

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20140067		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> LEANNE FOR PA												
<b>Street Address:</b> PO BOX 22												
<b>City:</b> SWARTHMORE						<b>State:</b> PA			<b>Zip Code:</b> 19081			
<b>TYPE OF REPORT</b>  (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	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	161	STH	DEM	23
						11	2	2021	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		10	19	2021		11	22	2021				
<b>A. Amount Brought Forward From Last Report</b>						\$		31,662.05				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$		5,385.00				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$		37,047.05				
<b>D. Total Expenditures (From Schedule III)</b>						\$		2,040.78				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$		35,006.27				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$		0.00				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$		50,700.00				

## 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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

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

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 510.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 2,375.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 2,375.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 2,500.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 2,500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 5,385.00
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**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)**

<b>Name of Filing Committee or Candidate</b> LEANNE FOR PA				<b>Reporting Period</b> From: <u>10/19/2021</u> To: <u>11/22/2021</u>			
				<b>DATE</b>		<b>AMOUNT</b>	

  

<b>Full Name of Contributor</b> KATHLEEN ADAMSON				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 5 WATERFORD WAY				11	22	2021	
<b>City</b> WALLINGFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190867214					

  

<b>Full Name of Contributor</b> NELL CLARK				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 139 RUTGERS AVE APT 4				11	18	2021	
<b>City</b> SWARTHMORE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190811714					

  

<b>Full Name of Contributor</b> SHARON DALY				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 104 BEATTY RD				11	18	2021	
<b>City</b> MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190631702					

  

<b>Full Name of Contributor</b> LINDA EMORY HEALY				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 345 W SECOND ST				10	19	2021	
<b>City</b> MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190632301					

  

<b>Full Name of Contributor</b> CHRISTINE FURRY				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 1084 PRESIDENTS DR				10	25	2021	
<b>City</b> LITITZ	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 175437327					

Full Name of Contributor SARAH GRADEN			MO	DAY	YEAR	\$ 100.00
Mailing Address 535 CORNELL AVE			10	19	2021	
City SWARTHMORE	State PA	Zip Code (Plus 4) 190812401				

Full Name of Contributor BETH GROSS			MO	DAY	YEAR	\$ 100.00
Mailing Address 214 HARVARD AVE			10	31	2021	
City SWARTHMORE	State PA	Zip Code (Plus 4) 190811631				

Full Name of Contributor SHIRLEE HOWE			MO	DAY	YEAR	\$ 250.00
Mailing Address 309 BRYN MAWR AVE			10	25	2021	
City BALA CYNWYD	State PA	Zip Code (Plus 4) 190042606				

Full Name of Contributor MELISSA KENNEDY			MO	DAY	YEAR	\$ 100.00
Mailing Address 557 JUNIATA AVE			10	19	2021	
City SWARTHMORE	State PA	Zip Code (Plus 4) 190812414				

Full Name of Contributor KAITLIN MCKENZIE			MO	DAY	YEAR	\$ 200.00
Mailing Address 871 PARKRIDGE DR			10	19	2021	
City MEDIA	State PA	Zip Code (Plus 4) 190631715				

Full Name of Contributor MELISSA MUROFF			MO	DAY	YEAR	\$ 100.00
Mailing Address 207 AVIAN ALY			10	19	2021	
City MEDIA	State PA	Zip Code (Plus 4) 190632438				

<b>Full Name of Contributor</b> HELEN NADEL				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 15 WOODBROOK LN				10	22	2021	
<b>City</b> SWARTHMORE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190811235					
<b>Full Name of Contributor</b> VERA K ORTHLIEB				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 75.00
<b>Mailing Address</b> 13 GREEN VALLEY RD				10	19	2021	
<b>City</b> WALLINGFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190866050					
<b>Full Name of Contributor</b> ERIN OWEN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 101 W NIPPON ST				11	18	2021	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191192428					
<b>Full Name of Contributor</b> MICHAEL SPEIRS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 545 STRATH HAVEN AVE				11	18	2021	
<b>City</b> SWARTHMORE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190812404					
<b>Full Name of Contributor</b> WILLIAM TURPIN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 7 E SYLVAN AVE				11	12	2021	
<b>City</b> RUTLEDGE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190702122					
<b>Full Name of Contributor</b> FLORA WOLF				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 1737 CHESTNUT ST APT 1100				10	19	2021	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191034100					

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

**PAGE TOTAL**

\$ 2,375.00

**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:	To:

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

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

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  LEANNE FOR PA	<b>Reporting Period</b>  From: <u>10/19/2021</u> To: <u>11/22/2021</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
ROBERT SCOTT							
<b>Mailing Address</b> 23 S PRINCETON AVE				11	20	2021	\$ 500.00
<b>City</b> SWARTHMORE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190811516					
<b>Employer Name</b> ROBERT W SCOTT PC				<b>Occupation</b> LAWYER			
<b>Employer Mailing Address/Principal Place of Business</b> 205 N MONROE ST			<b>City</b> MEDIA		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190633052	
LESLIE F. MILLER							
<b>Mailing Address</b> 459 HUSTON RD				10	25	2021	\$ 1,000.00
<b>City</b> RADNOR	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190874421					
<b>Employer Name</b> N/A				<b>Occupation</b> RETIRED			
<b>Employer Mailing Address/Principal Place of Business</b> 123 S BROAD STSTE 1827			<b>City</b> PHILADELPHIA		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191091026	
WILLIAM H EWING ESQ.							
<b>Mailing Address</b> 510 E MOUNT PLEASANT AVE				10	19	2021	\$ 250.00
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191191232					
<b>Employer Name</b> SELF				<b>Occupation</b> ARBITRATOR			
<b>Employer Mailing Address/Principal Place of Business</b> 510 E MOUNT PLEASANT AVE			<b>City</b> PHILADELPHIA		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191191232	

<b>Full Name of Contributor</b> WILLIAM H EWING ESQ.			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 510 E MOUNT PLEASANT AVE			10	19	2021	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191191232				
<b>Employer Name</b> SELF			<b>Occupation</b> ARBITRATOR			
<b>Employer Mailing Address/Principal Place of Business</b> 510 E MOUNT PLEASANT AVE		<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191191232		

<b>Full Name of Contributor</b> TIM BAK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 21 E STATE ST			11	22	2021	
<b>City</b> MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190632917				
<b>Employer Name</b> J. TIMOTHY BAK ATTORNEY AT LAW			<b>Occupation</b> ATTORNEY			
<b>Employer Mailing Address/Principal Place of Business</b> 21 E STATE ST		<b>City</b> MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190632917		

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

<b>PAGE TOTAL</b>
\$ 2,500.00

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	\$ 0.00
Mailing Address						
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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
LEANNE FOR PA		From: <u>10/19/2021</u> To: <u>11/22/2021</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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	\$ 0.00
Mailing Address						
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:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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

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

				DATE		AMOUNT	
To Whom Paid ACTBLUE				MO	DAY	YEAR	\$ 116.83
Mailing Address 366 SUMMER ST				11	4	2021	
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132		Description of Expenditure CREDIT CARD PROCESSING FEE			
To Whom Paid EXCELLENCE IN EDUCATION				MO	DAY	YEAR	\$ 125.00
Mailing Address PO BOX 1005				10	19	2021	
City BROOKHAVEN	State PA	Zip Code (Plus 4) 190150005		Description of Expenditure CONTRIBUTION			
To Whom Paid LAURIE FRIEDMAN				MO	DAY	YEAR	\$ 600.00
Mailing Address 707 HEMLOCK RD				11	13	2021	
City MEDIA	State PA	Zip Code (Plus 4) 190631709		Description of Expenditure CONSULTING			
To Whom Paid FRIENDS OF GINA H CURRY				MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 1241				10	25	2021	
City LANSDOWNE	State PA	Zip Code (Plus 4) 190508241		Description of Expenditure CONTRIBUTION			
To Whom Paid VANTIV.COM				MO	DAY	YEAR	\$ 198.95
Mailing Address 8500 GOVERNORS HILL DR				11	8	2021	
City SYMMES TWP	State OH	Zip Code (Plus 4) 452491384		Description of Expenditure CREDIT CARD PROCESSING FEE			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL \$ 2,040.78

**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**

<b>Name of Filing Committee or Candidate</b>  LEANNE FOR PA				<b>Reporting Period</b>  From: <u>10/19/2021</u> To: <u>11/22/2021</u>			
							<b>Outstanding Balance of Debt</b>
				<b>DATE</b>			
<b>Name of Creditor</b> EDGE HILL STRATEGIES, LLC				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50,700.00
<b>Mailing Address</b> PO BOX 22390				12	23	2019	
<b>City</b> PHILADELPHIA	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 191102390		<b>Description of Debt</b> CONSULTING		
<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>							<b>PAGE TOTAL</b>  \$ 50,700.00