

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: PO BOX 22								
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/> 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
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	161	STH
				11	2	2021	DEM 23	
							(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		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	Reporting Period
LEANNE FOR PA	From: <u>10/19/2021</u> To: <u>11/12/2021</u>

				DATE			AMOUNT
Full Name of Contributor KATHLEEN ADAMSON				MO 11	DAY 22	YEAR 2021	\$ 250.00
Mailing Address 5 WATERFORD WAY							
City WALLINGFORD	State PA	Zip Code (Plus 4) 190867214					
Full Name of Contributor NELL CLARK				MO 11	DAY 18	YEAR 2021	\$ 100.00
Mailing Address 139 RUTGERS AVE APT 4							
City SWARTHMORE	State PA	Zip Code (Plus 4) 190811714					
Full Name of Contributor SHARON DALY				MO 11	DAY 18	YEAR 2021	\$ 100.00
Mailing Address 104 BEATTY RD							
City MEDIA	State PA	Zip Code (Plus 4) 190631702					
Full Name of Contributor LINDA EMORY HEALY				MO 10	DAY 19	YEAR 2021	\$ 100.00
Mailing Address 345 W SECOND ST							
City MEDIA	State PA	Zip Code (Plus 4) 190632301					
Full Name of Contributor CHRISTINE FURRY				MO 10	DAY 25	YEAR 2021	\$ 100.00
Mailing Address 1084 PRESIDENTS DR							
City LITITZ	State PA	Zip Code (Plus 4) 175437327					
Full Name of Contributor SARAH GRADEN				MO 10	DAY 19	YEAR 2021	\$ 100.00
Mailing Address 535 CORNELL AVE							
City SWARTHMORE	State PA	Zip Code (Plus 4) 190812401					

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
BETH GROSS				10	31	2021	
Mailing Address 214 HARVARD AVE							
City SWARTHMORE	State PA	Zip Code (Plus 4) 190811631					
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
SHIRLEE HOWE				10	25	2021	
Mailing Address 309 BRYN MAWR AVE							
City BALA CYNWYD	State PA	Zip Code (Plus 4) 190042606					
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
MELISSA KENNEDY				10	19	2021	
Mailing Address 557 JUNIATA AVE							
City SWARTHMORE	State PA	Zip Code (Plus 4) 190812414					
Full Name of Contributor				MO	DAY	YEAR	\$ 200.00
KAITLIN MCKENZIE				10	19	2021	
Mailing Address 871 PARKRIDGE DR							
City MEDIA	State PA	Zip Code (Plus 4) 190631715					
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
MELISSA MUROFF				10	19	2021	
Mailing Address 207 AVIAN ALY							
City MEDIA	State PA	Zip Code (Plus 4) 190632438					
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
HELEN NADEL				10	22	2021	
Mailing Address 15 WOODBROOK LN							
City SWARTHMORE	State PA	Zip Code (Plus 4) 190811235					
Full Name of Contributor				MO	DAY	YEAR	\$ 75.00
VERA K ORTHLIEB				10	19	2021	
Mailing Address 13 GREEN VALLEY RD							
City WALLINGFORD	State PA	Zip Code (Plus 4) 190866050					
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
ERIN OWEN				11	18	2021	
Mailing Address 101 W NIPPON ST							
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191192428					
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
MICHAEL SPEIRS				11	18	2021	
Mailing Address 545 STRATH HAVEN AVE							
City SWARTHMORE	State PA	Zip Code (Plus 4) 190812404					

Full Name of Contributor				MO	DAY	YEAR	\$100.00
WILLIAM TURPIN							
Mailing Address				11	12	2021	
7 E SYLVAN AVE							
City	RUTLEDGE	State	Zip Code (Plus 4)				
		PA	190702122				

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
FLORA WOLF							
Mailing Address 1737 CHESTNUT ST APT 1100				10	19	2021	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 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:
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			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 21 E STATE ST				11	22	2021	
City MEDIA	State PA	Zip Code (Plus 4) 190632917					
Employer Name J. TIMOTHY BAK ATTORNEY AT LAW				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 21 E STATE ST				City MEDIA		State PA	Zip Code (Plus 4) 190632917
Full Name of Contributor WILLIAM H EWING ESQ.				MO	DAY	YEAR	\$ 250.00
Mailing Address 510 E MOUNT PLEASANT AVE				10	19	2021	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191191232					
Employer Name SELF				Occupation ARBITRATOR			
Employer Mailing Address/Principal Place of Business 510 E MOUNT PLEASANT AVE				City PHILADELPHIA		State PA	Zip Code (Plus 4) 191191232
Full Name of Contributor WILLIAM H EWING ESQ.				MO	DAY	YEAR	\$ 250.00
Mailing Address 510 E MOUNT PLEASANT AVE				10	19	2021	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191191232					
Employer Name SELF				Occupation ARBITRATOR			
Employer Mailing Address/Principal Place of Business 510 E MOUNT PLEASANT AVE				City PHILADELPHIA		State PA	Zip Code (Plus 4) 191191232
Full Name of Contributor LESLIE F. MILLER				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 459 HUSTON RD				10	25	2021	
City RADNOR	State PA	Zip Code (Plus 4) 190874421					
Employer Name N/A				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business 123 S BROAD ST STE 1827				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 23 S PRINCETON AVE						
City SWARTHMORE	State PA	Zip Code (Plus 4) 190811516				
Employer Name ROBERT W SCOTT PC			Occupation LAWYER			
Employer Mailing Address/Principal Place of Business 205 N MONROE ST		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:

				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 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:
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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

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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 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**

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		State	Zip Code (Plus 4)	Description of Debt			
PHILADELPHIA		PA	191102390	CONSULTING			

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