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 2016	0290			Repor Filed B		CANDI	DATE	c	сомм	ITTEE	✓	LOBI	BYIST	
Name of Filing (Committee, Candida	ate or L	obbyist:		MEDIA	DEM	DCRATIC	СОММІ	ITTEE						•
Street Address:	Street Address:														
City:	MEDIA						State:	PA			Zip Coo	le: 19	063-0	284	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	2ND FRIDAY PRE- 2. X 30 PRIMARY PI				POST- 3.			AMENDM REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				AY I TION	POST-	6.		TERMIN/ REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2022				NG METH			1	PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by Candidat	te:					DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code
	,						мо	DAY	YEAR	R	Number	coue	DEN	1	23
							11		8 2	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	R	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		1 1	20)22 T	0	5	;	2 2	2022					
A. Amount Bro	ought Forward Fron	n Last R	eport			\$			522	2.47					
B. Total Monet	ary Contributions A	And Rec	eipts (From	n Schee	dule I)	\$	5		385	5.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5		907	7.47					
D. Total Expen	ditures (From Sche	edule II	I)			\$	5		195	5.57					
E. Ending Cash	n Balance (Subtract	t Line D	From Line	C)		4	5		711	.90					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	4	5		0	0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		4	5		0	0.00					
				AFF	IDAVI	t se	CTION								
	s a Committee repo		-					•		-					
I swear (or affirm correct and compl) that this report, incl lete.	uding the	e attached sc	hedules	filed on	paper	or by elect	ronic me	edium, ar	re to th	he best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me this day of	;	20						Sign	nature	of Perso	n Submitt	ing Rep	ort	
						_					Prin	ted Name			
My Commission E	Signatuı xpires	re									Ema				
	мо	D	AY	YR		_		Are	ea Code			ie Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comm	ittee, C	andic	late shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of m ed.	ny knowle	edge and beli	ief this	political	comn	nittee has n	iot violat	ted any p	provisio	ons of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subscribed before me this										Sig	gnature o	of Candida	ite		
	day of					-					Printe	d Name			
My Commission Exp	Signature					_					Ema	il			
,	· ·-					_									
	мо	D	AY	YR				Area	Code		Da	aytime Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MEDIA DEMOCRATIC COMMITTEE From: <u>1/1/2022</u> **To:** 5/2/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 25.00 \$ **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)** 360.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 360.00 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 \$ 385.00 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 or Candidate				Reporting Period						
				From: To:			:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								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 C	Candidate			Rep	orting Po	eriod					
MEDIA DEMOCRATIC COMMITTEE From				m:	<u>1/1/</u>	2022 To	b: <u>5/2/2022</u>				
						DATE			AMOUNT		
Full Name of Contributor Joy Washington					мо	DAY	YEAR				
Mailing Address								\$	180.00		
City Media	State PA		Zip Code (Plus 4 19063)	2	9	2022				
Full Name of Contributor Elizabeth O Romaine					мо	DAY	YEAR				
Mailing Address								\$	180.00		
City Media	State PA		Zip Code (Plus 4 19063)	4	11	2022				
		PAGE TOTAL									
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								\$	360.00		

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							
				То:						
				DA	TE		A	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
					PAGE TOTAL					
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Secti							\$	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 R				Reporting Period					
From:				n:		Т	То:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of Business City				•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sectio							P#	AGE TOTAL 0.00	

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:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary 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

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
MEDIA DEMOCRATIC COMMITTEE	From:	<u>1/1/2022</u> To:	<u>5/2/2022</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 PART	ſ F)		
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 (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			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address] \$	0.0)0	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_	
						\$	0.0	0	

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

Name of Filing Committee or Candidate				Reporting Period					
				From:					
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address			-				\$ 0.00		
City	State	Zip Code(Plus 4)							
Employer of Contributor		•		Occupa	ation				
Employer Mailing Address/Principal Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption 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	Name of Filing Committee or Candidate								
MEDIA DEMOCRATIC COMMITTEE				<u>1/</u>	<u>1/2022</u>	То:	<u>5/2/2022</u>		
· · · · · · · · · · · · · · · · · · ·				DATE A					
To Whom Paid				DAY	YEAR				
U.S. Postal Service			мо						
Mailing Address				14	2022	\$	182.00		
City Media	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	19063	P.O. Box Fee						
To Whom Paid			мо	DAY	YEAR				
PayPal			MO						
Mailing Address			5	2	2022	\$	13.57		
City San Jose	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
CA 95131				Fees					
							PAGE TOTAL		
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item I) .			\$	195.57		