Campaign Finance Report

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

Filer Identificatio	on 2016	0290			Repor Filed I		CANDI	DATE	СОМ	MITTEE	✓	LOBE	BYIST	
Name of Filing C	ommittee, Candida	ate or Lo	bbyist:			-	CRATIC	СОММІТ	TEE					
Street Address:	PO BOX 284													
City:	MEDIA						State:	Zip Co	Zip Code: 19063-0284					
	6TH TUESDAY PRE-PRIMARY		2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIMA		POST- 3	3. X	AMENDN REPORT		Yes	No	\checkmark
	6TH TUESDAY PRE-ELECTION		2ND FRIDA ELECTION	Y PRE	- 5.	30 DA ELEC		POST- 6	ö.	TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2021				NG METHO			PAPER		\checkmark	DISKE	TTE
Name of Office S	ought by Candidat	te:					DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEAR	32		DEN	1	23
							11	2	2 2021]	(SEE INS	TRUCTIO	ONS FOR (CODES)
Summary of F		мо	DAY	YEAR	1		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	from:		5 4	2	021 1	0	6		7 2021					
A. Amount Brou	ught Forward From	ו Last Re	port			\$			3,977.45]				
B. Total Moneta	ary Contributions A	And Rece	ipts (From	n Sche	dule I)	\$			105.00					
C. Total Funds	Available (Sum Of	Lines A a	and B)			\$			4,082.45					
D. Total Expend	litures (From Sche	dule III)			\$			3,800.25					
E. Ending Cash	Balance (Subtract	Line D F	rom Line	C)		\$			282.20	_				
F. Value Of In-	Kind Contributions	Receive	d (From S	chedu	le II)	\$			0.00	_				
G. Unpaid Debt	s And Obligations	(From So	chedule IV	')		\$			0.00					
				AFF	IDAVI	T SE	CTION							
	a Committee repo		-							-				
I swear (or affirm) correct and comple	that this report, inclue te.	uding the a	attached scl	hedules	s filed on	paper	or by elect	ronic med	lium, are to	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subso	cribed before me this day of 		20						Signatur	e of Perso	n Submitt	ing Rep	oort	
	Signatur	re				_				Prin	ted Name			
My Commission Ex	pires					_				Ema	il			
	мо	DA	Y	YR				Area	Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's a	uthorized	Comn	nittee, C	Candid	ate shall	sign her	е.					
I swear (or affirm) No 320) as amende	that to the best of m	ıy knowled	dge and beli	ef this	political	comm	ittee has n	ot violate	d any provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subsci	ribed before me this day of		20						-	ognature	of Candida	ite		
Sworn to and subsci	ribed before me this		20			_					of Candida	ite		
My Commission Expi	ribed before me this day of 		20			_					ed Name	ite		

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:	<u>6/7/2021</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	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			\$	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 Candidate				Reporting Period					
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
inter 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 Candida	te		Rep	oorting Pe	eriod				
MEDIA DEMOCRATIC COMMITTEE			Fro	m:	<u>5/4/</u>	<u>2021</u> To	<u>6/7/2021</u>		
					DATE			AMOUNT	
Full Name of Contributor Crystal Fincher				мо	DAY	YEAR			
Mailing Address 412 W Meeker St A	Apt 5						\$	100.00	
City Kent	State	Zip Code (Plus 4)	6	7	2021			
	WA	98032							
								PAGE TOTAL	
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, So	ection 2	•		\$	100.00	

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 Candidate			Reporting Period						
			From:			То:			
				DA	TE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary 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					
Fre			Froi	From:			То:	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE 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			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	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		
MEDIA DEMOCRATIC COMMITTEE	From:	<u>5/4/2021</u> то:	<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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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			Reporting	Period			
			From:			То:	
				DATE			AMOUNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,	F	PAGE TOTAL
						\$	0.00

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Period			
				From:				
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address						\$		
City	State	Zip Code(Plus 4)						
Employer of Contributor		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac	e of Business C	lity	State	e Zip	Code(Plus 4)) Description of Contribution		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportin	ng Period					
MEDIA DEMOCRATIC COMMITTEE			From	<u>5/4</u>	<u>4/2021</u>	То:	<u>6/7/2021</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
Blackhorse Graphics									
Mailing Address 31 E State St			5	12	2021	\$	845.88		
City Media	State	Zip Code (Plus 4)	Description of Expenditure						
	Lawn Si	gns							
To Whom Paid Blackhorse Graphics			мо	DAY	YEAR				
Mailing Address 31 E State St			5	12	2021	\$	2,450.72		
City Media	Media State Zip Code (Plus 4)			l tion of Exp	enditure	1			
	РА	19063	Spring I	Newsletter					
To Whom Paid		-		DAY	YEAR				
Blair/DigitalMedia			мо	DAT	TEAR				
Mailing Address 510 N Lemon St #C	13		6	1	2021	\$	500.00		
City Media	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	19063	Graphic	Design for	r Newslet	ter & Ya	ard Signs		
To Whom Paid PayPal			мо	DAY	YEAR				
Mailing Address 2211 N 1st St			6	7	2021	\$	3.65		
City San Jose	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	1			
	СА	95131	Finance	Fees					
		_					PAGE TOTAL		
Enter Grand Total of Expenditures o	n Page 1, Report C	over Page, Item D).			\$	3,800.25		