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 2016	50290			Rep File			CA	NDI	DATE		COM	AITTEE	Y	LUBB	1131	
Name of Filing C	ommittee, Candid	date or L	obbyist:		MED	IA I	DEMC	CRAT	IC (СОММ	ITTEE						
Street Address:																	
City:	MEDIA							State	e:	PA			Zip Co	de: 19	063-02	284	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	- 2	2.	30 DA		F	POST-	3. X		AMENDN REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	- 5	5.	30 DA		F	POST-	6.		TERMIN. REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2021					NG ME CHEC					PAPER		\checkmark	DISKE	TTE
Name of Office S	- Sought by Candida	ite:						DAT	ΈO	F ELE	CTIO	N	District Number	Office Code	Part	y Code	County Code
								МО		DAY	YE	AR	32	•	DEM		23
									11		2	2021		(SEE IN	STRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	1			МО		DAY	YI	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		5 4	2	021	Т	0		6		7	2021					
A. Amount Bro	ught Forward Fro	m Last R	eport		·		\$				3,9	77.45					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$				1	.05.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				4,0	82.45					
D. Total Expend	ditures (From Sch	edule II	I)				\$				3,8	00.25					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				2	82.20					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II))	\$					0.00					
G. Unpaid Debt	s And Obligations	(From	Schedule I\	/)			\$					0.00			1		
								CTIO									
I swear (or affirm)	that this report, inc	-	_									_		f my knov	wledge a	ınd belie	ef , true
correct and comple	cribed before me thi	is											- f D	C	D		
	day of		_ 20				-					ignature	or Perso	n Submitt	ипд кер	ort	
	Signati	ıre					_						Prin	ted Name	•		
My Commission Ex	rpires						_						Ema	il			
	МО	D	AY	YR						Ar	ea Coc	e	Daytin	e Teleph	one Nur	nber	
	a report of a can					•				_		_					
No 320) as amende		•	edge and bel	ief this	politi	ical	comm	ittee h	as n	ot viola	ted an	y provis	ions of th	e act of Ji	une 3,19)37 (P.L.	1333,
SWOFN TO AND SUBSC	ribed before me this day of	•	20									s	ignature	of Candida	ate		
	<u> </u>						-						Printe	d Name			
My Commission Exp	Signature ires												Ema	il			—
	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	Reporting	g Period		
MEDIA DEMOCRATIC COMMITTEE	From:	<u>5/4/202</u>	<u>1</u> To:	6/7/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J Period	(1)	\$	5.00
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)			\$	100.00
TOTAL for the Reporting	J Period	(2)	\$	100.00
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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	y 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			\$	105.00

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 Candidat	e		Reporting	Period			
		1	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 Committee or Candidate

Reporting Period

MEDIA DEMOCRATIC COMMITTEE

From: 5/4/2021 To:

DATE

6/7/2021

AMOUNT

Full Name of Contribut	tor		мо	DAY	YEAR	
Mailing Address						\$ 100.00
City Kent	State	Zip Code (Plus 4)	6	7	2021	
	WA	98032				

PAGE TOTAL 100.00

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		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
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			Rep	orting Pe	riod			
			Fror	n:		To) :	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00

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:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				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	l	
MEDIA DEMOCRATIC COMMITTEE	From:	<u>5/4/2021</u> To:	<u>6/7/2021</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 Car	Reporting Period							
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL	
Section 2.						\$	0	.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	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	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or 0	Candidate		Reporti	ng Period			
MEDIA DEMOCRATIC COMMI	ПЕЕ		From	<u>5/</u> 4	<u>4/2021</u>	То:	6/7/2021
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Blackhorse Graphics			110				
Mailing Address			5	12	2021	\$	845.88
City Media	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19063	Lawn Si	igns			
To Whom Paid			мо	DAY	YEAR		
Blackhorse Graphics			110				
Mailing Address				12	2021	\$	2,450.72
City Media	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19063	Spring I	Newsletter	'		_
To Whom Paid			мо	DAY	YEAR		
Blair/DigitalMedia			1.10		12/11		
Mailing Address			6	1	2021	\$	500.00
City Media	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19063	Graphic	Design fo	r Newsle	tter & Yar	d Signs
To Whom Paid			мо	DAY	YEAR		
PayPal					127		
Mailing Address			6	7	2021	\$	3.65
City San Jose State Zip Code (Plus 4)) Description of Expenditure				
City San Jose	State	1 ,		-			

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

3,800.25