

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 : 20170364		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: MariaforPA										
Street Address: PO Box 1006										
City: Spring House			State: PA		Zip Code: 19477					
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. X	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2021	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				
				11	2	2021	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		10	19	2021	TO	11	22	2021		
A. Amount Brought Forward From Last Report				\$		53,736.38				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		20,851.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		74,587.38				
D. Total Expenditures (From Schedule III)				\$		1,563.72				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		73,023.66				
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
MariaforPA	From: <u>10/19/2021</u> To: <u>11/22/2021</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 1.00

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 Period (2)	\$ 100.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 20,750.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 20,750.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 20,851.00
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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
MariaforPA	From: <u>10/19/2021</u> To: <u>11/22/2021</u>

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
John Han					
Mailing Address 412 Gwynedd Valley Dr					\$ 100.00
City Lower Gwynedd	10	23	2021		
State PA					
Zip Code (Plus 4) 190021956					

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

PAGE TOTAL
\$ 100.00

Full Name of Contributing Committee Duquesne Light Company PA PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 411 7th Ave Maildrop16-4			11	3	2021	
City Pittsburgh	State PA	Zip Code (Plus 4) 152191942				
Full Name of Contributing Committee Eli Lilly & Company PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 19 Jennifer Ln			11	12	2021	
City Dillsburg	State PA	Zip Code (Plus 4) 170199151				
Full Name of Contributing Committee Fulton Financial PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO Box 4887			10	21	2021	
City Lancaster	State PA	Zip Code (Plus 4) 176044887				
Full Name of Contributing Committee Independence Blue Cross PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1901 Market St Fl 45			11	22	2021	
City Philadelphia	State PA	Zip Code (Plus 4) 191031465				
Full Name of Contributing Committee Jay Costa for State Senate			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 314 Newport Rd			11	12	2021	
City Pittsburgh	State PA	Zip Code (Plus 4) 152213757				
Full Name of Contributing Committee Leading Age PA			MO	DAY	YEAR	\$ 500.00
Mailing Address 1100 Bent Creek Blvd			10	21	2021	
City Mechanicsburg	State PA	Zip Code (Plus 4) 170501872				

Full Name of Contributing Committee Merck Employees Political Action Committee			MO	DAY	YEAR	\$ 500.00
Mailing Address 601 Pennsylvania Ave NW North Building - Suite 1200			11	12	2021	
City Washington	State DC	Zip Code (Plus 4) 200042601				
Full Name of Contributing Committee Montgomery County Democratic Committee			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 21 E Airy St			11	22	2021	
City Norristown	State PA	Zip Code (Plus 4) 194014815				
Full Name of Contributing Committee PA Academy of Audiology PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 908 N 2nd St			10	28	2021	
City Harrisburg	State PA	Zip Code (Plus 4) 171023119				
Full Name of Contributing Committee PA American Water			MO	DAY	YEAR	\$ 500.00
Mailing Address 800 W Hershey Park Dr			11	22	2021	
City Hershey	State PA	Zip Code (Plus 4) 170332400				
Full Name of Contributing Committee PA Automotive Association PAC (PAA)			MO	DAY	YEAR	\$ 500.00
Mailing Address 1925 N Front St			10	21	2021	
City Harrisburg	State PA	Zip Code (Plus 4) 171022214				
Full Name of Contributing Committee PA PT PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 2400 Ardmore Blvd Ste 302			11	3	2021	
City Pittsburgh	State PA	Zip Code (Plus 4) 152215299				

Full Name of Contributing Committee PA Realtors PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 500 N 12th St Ste 110			11	3	2021	
City Lemoyne	State PA	Zip Code (Plus 4) 170431241				
Full Name of Contributing Committee PA State Education Association PACE			MO	DAY	YEAR	\$ 500.00
Mailing Address 400 N 3rd St P.O. BOX 1724			10	28	2021	
City Harrisburg	State PA	Zip Code (Plus 4) 171011385				
Full Name of Contributing Committee PA Trial Lawyers Association (LAWPAC)			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 212 N 3rd St Ste 101			10	28	2021	
City Harrisburg	State PA	Zip Code (Plus 4) 171011505				
Full Name of Contributing Committee PECO PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 500 N 3rd St Ste 801			11	12	2021	
City Harrisburg	State PA	Zip Code (Plus 4) 171011158				
Full Name of Contributing Committee Pennsylvania Association of Nurse Anesthetists			MO	DAY	YEAR	\$ 500.00
Mailing Address 401 N 2nd St			11	22	2021	
City Harrisburg	State PA	Zip Code (Plus 4) 171011378				
Full Name of Contributing Committee Pennsylvania Optometric PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 218 North St			10	28	2021	
City Harrisburg	State PA	Zip Code (Plus 4) 171011124				

Full Name of Contributing Committee PHA HomePAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 600 N 12th St Ste 200			10	28	2021	
City Lemoyne	State PA	Zip Code (Plus 4) 170431218				
Full Name of Contributing Committee PHARMPAC Pharmacy PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 508 N 3rd St			10	28	2021	
City Harrisburg	State PA	Zip Code (Plus 4) 171011112				
Full Name of Contributing Committee PPL People for Good Government			MO	DAY	YEAR	\$ 500.00
Mailing Address 2 N 9th St			11	12	2021	
City Allentown	State PA	Zip Code (Plus 4) 181011179				
Full Name of Contributing Committee Triad Strategies PA PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 116 Pine St Ste 500			10	28	2021	
City Harrisburg	State PA	Zip Code (Plus 4) 171011244				

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

PAGE TOTAL
\$ 20,750.00

**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	
Mailing Address				\$ 0.00
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	Reporting Period
	From: _____ To: _____

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

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

PAGE TOTAL
\$ 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 MariaforPA	Reporting Period From: <u>10/19/2021</u> To: <u>11/22/2021</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 II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

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 of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL	
						0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
MariaforPA	From <u>10/19/2021</u> To: <u>11/22/2021</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
ActBlue	11	3	2021	\$ 1.52
Mailing Address PO Box 441146				
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure Actblue fees	
To Whom Paid ActBlue	11	9	2021	\$ 2.21
Mailing Address PO Box 441146				
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure Actblue processing fees	
To Whom Paid Taylor Brown	11	2	2021	\$ 329.64
Mailing Address 1202 Pine St				
City Philadelphia	State PA	Zip Code (Plus 4) 191076287	Description of Expenditure Reimbursement for event supplies	
To Whom Paid Bubbles Bartending Services	11	9	2021	\$ 155.00
Mailing Address 1800 Green St				
City Harrisburg	State PA	Zip Code (Plus 4) 171022215	Description of Expenditure Bartending services for event	
To Whom Paid Montgomery County AFL-CIO	10	26	2021	\$ 300.00
Mailing Address				
City	State	Zip Code (Plus 4)	Description of Expenditure Sponsorship	

To Whom Paid NGP Van			MO	DAY	YEAR	\$ 260.35
Mailing Address 1445 New York Ave NW Ste 200			11	2	2021	
City Washington	State DC	Zip Code (Plus 4) 200052158	Description of Expenditure Data management			
To Whom Paid VFW Post 9788 - Home Association			MO	DAY	YEAR	\$ 515.00
Mailing Address 324 Saw Mill Ln			11	19	2021	
City Horsham	State PA	Zip Code (Plus 4) 190441900	Description of Expenditure Event venue payment			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,563.72

