

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: 172 Golfview Drive											
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	<input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/>	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	TO	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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

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

				DATE	AMOUNT
Full Name of Contributor			MO	DAY	YEAR
Kristin Donnelly					
Mailing Address					
10 Old Mill Rd					
City	State	Zip Code (Plus 4)			
New Hope	PA	189381322	11	30	2020
\$ 50.00					

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

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	
Mailing Address				\$ 0.00
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	
Mailing Address				\$ 0.00
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: _____

			DATE	AMOUNT	
Full Name	MO	DAY	YEAR		
Mailing Address				\$	0.00
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 Friends of Ann Marie Mitchell	Reporting Period 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	
<p style="text-align: right;">TOTAL for the Reporting Period (1)</p>	<p style="text-align: right;">\$ 0.00</p>
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
<p style="text-align: right;">TOTAL for the Reporting Period (2)</p>	<p style="text-align: right;">\$ 0.00</p>
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
<p style="text-align: right;">TOTAL for the Reporting Period (3)</p>	<p style="text-align: right;">\$ 0.00</p>
<p>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.)</p>	<p style="text-align: right;">\$ 0.00</p>

**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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
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 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: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
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	
Act Blue	12	3	2020	\$ 25.86
Mailing Address PO Box 441146				
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure Credit Card Fees	
To Whom Paid Act Blue	12	9	2020	\$ 126.27
Mailing Address PO Box 441146				
City West Somerville	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure Credit Card Fees	
To Whom Paid Maria Brooks	11	30	2020	\$ 10.00
Mailing Address 441 Valley Forge Rd				
City Wayne	State PA	Zip Code (Plus 4) 190872930	Description of Expenditure Refund	
To Whom Paid Bucks County Democratic Committee	11	30	2020	\$ 1,166.00
Mailing Address 44 E Court St				
City Doylestown	State PA	Zip Code (Plus 4) 189014342	Description of Expenditure Contribution	
To Whom Paid Lynn Gahman	12	23	2020	\$ 25.00
Mailing Address 3529 Amber Ln				
City Oceanside	State CA	Zip Code (Plus 4) 920564846	Description of Expenditure Refund	

To Whom Paid Ruth Gasten			MO	DAY	YEAR	
Mailing Address 564 Tyler Ave			12	8	2020	
City Livermore	State CA	Zip Code (Plus 4) 945503451	Description of Expenditure Refund			
To Whom Paid GetThru			MO	DAY	YEAR	
Mailing Address PO Box 2690			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	
Mailing Address 53 E 10th St Apt 4			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	
Mailing Address 53 E 10th St Apt 4			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	
Mailing Address 550 Old Bordentown Rd			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	
Mailing Address 1445 New York Ave NW Ste 200			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	
Mailing Address 2141 E Broadway Rd Ste 202			12	2	2020	\$ 19.89
City Tempe	State AZ	Zip Code (Plus 4) 852821895	Description of Expenditure Credit Card Fees			
To Whom Paid SOLEBURY DEMOCRATS			MO	DAY	YEAR	
Mailing Address PO Box 554			11	30	2020	\$ 287.48
City New Hope	State PA	Zip Code (Plus 4) 189380554	Description of Expenditure Contribution			
To Whom Paid TD Bank NA			MO	DAY	YEAR	
Mailing Address 1060 2Nd Street Pike			11	30	2020	\$ 10.00
City Richboro	State PA	Zip Code (Plus 4) 189541805	Description of Expenditure Bank Fee			
To Whom Paid TD Bank NA			MO	DAY	YEAR	
Mailing Address 1060 2Nd Street Pike			12	31	2020	\$ 10.00
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

