Campaign Finance Report

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

Filer Identificat Number :	ion 2	0190307			Repo Fileo		/:	CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST	Γ	
Name of Filing	Committee, Ca	ndidate or	Lobbyis	st:	Capp			r PA									
Street Address:	412 Stony	/ Way															
City:	East Norri	ton						State:	PA			Zip Co	de: 19	403			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND I PRIM	FRIDAY PRE ARY	E- 2.	_	30 DA PRIMA		POST-	3.		AMENDN REPORT		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND I ELEC	FRIDAY PR TION	.E- 5.		30 DA ELECT		POST-	6.		TERMIN/ REPORT		Yes	N	0	\checkmark
report type)	ANNUAL REPO	DRT 7. X	Year	2021				IG METHO CHECK O				PAPER	PAPER		DISK	ETTE	
Name of Office	Sought by Can	didate:						DATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Cour	
								мо	DAY	Y	EAR					1	
								11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of Receipts and MO DAY YEAR								мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditure	s from:		11	23 2	2021	т	D	12	3	31	2021						
A. Amount Bro	ought Forward	From Last	Report				\$			12,	966.22						
B. Total Monetary Contributions And Receipts (From Schedule I							\$	2,061.93									
C. Total Funds Available (Sum Of Lines A and B)							\$			15,	028.15						
D. Total Expenditures (From Schedule III)							\$			10,3	343.52						
E. Ending Casl	n Balance (Sub	tract Line	D From	Line C)			\$			4,6	584.63	-					
F. Value Of In	-Kind Contribut	tions Rece	eived (Fr	om Schedu	ule II)		\$				92.50	-					
G. Unpaid Deb	ts And Obligati	ions (Fron	n Sched	ule IV)			\$				0.00						
				AFI	FIDA	VIT	SE	CTION									
PART I - If this				-								-					
I swear (or affirm correct and comp		, including	the attacl	hed schedule	es filed (on p	aper (or by elect	ronic me	edium	, are to	the best o	f my knov	vledge	and be	ief , tr	ue.
Sworn to and sub	scribed before mo day of	e this	20							9	Signaturo	e of Perso	n Submitt	ing Rep	oort		-
	Sig	nature										Prin	ted Name				-
My Commission E	xpires											Ema	il				
	мо		DAY	YR	2				Are	ea Coo	de	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a	candidate	's autho	rized Com	mittee	, Ca	ndid	ate shall	sign he	ere.							
I swear (or affirm No 320) as amend		t of my kno	wledge aı	nd belief thi	s politic	al c	ommi	ittee has n	ot viola	ted ar	ny provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	:3,
Sworn to and subs	cribed before me day of	this	20								s	ignature (of Candida	ite			-
												Printe	ed Name				-
My Commission Ex	Signat	ure										Ema	il				-
										Ca			ovtine T	lork -		ho	_
	MO		DAY	YI	R				Area	code		D	aytime Te	epnor	ie Num	ver	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>11/23/2021</u> To: Cappelletti for PA 12/31/2021 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 61.93 **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)** 2,000.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 2,000.00 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 \$ 2,061.93 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 of	Name of Filing Committee or Candidate			Reporting Period					
	Fr				From: To:				
		DATE			AMOUNT				
Full Name of Contributing Committee				DAY	YEAR				
Mailing Address						\$	0.00		
City									
						Γ	PAGE TOTAL		

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

0.00

\$

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									
From					From: To:				
					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 Candidate			Reporting	J Period				
Cappelletti for PA			From:	<u>11/2</u>	3/2021	То:	<u>12</u>	2/31/2021
				DA	TE		A	MOUNT
Full Name of Contributing Committee Cleveland Cliffs PAC				мо	DAY	YEAR		
Mailing Address 200 Public Sq Ste 3	300						\$	500.00
City Cleveland	State OH	Zip Code (Plus 4) 441142315		12	10	2021		
Full Name of Contributing Committee Highmark PAC					DAY	YEAR		
Mailing Address 1800 Center St							\$	1,000.00
City Camp Hill	State PA	Zip Code 170111	e (Plus 4) 741	12	10	2021		
Full Name of Contributing Committee Independence Blue Cross PAC	·			мо	DAY	YEAR		
Mailing Address 1901 Market St							\$	500.00
City Philadelphia	State PA	Zip Code 191031	e (Plus 4) 480	12	10	2021		
	•							PAGE TOTAL
Enter Grand Total of Part C on Schee	dule I, Detailed Sum	nmary Pa	age, Sectio	n 3.			\$	2,000.00

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			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address	ddress							\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Place of City Business					State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	·····	-	, , , , , , , , , , , , , , , , , , , ,				\$		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			Report	ing Perio	od				
			From:			То:):		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	Receipt Description								
nter Grand Total of Part E on Schedule I, Detailed Summary Page, Secti								PAGE TO	ſAL
		iiai y i uge,	Section				\$		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 Perio	d	
Cappelletti for PA	From:	<u>11/23/2021</u> то:	<u>12/31/2021</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)	\$	92.50
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 (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	92.50

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period				
Cappelletti for PA			From:	<u>11/</u>	/23/2021	То:	<u>12/31/2021</u>	
				DATE		AMOUNT		
Full Name of Contributor Tj Cappelletti			мо	DAY	YEAR			
Mailing Address 601 Highland Ave	12	1	2021	\$	12.50			
City Boyertown	State	Zip Code (Plus 4))					
	PA	195122202						
Description of Contribution: Email service Full Name of Contributor Tj Cappelletti	vice		мо	DAY	YEAR			
Mailing Address 601 Highland Ave			12	1	2021	\$	80.00	
City Boyertown	State	Zip Code (Plus 4)	,					
,	PA	195122202						
Description of Contribution: Website s	ervice							
	nter Grand Total of Part F on Schedule II, In-Kind Contributions Deta				je,		PAGE TOTAL	
Section 2.						\$	92.50	

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						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupat	ion			
Employer Mailing Address/Principal Place of City Sta Business			State		Zip 4)	Code(Plus	Descri	ption o	f Contribution	

Enter Grand Total of Part G on Schedule I	I, In-Kind Con	ntributions Detai	led	PAGE TOTAL
Summary Page, Section 3.				0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	lidate		Reporti	ng Period			
Cappelletti for PA			From	<u>11/2</u>	<u>3/2021</u>	То:	<u>12/31/2021</u>
				DATE			AMOUNT
To Whom Paid ACT BLUE			мо	DAY	YEAR		
Mailing Address PO Box 44114	6		12	9	2021	\$	9.12
City West Somerville State Zip Code (Plus 4) MA 021440031			Description of Expenditure Processing fees				
To Whom Paid NGPVAN, Inc.			мо	DAY	YEAR		
Mailing Address 1445 New York	k Ave NW Ste 200		12	2	2021	\$	334.40
City Washington	State DC	Zip Code (Plus 4) 200052158	Description of Expenditure Database management				
To Whom Paid Pennsylvania Senate Democratic (Campaign Committe	ee	мо	DAY	YEAR		
Mailing Address PO Box 59358			12	2	2021	\$	10,000.00
CityPhiladelphiaStateZip Code (Plus 4)PA191029358			Descrij Contrib	otion of Exp oution	penditure	2	
Enter Grand Tatal of Evnandity	ures on Dags 1. De		<u> </u>				PAGE TOTAL
Enter Grand Total of Expendit	nes on Paye 1, Re	eport cover Page, Item I				\$	10,343.52