

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 :		20140067		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: LEANNE FOR PA												
Street Address:												
City: SWARTHMORE						State: PA		Zip Code: 19081				
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.	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
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	161	STH	DEM	23
						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		11	12	2021				
A. Amount Brought Forward From Last Report						\$ 31,662.05						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 5,385.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 37,047.05						
D. Total Expenditures (From Schedule III)						\$ 2,040.78						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 35,006.27						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 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

Name of Filing Committee or Candidate	Reporting Period
LEANNE FOR PA	From: <u>10/19/2021</u> To: <u>11/12/2021</u>

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

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)	\$ 2,375.00
TOTAL for the Reporting Period (2)	\$ 2,375.00

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)	\$ 2,500.00
TOTAL for the Reporting Period (3)	\$ 2,500.00

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.)	\$ 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)**

Name of Filing Committee or Candidate LEANNE FOR PA				Reporting Period From: <u>10/19/2021</u> To: <u>11/12/2021</u>			
				DATE		AMOUNT	
Full Name of Contributor KATHLEEN ADAMSON				MO	DAY	YEAR	\$ 250.00
Mailing Address				11	22	2021	
City WALLINGFORD	State PA	Zip Code (Plus 4) 190867214					
Full Name of Contributor NELL CLARK				MO	DAY	YEAR	\$ 100.00
Mailing Address				11	18	2021	
City SWARTHMORE	State PA	Zip Code (Plus 4) 190811714					
Full Name of Contributor SHARON DALY				MO	DAY	YEAR	\$ 100.00
Mailing Address				11	18	2021	
City MEDIA	State PA	Zip Code (Plus 4) 190631702					
Full Name of Contributor LINDA EMORY HEALY				MO	DAY	YEAR	\$ 100.00
Mailing Address				10	19	2021	
City MEDIA	State PA	Zip Code (Plus 4) 190632301					
Full Name of Contributor CHRISTINE FURRY				MO	DAY	YEAR	\$ 100.00
Mailing Address				10	25	2021	
City LITITZ	State PA	Zip Code (Plus 4) 175437327					
Full Name of Contributor SARAH GRADEN				MO	DAY	YEAR	\$ 100.00
Mailing Address				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				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			10	25	2021	
City	BALA CYNWYD	State PA				
Full Name of Contributor MELISSA KENNEDY			MO	DAY	YEAR	\$ 100.00
Mailing Address			10	19	2021	
City	SWARTHMORE	State PA				
Full Name of Contributor KAITLIN MCKENZIE			MO	DAY	YEAR	\$ 200.00
Mailing Address			10	19	2021	
City	MEDIA	State PA				
Full Name of Contributor MELISSA MUROFF			MO	DAY	YEAR	\$ 100.00
Mailing Address			10	19	2021	
City	MEDIA	State PA				
Full Name of Contributor HELEN NADEL			MO	DAY	YEAR	\$ 250.00
Mailing Address			10	22	2021	
City	SWARTHMORE	State PA				
Full Name of Contributor VERA K ORTHLIEB			MO	DAY	YEAR	\$ 75.00
Mailing Address			10	19	2021	
City	WALLINGFORD	State PA				
Full Name of Contributor ERIN OWEN			MO	DAY	YEAR	\$ 100.00
Mailing Address			11	18	2021	
City	PHILADELPHIA	State PA				
Full Name of Contributor MICHAEL SPEIRS			MO	DAY	YEAR	\$ 100.00
Mailing Address			11	18	2021	
City	SWARTHMORE	State PA				
Full Name of Contributor WILLIAM TURPIN			MO	DAY	YEAR	\$ 100.00
Mailing Address			11	12	2021	
City	RUTLEDGE	State PA				

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
FLORA WOLF							
Mailing Address				10	19	2021	
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	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.

PAGE TOTAL	
\$	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 LEANNE FOR PA	Reporting Period From: <u>10/19/2021</u> To: <u>11/12/2021</u>
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				DATE	AMOUNT		
Full Name of Contributor TIM BAK				MO	DAY	YEAR	\$ 500.00
Mailing Address City MEDIA State PA Zip Code (Plus 4) 190632917				11	22	2021	
Employer Name J. TIMOTHY BAK ATTORNEY AT LAW				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business				City MEDIA		State PA	Zip Code (Plus 4) 190632917
Full Name of Contributor WILLIAM H EWING ESQ.				MO	DAY	YEAR	\$ 250.00
Mailing Address City PHILADELPHIA State PA Zip Code (Plus 4) 191191232				10	19	2021	
Employer Name SELF				Occupation ARBITRATOR			
Employer Mailing Address/Principal Place of Business				City PHILADELPHIA		State PA	Zip Code (Plus 4) 191191232
Full Name of Contributor WILLIAM H EWING ESQ.				MO	DAY	YEAR	\$ 250.00
Mailing Address City PHILADELPHIA State PA Zip Code (Plus 4) 191191232				10	19	2021	
Employer Name SELF				Occupation ARBITRATOR			
Employer Mailing Address/Principal Place of Business				City PHILADELPHIA		State PA	Zip Code (Plus 4) 191191232
Full Name of Contributor LESLIE F. MILLER				MO	DAY	YEAR	\$ 1,000.00
Mailing Address City RADNOR State PA Zip Code (Plus 4) 190874421				10	25	2021	
Employer Name N/A				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business				City PHILADELPHIA		State PA	Zip Code (Plus 4) 191091026

Full Name of Contributor ROBERT SCOTT			MO 11	DAY 20	YEAR 2021	\$ 500.00
Mailing Address						
City SWARTHMORE	State PA	Zip Code (Plus 4) 190811516				
Employer Name ROBERT W SCOTT PC			Occupation LAWYER			
Employer Mailing Address/Principal Place of Business		City MEDIA	State PA	Zip Code (Plus 4) 190633052		

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

PAGE TOTAL
\$ 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:
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			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

Name of Filing Committee or Candidate		Reporting Period	
LEANNE FOR PA		From: <u>10/19/2021</u> To: <u>11/12/2021</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 RECIEVED - 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:
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			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:	
				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
LEANNE FOR PA	From <u>10/19/2021</u> To: <u>11/12/2021</u>

				DATE	AMOUNT			
To Whom Paid ACTBLUE				MO	DAY	YEAR	\$ 116.83	
Mailing Address				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				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				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				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				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**

Name of Filing Committee or Candidate LEANNE FOR PA	Reporting Period From: <u>10/19/2021</u> To: <u>11/12/2021</u>
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				DATE			Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	\$ 50,700.00
EDGE HILL STRATEGIES, LLC							
Mailing Address				12	23	2019	
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)	191102390	Description of Debt	
						CONSULTING	

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 50,700.00
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