

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 :		20190363		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: Friends of Ann Marie Mitchell												
Street Address:												
City: Ivyland						State: PA			Zip Code: 18974			
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	<input checked="" type="checkbox"/>	No		
	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. X	Year 2020	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
						MO	DAY	YEAR				
						11	3	2020				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	24	2020		12	31	2020				
A. Amount Brought Forward From Last Report						\$ 31,024.89						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 283.98						
C. Total Funds Available (Sum Of Lines A and B)						\$ 31,308.87						
D. Total Expenditures (From Schedule III)						\$ 2,967.75						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 28,341.12						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

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
Friends of Ann Marie Mitchell	From: <u>11/24/2020</u> To: <u>12/31/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 183.98

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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

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)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

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.)	\$ 283.98
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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				MO	DAY	YEAR	\$ 0.00
Mailing Address							
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 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 Friends of Ann Marie Mitchell	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>
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DATE	AMOUNT
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Full Name of Contributor Kristin Donnelly			MO	DAY	YEAR	\$ 50.00
Mailing Address			11	30	2020	
City New Hope	State PA	Zip Code (Plus 4) 189381322				

Full Name of Contributor Kristin Donnelly			MO	DAY	YEAR	\$ 50.00
Mailing Address			12	30	2020	
City New Hope	State PA	Zip Code (Plus 4) 189381322				

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

PAGE TOTAL
\$ 100.00

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	Reporting Period
	From: To:

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
City	State	Zip Code (Plus 4)						
Employer Name				Occupation				
Employer Mailing Address/Principal Place of Business			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 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: _____
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			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	
Friends of Ann Marie Mitchell		From: <u>11/24/2020</u> To: <u>12/31/2020</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 RECEIVED - 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

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				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description 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	Reporting Period
Friends of Ann Marie Mitchell	From <u>11/24/2020</u> To: <u>12/31/2020</u>

				DATE	AMOUNT			
To Whom Paid				MO	DAY	YEAR	\$ 25.86	
Act Blue				12	3	2020		
Mailing Address								
City	West Somerville	State	MA	Zip Code (Plus 4)	021440031			Description of Expenditure
				Credit Card Fees				
To Whom Paid				MO	DAY	YEAR	\$ 126.27	
Act Blue				12	9	2020		
Mailing Address								
City	West Somerville	State	MA	Zip Code (Plus 4)	021440031			Description of Expenditure
				Credit Card Fees				
To Whom Paid				MO	DAY	YEAR	\$ 10.00	
Maria Brooks				11	30	2020		
Mailing Address								
City	Wayne	State	PA	Zip Code (Plus 4)	190872930			Description of Expenditure
				Refund				
To Whom Paid				MO	DAY	YEAR	\$ 1,166.00	
Bucks County Democratic Committee				11	30	2020		
Mailing Address								
City	Doylestown	State	PA	Zip Code (Plus 4)	189014342			Description of Expenditure
				Contribution				
To Whom Paid				MO	DAY	YEAR	\$ 25.00	
Lynn Gahman				12	23	2020		
Mailing Address								
City	Oceanside	State	CA	Zip Code (Plus 4)	920564846			Description of Expenditure
				Refund				
To Whom Paid				MO	DAY	YEAR	\$ 1.00	
Ruth Gasten				12	8	2020		
Mailing Address								
City	Livermore	State	CA	Zip Code (Plus 4)	945503451			Description of Expenditure
				Refund				

To Whom Paid GetThru			MO	DAY	YEAR	\$ 267.66
Mailing Address			11	30	2020	
City Alameda	State CA	Zip Code (Plus 4) 945010690	Description of Expenditure Text Expense			
To Whom Paid Judy Gold			MO	DAY	YEAR	\$ 2.08
Mailing Address			12	10	2020	
City New York	State NY	Zip Code (Plus 4) 100036155	Description of Expenditure Refund			
To Whom Paid Judy Gold			MO	DAY	YEAR	\$ 2.08
Mailing Address			12	10	2020	
City New York	State NY	Zip Code (Plus 4) 100036155	Description of Expenditure Refund			
To Whom Paid Ann Marie Mitchell			MO	DAY	YEAR	\$ 675.23
Mailing Address			11	30	2020	
City Fairless Hills	State PA	Zip Code (Plus 4) 190304510	Description of Expenditure Web Site Expense			
To Whom Paid NGPVAN, Inc.			MO	DAY	YEAR	\$ 339.20
Mailing Address			12	2	2020	
City Washington	State DC	Zip Code (Plus 4) 200052158	Description of Expenditure Software Fees			
To Whom Paid Paragon Solutions			MO	DAY	YEAR	\$ 19.89
Mailing Address			12	2	2020	
City Tempe	State AZ	Zip Code (Plus 4) 852821895	Description of Expenditure Credit Card Fees			
To Whom Paid SOLEBURY DEMOCRATS			MO	DAY	YEAR	\$ 287.48
Mailing Address			11	30	2020	
City New Hope	State PA	Zip Code (Plus 4) 189380554	Description of Expenditure Contribution			
To Whom Paid TD Bank NA			MO	DAY	YEAR	\$ 10.00
Mailing Address			11	30	2020	
City Richboro	State PA	Zip Code (Plus 4) 189541805	Description of Expenditure Bank Fee			

To Whom Paid TD Bank NA			MO	DAY	YEAR	\$ 10.00
Mailing Address			12	31	2020	
City Richboro	State PA	Zip Code (Plus 4) 189541805	Description of Expenditure Bank Fee			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 2,967.75

