Pennsylvania

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 : 20170193		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF MELISSA SHUSTERMAN										
Street Address: 385 SHELBOURNE LN										
City: PHOENIXVILLE			State: PA		Zip Code: 19460					
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.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	Year 2020	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR	DEM			
				11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		11	24	2020	TO	12	31	2020		
A. Amount Brought Forward From Last Report				\$		72,734.90				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		35.52				
C. Total Funds Available (Sum Of Lines A and B)				\$		72,770.42				
D. Total Expenditures (From Schedule III)				\$		1,117.36				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		71,653.06				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF MELISSA SHUSTERMAN	From: <u>11/24/2020</u> To: <u>12/31/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor		
	TOTAL for the Reporting Period	(1)
	\$	30.00

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)	\$	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)
	\$	5.52

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.)	\$	35.52
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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 Period
	From: _____ To: _____
DATE AMOUNT	

Full Name of Contributing Committee	MO	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

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 Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT
Full Name of Contributor					\$ 0.00
Mailing Address	MO	DAY	YEAR		
City	State	Zip Code (Plus 4)			

PAGE TOTAL
\$ 0.00

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: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 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	Reporting Period
	From: To:

	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)	

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

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 FRIENDS OF MELISSA SHUSTERMAN	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>
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				DATE	AMOUNT		
Full Name	Mailing Address	City	State	MO	DAY	YEAR	\$
MERCK SHARP & DOHME FEDERAL CREDIT UNION	335 WEST BUTLER AVE	CHALFONT	PA	11	30	2020	2.52
Zip Code (Plus 4) 18914							
Receipt Description INTEREST ON BUSINESS SAVINGS							
Full Name	Mailing Address	City	State	MO	DAY	YEAR	\$
MERCK SHARP & DOHME FEDERAL CREDIT UNION	335 WEST BUTLER AVE	CHALFONT	PA	12	31	2020	3.00
Zip Code (Plus 4) 18914							
Receipt Description INTEREST ON BUSINESS SAVINGS							

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

PAGE TOTAL
\$ 5.52

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 FRIENDS OF MELISSA SHUSTERMAN	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</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 RECEIVED - 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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	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 Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF MELISSA SHUSTERMAN	From <u>11/24/2020</u> To: <u>12/31/2020</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
ACTBLUE	12	3	2020	\$	4.89
Mailing Address 366 SUMMER ST					
City SOMERVILLE	State PA	Zip Code (Plus 4) 02144	Description of Expenditure ACTBLUE FEES		
To Whom Paid	MO	DAY	YEAR		
ACTBLUE					
Mailing Address 366 SUMMER ST	12	9	2020	\$	9.38
City SOMERVILLE	State PA	Zip Code (Plus 4) 02144	Description of Expenditure ACTBLUE FEES		
To Whom Paid	MO	DAY	YEAR		
GODADDY					
Mailing Address 14455 N HAYDEN RD	11	26	2020	\$	88.92
City SCOTTSDALE	State AZ	Zip Code (Plus 4) 85260	Description of Expenditure EMAIL SERVICES		
To Whom Paid	MO	DAY	YEAR		
SQUARESPACE					
Mailing Address 225 VARICK STREET	11	24	2020	\$	27.56
City NEW YORK	State NY	Zip Code (Plus 4) 10014	Description of Expenditure SUBSCRIPTION		
To Whom Paid	MO	DAY	YEAR		
SQUARESPACE					
Mailing Address 225 VARICK STREET	12	24	2020	\$	27.56
City NEW YORK	State NY	Zip Code (Plus 4) 10014	Description of Expenditure SUBSCRIPTION		
To Whom Paid	MO	DAY	YEAR		
NGP VAN					
Mailing Address 1145 NEW YORK AVE SUITE 200	12	2	2020	\$	2.50
City WASHINGTON	State DC	Zip Code (Plus 4) 20005	Description of Expenditure MERCHANT FEES		

To Whom Paid NGP VAN			MO	DAY	YEAR	\$ 265.00
Mailing Address 1145 NEW YORK AVE SUITE 200			12	2	2020	
City WASHINGTON	State DC	Zip Code (Plus 4) 20005	Description of Expenditure NGP VAN MONTHLY EXPENSE			
To Whom Paid SURREY SERVICES FOR SENIORS			MO	DAY	YEAR	\$ 250.00
Mailing Address 60 SURREY WAY			12	7	2020	
City DEVON	State PA	Zip Code (Plus 4) 19333	Description of Expenditure DONATION			
To Whom Paid FACEBOOK			MO	DAY	YEAR	\$ 41.55
Mailing Address 1 HACKER WAY			12	2	2020	
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Description of Expenditure ADVERTISING			
To Whom Paid PHOENIXVILLE AREA COMMUNITY SERVICES			MO	DAY	YEAR	\$ 150.00
Mailing Address 257 CHURCH STREET			12	15	2020	
City PHOENIXVILLE	State PA	Zip Code (Plus 4) 19460	Description of Expenditure DONATION			
To Whom Paid ANN'S HEART			MO	DAY	YEAR	\$ 250.00
Mailing Address 30 HALL STREET SUITE 301			12	29	2020	
City PHOENIXVILLE	State PA	Zip Code (Plus 4) 19460	Description of Expenditure DONATION			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,117.36

