### **Campaign Finance Report**

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

Filer Identification 20190359 Number:						port ed B		CANDI	DATE		СОМ	<b>4ITTEE</b>	✓	LOB	BYIST		
Name of Filing C	Committee, Cand	lidate or L	obbyist:		Kan	e fo	r Stat	e Senate									_
Street Address:	209 Hardin	g Ave.															
City:	Havertown							State:	PA			Zip Cod	ie: 19	9083			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	FRIDAY PRE- MARY				0 DAY P		- 3. <b>X</b>		AMENDMENT REPORT?		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	≣- !	5.	30 DA		POST-	6.		TERMINATION YEPORT?			No	•	/
report type)	ANNUAL REPO	<b>RT</b> 7.	<b>Year</b> 2021					NG METHO CHECK O				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	ought by Candi	date:						DATE O	F ELE	CTIO	N	District Number	Office Code	Pai	rty Code	Count	ty
								МО	DAY	YE	AR		100.0	I		-	
								11		2	2021		(SEE IN	ISTRUCTI	ONS FOR	CODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures			5 4	2	021	Т	0	6		7	2021						
A. Amount Bro	ught Forward Fi	om Last F	Report				\$			20,9	58.45						
B. Total Moneta	ary Contributior	s And Re	ceipts (From	Sche	dule	· I)	\$			6,0	87.50						
C. Total Funds	Available (Sum	Of Lines A	A and B)				\$			27,0	)45.95						
D. Total Expend	ditures (From S	chedule I	II)				\$			1,6	11.49						
E. Ending Cash	Balance (Subtr	act Line D	From Line	C)			\$			25,4	34.46						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedu	le II	:)	\$				0.00						
G. Unpaid Debt	s And Obligatio	ns (From	Schedule IV	<b>'</b> )			\$				0.00			•			
				AFF	IDA	\VI	T SE	CTION									
PART I - If this is		-	_								_						
I swear (or affirm) correct and complete		ncluding th	e attached scl	hedule	s filed	d on	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tru	e
Sworn to and subs	cribed before me t day of	his	20							S	ignature	of Perso	n Submit	ting Re	port		-
	Signa	atura					- -					Prin	ted Name	e			-
My Commission Ex	-	·····										Ema	il				-
	мо	D	AY	YR					Ar	ea Cod	e	Daytim	e Telepi	none Nu	mber		_
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		of my know	edge and beli	ef this	polit	tical	comm	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	,
Sworn to and subsc		nis									s	ignature o	of Candid	ate			-
	day of 						_					Printe	d Name				-
	Signatu	·e					-										_
My Commission Exp	_											Ema	il				
	МО	C	PAY	YR	l		-		Area	Code		Da	aytime T	elephor	ne Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
Kane for State Senate	From:	5/4/202	<u>1</u> To:	6/7/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J Period	(1)	\$	25.00
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)			\$	62.50
TOTAL for the Reporting	) Period	(2)	\$	62.50
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	6,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	6,000.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	6,087.50

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

		ly contributions r lue from \$50.01 t			•			
Name of Filing Committee or (	Candidate		Re	porting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Comm	nittee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							$\overline{}$	PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

### 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 Perio	od		
Kane for State Senate	From:	5/4/2021	То:	6/7/2021

DATE AMOUNT

Full Name of Contributor Nancy Weissman			МО	DAY	YEAR	
Mailing Address 519 Wadsworth Ave						<b>\$</b> 62.50
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191191132	5	11	2021	

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$** 62.50

#### **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				
Kane for State Senate			From:	<u>5/</u>	4/2021	То:		<u>6/7/2021</u>
				DA	TE		,	AMOUNT
Full Name of Contributing Committee Pennsylvania AFL-CIO PAC				МО	DAY	YEAR		
Mailing Address 600 N 2nd St							\$	500.00
City Harrisburg	<b>State</b> PA	<b>Zip Code</b> 171011	<b>e (Plus 4)</b> 092	5	6	2021		
Full Name of Contributing Committee Sheet Metal Workers LU 19				МО	DAY	YEAR		
Mailing Address 1301 S Columbus Bl	vd						<b>\$</b>	5,000.00
<b>City</b> Philadelphia	State PA	<b>Zip Code</b> 191475	<b>e (Plus 4)</b> 5505	5	6	2021		
Full Name of Contributing Committee Wojdak for the Commonwealth PAC		-		МО	DAY	YEAR		
Mailing Address 30 N 3rd St Ste 950	)						\$	500.00
City Harrisburg	State PA	<b>Zip Code</b> 171011	<b>e (Plus 4)</b> 741	5	6	2021		
								PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I, Detailed Sum	nmary Pa	age, Sectio	n 3.			\$	6,000.00

## 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				
	From:					To	То:		
				D	ATE		АМ	OUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	5 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	Summary Page,	Section	on 3.			PA:	<b>GE TOTAL</b> 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 Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	Dection	••			\$		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	
Kane for State Senate	From:	<u>5/4/2021</u> <b>To:</b>	6/7/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		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:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
Kane for State Senate	From	<u>5/4/2021</u>	To:	6/7/2021	
		DATE		AMOUNT	

				DATE		AMOUNT	
To Whom Paid ActBlue			мо	DAY	YEAR		
Mailing Address PO Box 441146			5	5	2021	\$	3.13
City West Somerville	State MA	<b>Zip Code (Plus 4)</b> 021440031	<b>Description of Expenditure</b> Fees				
To Whom Paid ActBlue			МО	DAY	YEAR		
Mailing Address PO Box 441146			5	10	2021	\$	2.52
City West Somerville	State MA	<b>Zip Code (Plus 4)</b> 021440031	<b>Description of Expenditure</b> Fees				
To Whom Paid ActBlue			МО	DAY	YEAR		
Mailing Address PO Box 441146			6	6	2021	\$	2.38
City West Somerville	State MA	<b>Zip Code (Plus 4)</b> 021440031	Description of Expenditure fees				
To Whom Paid CHB Consulting LLC			МО	DAY	YEAR		
Mailing Address 269 Shawmont Ave			5	14	2021	\$	300.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191284208	Description of Expenditure consulting				
<b>To Whom Paid</b> Friends of Margo Davidson			МО	DAY	YEAR		
Mailing Address 45 Scottdale Rd Ste 1			5	11	2021	\$	500.00
<b>City</b> Lansdowne	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190502400	<b>Descrip</b> Donation	otion of Exp	enditure		

							PAGE 12
<b>To Whom Paid</b> Google			МО	DAY	YEAR		
Mailing Address 1600 Amphitheatre Pkwy			6	1	2021	\$	51.84
City Mountain View	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 940431351	Description of Expenditure Email services				
To Whom Paid IBEW 269			МО	DAY	YEAR		
Mailing Address 670 Whitehead Rd			5	14	2021	\$	350.00
City Trenton	State NJ	<b>Zip Code (Plus 4)</b> 086484440	Description of Expenditure Ticket/sponsorship				
To Whom Paid Letter Stream			МО	DAY	YEAR		
Mailing Address 8551 E Anderson Dr Ste 108			5	11	2021	\$	2.52
<b>City</b> Scottsdale	<b>State</b> AZ	<b>Zip Code (Plus 4)</b> 852555451	Description of Expenditure Shipping				
To Whom Paid NGP VAN, Inc.			МО	DAY	YEAR		
Mailing Address 1101 15th St NW Ste 500			6	1	2021	\$	260.35
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 200055006	<b>Descrip</b> Databa	otion of Exp se	penditure		
To Whom Paid UA Plumbers Local 24 Political Action Committee				DAY	YEAR		
Mailing Address 20 Fairfield Pl			5	14	2021	\$	100.00
City West Caldwell	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 070066207	Description of Expenditure Ticket/sponsorship				
To Whom Paid Verizon Wireless			МО	DAY	YEAR		
Mailing Address PO Box 25505			5	11	2021	\$	38.75
City Lehigh Valley	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 180025505	Description of Expenditure Phone				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
•	<u>-</u> . ,	<u> </u>				\$	1,611.49