# **Campaign Finance Report**

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

| Filer Identificati<br>Number :                  | on 200                         | 8016        |                       |         | Report<br>Filed B       |                           | CANDI                      | DATE              |        | СОМІ                 | MITTEE             | ✓              | LOB          | BYIST   |                |
|---|--------------------------------|-------------|-----------------------|---------|-------------------------|---------------------------|----------------------------|-------------------|--------|----------------------|--------------------|----------------|--------------|---------|----------------|
| Name of Filing C                                | Committee, Candi               | date or Lo  | bbyist:               |         |                         | -                         | ODD FRI                    | ENDS (            | OF IN  | IC                   |                    |                |              |         |                |
| Street Address:                                 | 212 HAMPTO                     | ON RD       |                       |         |                         |                           |                            |                   |        |                      |                    |                |              |         |                |
| City:   | HATBORO                        |             |                       |         |                         | State: PA Zip Code: 19040 |                            |                   |        |                      |                    |                |              |         |                |
| TYPE OF<br>REPORT                               | 6TH TUESDAY<br>PRE-PRIMARY     |             | 2ND FRIDA<br>PRIMARY  | Y PRE   | - 2.                    | 30 DA<br>PRIMA            |                            | POST- 3. <b>X</b> |        | AMENDMENT<br>REPORT? |                    | Yes            | V No         | D       |                |
| (place X to<br>the right of                     | 6TH TUESDAY<br>PRE-ELECTION    |             | 2ND FRIDA<br>ELECTION | Y PRE   | 5.                      |                           | 0 DAY POST- 6.<br>ELECTION |                   |        |                      | ATION<br>?         | Yes            | No           | · 🗸     |                |
| report type)                                    | ANNUAL REPOR                   | <b>T</b> 7. | <b>Year</b> 2020      |         |                         |                           | NG METHO<br>CHECK O        |                   | -      |                      | PAPER              |                | $\checkmark$ | DISKI   | TTE            |
| Name of Office S                                | L<br>Sought by Candid          | ate:        |                       |         |                         |                           | DATE O                     | F ELEC            | CTIO   | N                    | District<br>Number | Office<br>Code | Par          | ty Code | County<br>Code |
|   |                                |             |                       |         |                         |                           | мо                         | DAY               | YE     | AR                   | 151                | STH            | REF          | )       | 46             |
| REPRESENTATI                                    | VE IN THE GENE                 | ERAL ASSE   | EMBLY                 |         |                         |                           | 11                         |                   | 3      | 2020                 |                    | (SEE INS       | TRUCTI       | ONS FOR | CODES)         |
| Summary of Receipts and MO DAY YEAR             |                                |             |                       |         |                         |                           | мо                         | DAY               | YE     | AR                   | FC                 | OR OFFIC       | E USE        | ONLY    |                |
| Expenditures from:5192020                       |                                |             |                       |         |                         | 0                         | 6                          | 2                 | 22     | 2020                 |                    |                |              |         |                |
| A. Amount Bro                                   | ught Forward Fro               | om Last Re  | eport                 |         |                         | \$                        |                            |                   | 75,7   | 68.09                |                    |                |              |         |                |
| B. Total Monet                                  | ary Contributions              | s And Rece  | eipts (Fron           | 1 Sche  | dule I)                 | \$                        | \$ 0.00                    |                   |        |                      |                    |                |              |         |                |
| C. Total Funds Available (Sum Of Lines A and B) |                                |             |                       |         |                         |                           |                            |                   | 75,7   | 68.09                |                    |                |              |         |                |
| D. Total Expen                                  | ditures (From Sc               | hedule III  | )                     |         |                         | \$                        |                            |                   | 1,5    | 11.10                |                    |                |              |         |                |
| E. Ending Cash                                  | Balance (Subtra                | ct Line D F | From Line             | C)      |                         | \$                        |                            |                   | 74,2   | 56.99                |                    |                |              |         |                |
| F. Value Of In-                                 | Kind Contributio               | ns Receive  | d (From S             | chedu   | le II)                  | \$                        |                            |                   |        | 0.00                 | _                  |                |              |         |                |
| G. Unpaid Deb                                   | s And Obligation               | s (From S   | chedule IV            | ()      |                         | \$                        |                            |                   |        | 0.00                 |                    |                |              |         |                |
|   |                                |             |                       | AFF     | IDAVI                   | ΓSE                       | CTION                      |                   |        |                      |                    |                |              |         |                |
| PART I - If this is                             | s a Committee re               | port, treas | surer sign            | here. I | If this is              | a Car                     | ndidate re                 | eport, c          | andic  | late sig             | gn here.           |                |              |         |                |
| I swear (or affirm<br>correct and comple        | ) that this report, in<br>ete. | cluding the | attached sc           | hedules | s filed on <sub>l</sub> | paper                     | or by elect                | ronic me          | edium, | , are to f           | the best o         | of my knov     | vledge       | and bel | ief , true     |
| Sworn to and subs                               | cribed before me th<br>day of  | nis         | 20                    |         |                         |                           |                            |                   | s      | ignature             | e of Perso         | n Submitt      | ing Rej      | oort    |                |
|   | Signat                         | ture        |                       |         |                         | -                         |                            |                   |        |                      | Prin               | ited Name      |              |         |                |
| My Commission Ex                                | cpires                         |             |                       |         |                         | _                         |                            |                   |        |                      | Ema                | il             |              |         |                |
|   | МО                             | DA          | Y                     | YR      |                         |                           |                            | Are               | ea Cod | e                    | Daytin             | ne Teleph      | one Nu       | mber    |                |
| Part II- If this is                             | a report of a ca               | ndidate's a | authorized            | Comn    | nittee, Ca              | andid                     | ate shall                  | sign he           | ere.   |                      |                    |                |              |         |                |
| I swear (or affirm)<br>No 320) as amende        | that to the best of<br>ed.     | my knowled  | dge and beli          | ef this | political               | comm                      | ittee has n                | ot violat         | ted an | y provis             | ions of th         | e act of Ju    | ine 3,1      | 937 (P. | L. 1333,       |
| Sworn to and subso                              |                                | s           |                       |         |                         |                           |                            |                   |        | s                    | ignature           | of Candida     | ite          |         |                |
|   | day of                         |             | 20                    |         |                         | -                         |                            |                   |        |                      | Printe             | ed Name        |              |         |                |
|   | Signature                      | 2           |                       |         |                         | -                         |                            |                   |        |                      |                    |                |              |         |                |
| My Commission Exp                               | nres                           |             |                       |         |                         |                           |                            | Email             |        |                      |                    |                |              |         |                |
|   | мо                             | DA          | Y                     | YR      |                         |                           |                            | Area              | Code   |                      | D                  | aytime Te      | elephor      | ne Numl | per            |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** STEPHENS, TODD FRIENDS OF INC From: <u>5/19/2020</u> To: 6/22/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

# 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 Candidat | Name of Filing Committee or Candidate |  |  | eporting | Period |      |    |            |
|--------------------------------------|---------------------------------------|--|--|----------|--------|------|----|------------|
| Fro                                  |                                       |  |  | om:      |        | :    |    |            |
|                                      |                                       |  |  |          | DATE   |      |    | AMOUNT     |
| Full Name of Contributing Committee  |                                       |  |  | мо       | DAY    | YEAR |    |            |
| Mailing Address                      |                                       |  |  |          |        |      | \$ | 0.00       |
| City State Zip Code (Plus 4)         |                                       |  |  |          |        |      |    |            |
|                                      |                                       |  |  |          |        |      | Γ  | PAGE TOTAL |

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

0.00

\$

| PART B<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |       |                   |     |          |       |      |    |        |  |
|---|-------|-------------------|-----|----------|-------|------|----|--------|--|
| Name of Filing Committee or Candidat  | e     |                   |     | orting P | eriod |      |    |        |  |
|   |       |                   | Fro | m:       |       | Тс   | ): |        |  |
|   |       |                   |     |          | DATE  |      |    | AMOUNT |  |
| Full Name of Contributor  |       |                   |     | мо       | DAY   | YEAR |    |        |  |
| Mailing Address   |       |                   |     |          |       |      | \$ | 0.00   |  |
| City  | State | Zip Code (Plus 4) |     |          |       |      |    |        |  |
| PAGE TOTAL  |       |                   |     |          |       |      |    |        |  |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00  |       |                   |     |          |       |      |    |        |  |

# 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 Ca | ndidate                |               | Reporting Period |      |     |      |    |            |  |
|--------------------------------|------------------------|---------------|------------------|------|-----|------|----|------------|--|
|                                |                        |               | From:            |      |     | То:  |    |            |  |
|                                |                        |               |                  | DA   | TE  |      | А  | MOUNT      |  |
| Full Name of Contributing Com  | mittee                 |               |                  | мо   | DAY | YEAR |    |            |  |
| Mailing Address                |                        |               |                  |      |     |      | \$ | 0.00       |  |
| City                           | State                  | Zip Cod       | e (Plus 4)       |      |     |      |    |            |  |
|                                |                        |               |                  |      |     | ſ    |    | PAGE TOTAL |  |
| Enter Grand Total of Part C o  | on Schedule I, Detaile | ed Summary Pa | age, Sectio      | n 3. |     |      | \$ | 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 | Reporting Period |     |
|---------------------------------------|------------------|-----|
|                                       | From:            | То: |

|  |                        |           |                  | D       | ATE   |      | АМ       | OUNT     |
|--|------------------------|-----------|------------------|---------|-------|------|----------|----------|
| Full Name of Contributor                         |                        |           |                  | мо      | DAY   | YEAR |          |          |
| Mailing<br>Address                               |                        |           |                  |         |       |      | \$       | 0.00     |
| City   | State                  | Zi        | p Code (Plus 4)  |         |       |      |          |          |
| Employer Name                                    |                        |           |                  | Occupat | tion  |      |          |          |
| Employer Mailing Address/Principal P<br>Business | lace of                |           | City             |         | State |      | Zip Code | (Plus 4) |
| Enter Grand Total of Part C on Sc                | hedule I <i>,</i> Deta | iled Sumr | narv Page, Secti | on 3.   |       | Γ    | PA       | GE TOTAL |
|  | ,                      |           | , . <u>.</u>     | -       |       |      | \$       | 0.00     |

I

### 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:  |    |         |      |
|                             |                         |                 | 1                | D  | ATE |      |    | AMOUNT  | -    |
| Full Name                   |                         |                 |                  | мо | DAY | YEAR |    |         |      |
| Mailing Address             |                         |                 |                  |    |     |      | \$ | ;       | 0.00 |
| City                        | State                   | Zip Code (      | Plus 4)          |    |     |      |    |         |      |
| Receipt Description         | I                       |                 |                  |    |     | 1    |    |         |      |
| Entoy Cyand Tatal of Days 5 | an Sabadula I. Datailad |                 | Continu          | 4  |     |      |    | PAGE TO | TAL  |
| Enter Grand Total of Part E | on Schedule 1, Detailed | i Summary Page, | Section          | 4. |     |      | \$ |         | 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 |                      |                  |
|---|------------------|----------------------|------------------|
| STEPHENS, TODD FRIENDS OF INC   | From:            | <u>5/19/2020</u> то: | <u>6/22/2020</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | ER CONTRIBUTOR   |                      |                  |
| TOTAL for the Reporting Pe  | riod (1)         | \$                   | 0.00             |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR  | TF)              |                      |                  |
| TOTAL for the Reporting Pe  | riod (2)         | \$                   | 0.00             |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)  |                  |                      |                  |
| TOTAL for the Reporting Pe  | riod (3)         | \$                   | 0.00             |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                  | \$                   | 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 |          |      |      |       |  |
|---|-----------------|-------------------|------------------|----------|------|------|-------|--|
|   | F               |                   |                  |          |      | То:  |       |  |
|   |                 |                   |                  | DATE     |      | АМО  | UNT   |  |
| Full Name of Contributor  |                 |                   | мо               | DAY      | YEAR |      |       |  |
| Mailing Address   | 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 Detaile<br>Section 2. |                 |                   | iled Sum         | mary Pag | je,  | PAGE | TOTAL |  |
|   |                 |                   |                  |          | 4    | 6    | 0.00  |  |

### SCHEDULE II PART G **IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00**

| Name of Filing Committee or Candidate                                | lame of Filing Committee or Candidate |  |  |       | Reporting Period |           |           |        |            |                 |
|--|---------------------------------------|--|--|-------|------------------|-----------|-----------|--------|------------|-----------------|
|  |                                       |  |  |       | From: To:        |           |           |        |            |                 |
|  |                                       |  |  |       |                  |           | DATE      |        |            | AMOUNT          |
| Full Name of Contributor   |                                       |  |  |       | мо               | DAY       | YEAR      |        |            |                 |
| Mailing Address  |                                       |  |  |       |                  |           |           | \$     | 0.00       |                 |
| City   | City State Zip Code(Plus 4)           |  |  |       |                  |           |           |        |            |                 |
| Employer of Contributor  |                                       |  |  |       | Occupation       |           |           |        |            |                 |
| Employer Mailing Address/Principal Place of City State Business      |                                       |  |  |       |                  | Zip<br>4) | Code(Plus | Descri | ption      | of Contribution |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions De |                                       |  |  | taile | ed               |           |           |        | PAGE TOTAL |                 |
| Summary Page, Section 3.   |                                       |  |  |       |                  |           | 0.00      |        |            |                 |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing C                             | me of Filing Committee or Candidate                                    |                |                                   | Reporti                           | ng Period                         |           |     |                  |
|--|--|----------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------|-----|------------------|
| STEPHENS, TOE                                | DD FRIENDS OF INC  |                |                                   | From                              | <u>5/19</u>                       | 9/2020    | То: | <u>6/22/2020</u> |
|  |  |                |                                   |                                   | DATE                              |           |     | AMOUNT           |
| <b>To Whom Paid</b><br>Zoom                  |  |                |                                   | мо                                | DAY                               | YEAR      |     |                  |
| Mailing Address                              | 55 Almaden Boulev  | ard, 6th Floor |                                   | 6                                 | 18                                | 2020      | \$  | 15.89            |
| City San Jose                                |  | State<br>CA    | <b>Zip Code (Plus 4)</b><br>95113 | <b>Descrip</b><br>Telecor         |                                   |           |     |                  |
| To Whom Paid<br>Nation Builder               |  |                |                                   | мо                                | DAY                               | YEAR      |     |                  |
| Mailing Address                              | 520 S Grand Avenu  | e, 2nd Floor   |                                   | 6                                 | 8                                 | 2020      | \$  | 29.00            |
| CityLos AngelesStateZip Code (Plus 4)CA90071 |  |                | <b>Descrip</b><br>Webhos          | <b>sting</b>                      | penditure                         |           |     |                  |
| <b>To Whom Paid</b><br>4Imprint              |  |                |                                   | мо                                | DAY                               | YEAR      |     |                  |
| Mailing Address                              | 101 Commerce Stre  | eet            |                                   | 6                                 | 1                                 | 2020      | \$  | 1,304.32         |
| City Oshkosh                                 |  | State<br>WI    | <b>Zip Code (Plus 4)</b><br>54901 |                                   | <b>ition of Exp</b><br>ional Item |           |     |                  |
| To Whom Paid<br>USPS                         |  | ·              |                                   | мо                                | DAY                               | YEAR      |     |                  |
| Mailing Address                              | York Road  |                |                                   | 5                                 | 22                                | 2020      | \$  | 8.20             |
| City Hatboro                                 |  | State<br>PA    | <b>Zip Code (Plus 4)</b><br>19040 | <b>Descrip</b><br>Postage         | tion of Exp                       | penditure | 1   |                  |
| To Whom Paid<br>Nicole Stephens              |  | ·              |                                   | мо                                | DAY                               | YEAR      |     |                  |
| Mailing Address                              | 644 Colonial Drive   |                |                                   | 6                                 | 8                                 | 2020      | \$  | 153.69           |
| CityHorshamStateZip Code (Plus 4)PA19044     |  |                |                                   | <b>ition of Exp</b><br>rsement fo |                                   |           |     |                  |
| Entor Grand Ta                               |  |                |                                   |                                   |                                   |           |     | PAGE TOTAL       |
|  | Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D |                |                                   |                                   |                                   |           | \$  | 1,511.10         |