### **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 201	90307			Repo Filed		<b>/</b> :	CAND	DATE		СОМІ	MITTEE	<b>√</b>	LOBE	SYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:	(	CAPP	ELLI	ETTI	FOR PA									
Street Address:	412 STONY	WAY															
City:	EAST NORRI	TON						State:	PA			Zip Cod	de: 19	9403			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	PRE-	2.		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE-	- 5.		30 DA ELECT		POST-	6. <b>X</b>		TERMINA REPORT		Yes	No	•	<b>/</b>
report type)	ANNUAL REPOR	7.	<b>Year</b> 2022					IG METH CHECK O				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	ought by Candid	ate:	•					DATE (	)F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Count	
								МО	DAY	ΥI	AR	17	STS	DEN	1	46	
SENATOR IN TH	HE GENERAL ASS	SEMBLY						11		8	2022		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
•	Receipts and	МО	DAY YE	EAR				мо	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		10 25	20	)22	TC	)	11		28	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			9,4	192.29						
B. Total Moneta	ary Contributions	And Rec	eipts (From So	chec	dule I	)	\$			4,0	064.44						
C. Total Funds	Available (Sum C	f Lines A	and B)				\$			13,	556.73						
D. Total Expend	ditures (From Sc	nedule II	I)				\$			7,5	16.27						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			6,0	40.46	]					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	edul	e II)		\$				92.50						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00						
			А	\FF	IDA۱	/IT	SE	CTION									
PART I - If this is	a Committee re	port, trea	surer sign her	re. I	f this	is a	a Can	didate r	eport, o	candi	date sig	gn here.					
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	e attached sched	lules	filed	on pa	aper o	or by elec	tronic m	edium	, are to	the best o	f my knov	wledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before me th day of	is	20							9	Signature	e of Perso	n Submit	ting Rep	ort		
	Signat	ure				_						Prin	ted Name	e			_
My Commission Ex	rpires											Ema	il				
	МО	D	AY	YR					Ar	ea Cod	le	Daytim	ie Teleph	one Nu	mber		
Part II- If this is	a report of a car	ididate's	authorized Co	mm	ittee,	Ca	ndida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	politic	al c	ommi	ittee has ı	not viola	ted ar	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333	3,
Sworn to and subsc		5	20								s	ignature (	of Candid	ate			-
	day of ————————————————————————————————————											Printe	ed Name				-
My Commission 5	Signature											Ema	il				-
My Commission Exp																	_
	МО	D	AY	YR					Area	Code		D	aytime T	elephon	e Numbe	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
CAPPELLETTI FOR PA	From:	10/25/2022	<u>2</u> To:	11/28/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	64.44
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)			\$	2,000.00
All Other Contributions (Part D)			\$	2,000.00
TOTAL for the Reporting	) Period	(3)	\$	4,000.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	4,064.44

#### **PART A**

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

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•				-		DAGE TOTAL

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 Candi	date		Rep Fro	oorting P m:	eriod	To	<b>)</b> :		
					DATE		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0	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	ame of Filing Committee or Candidate		Reporting Period					
CAPPELLETTI FOR PA			From:	10/2	5/2022	То:	<u>11</u>	./28/2022
				DA	TE		A	MOUNT
Full Name of Contributing Committee ESSENTIAL UTILITIES INC. PAC				МО	DAY	YEAR		
Mailing Address 762 W LANCASTER /	AVE						\$	500.00
City BRYN MAWR	<b>State</b> PA	<b>Zip Cod</b> 190103	<b>e (Plus 4)</b> 3402	11	3	2022	!	
Full Name of Contributing Committee  INDEPENDENCE BLUE CROSS PAC				МО	DAY	YEAR		
Mailing Address 1901 MARKET ST							\$	500.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Cod</b> 191031	<b>e (Plus 4)</b> .480	11	3	2022	!	
<b>Full Name of Contributing Committee</b> PECO				мо	DAY	YEAR		
Mailing Address 2301 MARKET ST #	S14-2						\$	1,000.00
City PHILADELPHIA	State PA	<b>Zip Cod</b> 191031	e (Plus 4)	11	3	2022	2	
		•		•			•	PAGE TOTAL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	age, Sectio	n 3.			\$	2,000.00

5/10/2024 10:28:24 AM

## 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	1		Rep	orting Pe	riod				
CAPPELLETTI FOR PA			Fror	m:	10/2	<u>5/2</u>	<u>022</u> <b>T</b> o	:	11/28/2022
				D/	ATE				AMOUNT
Full Name of Contributor NEIL BLUHM				мо	DAY		YEAR		
Mailing APT 6501 Address						,	2022	\$	2,000.00
City CHICAGO	State IL	<b>Zip Code (Plu</b> : 606970001	5 4)	11		3	2022		
Employer Name SELF				Occupat	tion	E	XECUT	VE	
Employer Mailing Address/Principal Pla Business	ce of	City		•	State			Zip Co	de (Plus 4)
900 N MICHIGAN AVE # 14		CHICAGO	)		IL			6061	.11542
Enter Grand Total of Part C on Scho	edule I, Detailed Su	ımmary Page,	Section	on 3.			:	\$	<b>PAGE TOTAL</b> 2,000.00

## 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 Peri	od	
CAPPELLETTI FOR PA	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	ER CONTRIBUTOR	ł	
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)	\$	92.50
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, 1		\$	92.50

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

Name of Filing Committee or Candid	ate		Reporting	Period			
CAPPELLETTI FOR PA			From:	<u>10/</u>	<u>/25/2022</u>	To:	11/28/2022
				DATE			AMOUNT
Full Name of Contributor TJ CAPPELLETTI			мо	DAY	YEAR		
Mailing Address 601 HIGHLAND	) AVE		11	1	2022	<b>\$</b>	12.50
City BOYERTOWN	State	Zip Code (Plus 4)	7				
	PA	195122202					
<b>Description of Contribution:</b> EMA	IL SERVICE						
			МО	DAY	YEAR		
	) AVE					\$	80.00
TJ CAPPELLETTI	State	Zip Code (Plus 4)	11	<b>DAY</b> 1	<b>YEAR</b> 2022	\$	80.00
TJ CAPPELLETTI  Mailing Address 601 HIGHLAND		<b>Zip Code (Plus 4)</b> 195122202	11			\$	80.00
TJ CAPPELLETTI  Mailing Address 601 HIGHLAND  City BOYERTOWN	State		11			\$	80.00
City BOYERTOWN	State PA SSITE SERVICE	195122202	11	1	2022	\$	80.00 PAGE TOTAL

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl )	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti	ng Period			
CAPPELLETTI FOR PA			From	10/2	5/2022	То:	11/28/2022
				DATE			AMOUNT
To Whom Paid ACT BLUE			МО	DAY	YEAR		
Mailing Address PO BOX 4411	46		11	7	2022	\$	2.99
City WEST SOMERVILLE	State	Zip Code (Plus 4)	Descri	otion of Exp	enditure	<u> </u>	
MA 021440031				E PROCESS			
To Whom Paid ACT BLUE			МО	DAY	YEAR		
Mailing Address PO BOX 441146				9	2022	\$	13.28
City WEST SOMERVILLE	State	Zip Code (Plus 4)	Descri	otion of Exp	enditure		
	MA	021440031	PROCE	SSING FEE	:S		
<b>To Whom Paid</b> BE THE CHANGE PA			МО	DAY	YEAR		
Mailing Address 85 HANNAH C	CT .		10	27	2022	\$	1,500.00
City ROYERSFORD	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure	<u> </u>	
	PA	194682293	1	IBUTION			
<b>To Whom Paid</b> PENNSYLVANIA SENATE DEMOCI	RATIC CAMPAIGN CO	MMITTEE	МО	DAY	YEAR		
Mailing Address PO BOX 5935	8		11	4	2022	\$	6,000.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descri	otion of Exp	enditure	<u> </u>	
1112.522.117.	PA	191029358		IBUTION			
							PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						_ ا	7 516 27

7,516.27