

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	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	Reporting Period
LEANNE FOR PA	From: <u>10/19/2021</u> To: <u>11/12/2021</u>

DATE	AMOUNT
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Full Name of Contributor KATHLEEN ADAMSON			MO	DAY	YEAR	\$ 250.00
Mailing Address 5 WATERFORD WAY			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 139 RUTGERS AVE APT 4			11	18	2021	
City SWARTHMORE	State PA	Zip Code (Plus 4) 190811714				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
SHARON DALY						
Mailing Address 104 BEATTY RD			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 345 W SECOND ST			10	19	2021	
City MEDIA	State PA	Zip Code (Plus 4) 190632301				

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

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

			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				MO	DAY	YEAR	
TIM BAK							
Mailing Address 21 E STATE ST				11	22	2021	\$ 500.00
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				MO	DAY	YEAR	
WILLIAM H EWING ESQ.							
Mailing Address 510 E MOUNT PLEASANT AVE				10	19	2021	\$ 250.00
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				MO	DAY	YEAR	
WILLIAM H EWING ESQ.							
Mailing Address 510 E MOUNT PLEASANT AVE				10	19	2021	\$ 250.00
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	DAY	YEAR	\$ 500.00
Mailing Address 23 S PRINCETON AVE				11	20	2021	
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 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

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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>					
<table style="width: 100%;"><tr><td style="width: 60%;"></td><td style="width: 10%; text-align: center;">DATE</td><td style="width: 30%; text-align: right;">Outstanding Balance of Debt</td></tr></table>								DATE	Outstanding Balance of Debt
	DATE	Outstanding Balance of Debt							
Name of Creditor EDGE HILL STRATEGIES, LLC				MO	DAY	YEAR	\$ 50,700.00		
Mailing Address PO BOX 22390				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		