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 :	Repo Filed		CAI	NDI	DATE		СОМ	1ITTEE	<	LOB	BYIST						
	Committee, Candida	ate or Lo	obbyist:			-	- SARA	JOH	HNSON	ROTH	HMAN						
Street Address:	P.O. BOX 212		-														
City:	FORT WASHIN	IGTON					State	:	PA			Zip Code: 19034-0212					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 E PRIN	DAY MARY	Р	POST-	3.		AMENDM REPORT		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 E ELEC	DAY CTION	Ρ	POST- 6.			TERMIN/ REPORT		Yes	N	0	\checkmark
report type)	ANNUAL REPORT	7. X					ING ME) CHEC					PAPER	\checkmark	DISK	ETTE		
Name of Office §	Sought by Candidat	te:					DAT	ΕO	F ELEC	TION	N	District Number	Office Code	Par	ty Code	Cour	
							мо		DAY	YE/	AR			DEN	1	•	
								11		3	2020		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR	2		мо		DAY	YE/	AR	FC	R OFFIC	e use	ONLY		
Expenditures	s from:	1	1 24	2	020	то		12	3	1	2020						
A. Amount Bro	ught Forward From	n Last Ro	eport				\$			6,69	96.24						
B. Total Monet	ary Contributions	And Reco	eipts (Fron	1 Sche	dule I)) :	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			:	\$			6,69	96.24						
D. Total Expen	ditures (From Sche	edule II	[)			:	\$			1,00	0.50						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$			5,69	5.74						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	:	\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	()			\$			3,49	92.01						
				AFF	IDAV	IT S	ECTIC	ΟN									
PART I - If this is	s a Committee repo	ort, trea	surer sign	here.	If this	is a Ca	andidat	e re	eport, ca	andida	ate sig	jn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedule	s filed o	n pape	r or by e	electr	ronic me	dium, a	are to 1	he best o:	f my knov	/ledge	and be	ief , tr	rue
Sworn to and subs	scribed before me this day of	;	20							Sig	gnature	e of Perso	n Submitt	ing Rep	oort		-
	Signatu	re				_						Prin	ted Name				-
My Commission E	-							-				Ema	il				_
	МО	DA	AY	YR					Area	a Code		Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's a	authorized	Comn	nittee,	Candi	date sh	nall s	sign he	re.							
I swear (or affirm) No 320) as amende) that to the best of n ed.	ıy knowle	edge and beli	ef this	politica	il com	mittee h	as no	ot violate	ed any	provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subso	ribed before me this day of		20								S	ignature o	of Candida	te			-
						_						Printe	d Name				-
My Commission Exp	Signature											Ema	il				_
	мо	D/	AY	YR		_			Area C	Code		D	aytime Te	lephor	e Num	ber	-

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reportin	g Period		
FRIENDS OF SARA JOHNSON ROTHMAN	From:	<u>11/24/202</u>	<u>20</u> To:	<u>12/31/2020</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)			_	
TOTAL for the Reporting	g 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			\$	0.00
			1	

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.

em:	DATE	То	:	
	DATE			
				AMOUNT
мо	DAY	YEAR		
			\$	0.00
			Г	PAGE TOTAL
M	10	10 DAY	10 DAY YEAR	

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 Candidat	e		Rep	orting P	eriod			
From: To:								
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	0.00

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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary 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	Reporting Period	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	0.00

I

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			Report	ing Perio	od				
From				rom: To:					
				D	ATE			AMOUNT	Г
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·						•		
Enter Grand Total of Part E on Sched	ule I. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
	are 1, Detailed Sum	iniai y Faye,	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 Perio	d	
FRIENDS OF SARA JOHNSON ROTHMAN	From:	<u>11/24/2020</u> то:	<u>12/31/2020</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 PART	「 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	Name of Filing Committee or Candidate R						
	From:			То:			
				DATE		АМО	UNT
Full Name of Contributor			мо	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 Detail Section 2.				mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candida	ame of Filing Committee or Candidate					Reporting Period				
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	City State Zip Code(Plus 4)									
Employer of Contributor			1			Occupa	tion	1	1	
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Total of Part G on S Summary Page, Section 3.	chedule II,	, In-Kind	Contributi	ions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
FRIENDS OF SARA JOHNSON ROTHMA	N		From	<u>11/24</u>	<u>4/2020</u>	То:	<u>12/31/2020</u>
				AMOUNT			
To Whom Paid FRIENDS OF ANTONETTE STANCU			мо	DAY	YEAR		
Mailing Address 3410 YORK RD			12	3	2020	\$	1,000.00
City FURLONG	Descrip	otion of Exp	Denditure				
	PA	16925	CONTR	IBUTION			
To Whom Paid ACT BLUE			мо	DAY	YEAR		
Mailing Address PO BOX 441146			7	9	2020	\$	0.50
City SOMERVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure		
	ECOMM	IERCE FEE	S				
							PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	Cover Page, Item I	D .			\$	1,000.50

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period					
FRIENDS OF SARA JOHNSON ROTHMAN			From:	<u>11/24/2020</u> To:			<u>1</u>	2/31/2020
					DATE			Outstanding Balance of Debt
Name of Creditor SAM JOHNSON ROTHMAN				мо	DAY	YEAR		
Mailing Address 6 LINDENWOLD TERRACE				5	18	2020	\$	492.01
City AMBLER	State	Zip Code (Pl	us 4)	Description of Debt				
	PA	19002		GOOGLE SUITE ACCOUNT, NGP FEES, WEBSITE FEES				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL	
							\$	492.01