### **Campaign Finance Report**

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

Filer Identificati Number :	on 2022	0510			Repo Filed		:	CA	NDI	DATE		СОМ	AITTEE	<b>Y</b>	LUB	D1131	
Name of Filing C	ommittee, Candida	ate or L	obbyist:		DEMC	CRA	ATIC	VIC	TOR	Y PA P	AC						
Street Address:	611 PENNSYL	VANIA A	AVE SE NUI	M 143													
City:	WASHINGTON							State	e:	DC			<b>Zip Code:</b> 20003				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		0 DA RIM <i>A</i>		Р	OST-	3.		AMENDN REPORT		Yes	No	<b>\</b>
(place X to the right of	lace X to PRE-ELECTION ELECTION ELECTION								POST- 6. <b>X</b>			TERMINATION REPORT?		Yes	No	<b>~</b>	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022					IG ME					PAPER		₩	DISKE	TTE
Name of Office S	ought by Candidat	te:	-					DAT	ΈO	F ELEC	TIO	N	District Number	Office Code	Pa	rty Code	County Code
								МО		DAY	YE	AR					
									11		8	2022		(SEE IN	STRUCT	ONS FOR	CODES)
Summary of Expenditures	Receipts and from:	МО	DAY	YEAR		т0		МО		DAY		AR	FC	R OFFI	CE USE	ONLY	
			10 25	20	022	то	,		11	2	18	2022					
	ught Forward Fron		-				\$					47.23					
	ary Contributions A		• ` `	n Sche	dule 1	)	\$			/,2	201,0	65.54					
	Available (Sum Of						\$					12.77					
D. Total Expend	ditures (From Sche	edule II	I)				\$			5,1	.36,9	67.93					
	Balance (Subtract						\$			5,4	73,3	44.84					
	Kind Contributions				le II)		<u>\$</u>					0.00					
G. Unpaid Debt	s And Obligations	(From S	schedule IV	<b>'</b> )			\$					0.00					
					ΊDΑ\												
	that this report, incl		_									_		f my kno	wledge	and beli	ef , true
•	cribed before me this										s	ignature	of Perso	n Submit	ting Re	port	
	day of — ————					_											
	Signatui	re											Prin	ted Name	•		
My Commission Ex	·		• • • • • • • • • • • • • • • • • • • •			_			•		- 6-4	_	Ema				
Doub II If this is	MO	Di		YR	.:	Carr	اد: اد	-41	h = 11 .		a Cod	e	Daytin	ie Telepł	none Ni	imber	
	a report of a cand				•					_		y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,
,	ribed before me this											S	ignature (	of Candid	ate		
	day of		20														
	Cignatura												Printe	d Name			
My Commission Exp	Signature ires												Ema	il			
	МО	D	AY	YR						Area (	Code		D	aytime T	elepho	ne Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DEMOCRATIC VICTORY PA PAC	From:	10/25/202	<u>2</u> To:	11/28/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	0.00
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)			\$	0.00
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
All Other Contributions (Part D)			\$	7,201,065.54
TOTAL for the Reporting	) Period	(3)	\$	7,201,065.54
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	7,201,065.54

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Name of Filing Committe	e or Candidate		Re	porting	Period			
			Fr	om:		То	:	
			1		DATE			AMOUNT
Full Name of Contributing	Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					

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

0.00

### 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					
				m:		o:			
			l		DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$ \$	0.00	
City	State	Zip Code (Plus 4)							

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

**PAGE TOTAL \$**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	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary Pa	age, Sectio	n 3.			\$	0.00

## 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	Name of Filing Committee or Candidate				riod				
DEMOCRATIC VICTORY PA PAC			Fr	om:	10/25/2	<u>022</u> To	To: <u>11/28/2022</u>		
				D	ATE		А	MOUNT	
Full Name of Contributor Total Other Contributions				МО	DAY	YEAR			
Mailing 611 Pennsylvania Ave. SE, Num 143 Address					20	2022	\$	7,201,065.54	
CityWashingtonStateZip Code (Plus 4)DC20003				11	28	2022			
Employer Name None				Occupat	tion	None			
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)	
611 Pennsylvania Ave. SE, Num 143		Wash	ington		DC		20003	3	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Pa	ge, Sec	tion 3.		:		<b>PAGE TOTAL</b> 7,201,065.54	

## 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	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Per	iod	
DEMOCRATIC VICTORY PA PAC	From:	<u>10/25/2022</u> <b>To:</b>	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,	•	\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee o	lame of Filing Committee or Candidate								
DEMOCRATIC VICTORY PA	DEMOCRATIC VICTORY PA PAC				From <u>10/25/2022</u> To:				
							AMOUNT		
<b>To Whom Paid</b> Shapiro for Pennsylvania	мо	DAY	YEAR						
Mailing Address PO Box 22635			10	25	2022	\$	50,000.00		
<b>City</b> Philadelphia	State PA	<b>Zip Code (Plus 4)</b> 19110	1 -	otion of Exp					
To Whom Paid Total Other Disbursements				DAY	YEAR				
Mailing Address 611 Pennsylvania Ave. SE, Num 143			11	28	2022	\$	5,086,967.93		
CityWashingtonStateZip Code (Plus 4)DC20003				otion of Exp other Disbu					

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL** 

5,136,967.93