### **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 2017	0364			Repo Filed			ANDI	DATE		СОМІ	MITTEE	<b>~</b>	LO	DDT.	151	
Name of Filing C	ommittee, Candida	ate or L	obbyist:		Mariaf	orPA					•					•	
Street Address:	PO Box 1006											_					
City:	Spring House						Stat	e:	PA			Zip Co	de: 1	9477			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 C PRIM	AY 1ARY	F	POST-	3.		AMENDI REPORT		Yes		No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 E	AY CTION	F	POST-	6.		TERMINA REPORT		Yes		No	<b>\</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2022				NG M					PAPER		<b>Y</b>	D	ISKET	ГЕ
Name of Office S	- Sought by Candidat	te:					DA	TE O	F ELE	СТІС	N	District Number	Office Code	e P	arty	Code C	ounty ode
							МО		DAY	YI	EAR			·		-	
								11		8	2022		(SEE I	NSTRUC	TIONS	FOR CO	DES)
	Receipts and	МО	DAY	YEAR			МО		DAY	ΥI	EAR	FC	OR OFFI	CE US	E O	NLY	
Expenditures	from:		11 29	20	022	TO		1		2	2023						
A. Amount Bro	ught Forward Fron	1 Last R	eport		·	9	\$		•	56,	504.64						
B. Total Monet	ary Contributions A	And Rec	eipts (Fron	n Sche	dule I	) (	\$			(	529.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			,	\$			57,:	133.64						
D. Total Expenditures (From Schedule III) \$								3,0	79.67								
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			<u> </u>			54,0	53.97						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		9	\$				0.00			,			
						IT S											
	that this report, incl	•	_								_		of my kno	owledg	e and	d belief	, true
-	cribed before me this										Signature	of Perso	n Suhmi	ttina R	enor	+	
	day of		_ 20								, ignatur		ວັນສຸກາກ	cenig is	сро.	_	
	Signatu	re				_						Prin	ited Nam	ie			
My Commission Ex	·					_						Ema	il				
	МО		AY	YR						ea Cod	le	Daytin	ne Telep	hone N	lumb	er	
	a report of a cand				•										400	- (- )	
No 320) as amende		iy knowi	eage and bei	ier this	politica	ai comi	nittee	nas n	iot viola	ted an	y provis	ions or th	e act or .	June 3,	,193	/ (P.L. )	.333,
SWORN TO AND SUBSC	ribed before me this day of		20								S	ignature (	of Candi	date			
						_						Printe	ed Name				-
My Commission Exp	Signature ires					-						Ema	nil				-
	МО	D	AY	YR		_			Area	Code		D	aytime '	Teleph	one l	Number	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MariaforPA	From:	11/29/202	<u>2</u> To:	<u>1/2/2023</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	129.00
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)			\$	500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	500.00
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			\$	629.00

#### **PART A**

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

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
		From: To:				:		
					DATE			AMOUNT
Full Name of Contributing	g 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		Rep	oorting P	eriod			
			Fro	m:		To	<b>:</b>	
					DATE		A	MOUNT
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 P	eriod		
MariaforPA	From:	11/29/2022	То:	<u>1/2/2023</u>

DATE AMOUNT

Full Name of Contributing Committee  Distributors Political Action Committee			МО	DAY	YEAR	
Mailing Address 230 S Broad St						<b>\$</b> 500.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191024121	12	2	2022	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL \$**500.00

## 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			Rep	orting Pe	riod			
			Fron	n:		To	<b>)</b> :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL
							\$	0.00

## 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 C	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AMOUNT	
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. Detailed	d Summary Page.	Section	4.			PAGE TOTA	\L
		· • • • • • • • • • • • • • • • • • • •					\$ C	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	
MariaforPA	From:	11/29/2022 <b>To:</b>	1/2/2023
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	TF)		
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	ndidate		Reportii	ng Period			
MariaforPA			From	11/2	9/2022	То:	1/2/2023
				DATE			AMOUNT
<b>To Whom Paid</b> ActBlue			МО	DAY	YEAR		
Mailing Address PO Box 4411	46		12	5	2022	\$	9.24
City West Somerville	State MA	<b>Zip Code (Plus 4)</b> 021440031	1	otion of Exp	penditure		
<b>To Whom Paid</b> ActBlue			МО	DAY	YEAR		
Mailing Address PO Box 441146			12	9	2022	\$	21.19
City West Somerville	State MA	<b>Zip Code (Plus 4)</b> 021440031	1	otion of Exp	penditure		
<b>To Whom Paid</b> ActBlue	•		мо	DAY	YEAR		
Mailing Address PO Box 4411	46		12	12	2022	\$	0.66
City West Somerville	State MA	<b>Zip Code (Plus 4)</b> 021440031	1	otion of Exp	penditure		
<b>To Whom Paid</b> Friends of Jason Salus	•		мо	DAY	YEAR		
Mailing Address PO Box 1214			12	14	2022	\$	1,000.00
<b>City</b> Norristown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194041214	1	otion of Expoution Made		1	
To Whom Paid	<u> </u>	I		DAY	YEAR	Π	

- PO BOX 1214			12	•	2022	<b>\$</b>	1,000.00
<b>City</b> Norristown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 194041214	Description of Expenditure  Contribution Made				
<b>To Whom Paid</b> Friends of Jeanne Sorg			МО	DAY	YEAR		
Mailing Address 76 S Bethlehem Pike			12	14	2022	\$	250.00
<b>City</b> Ambler	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190025823	Description of Expenditure Contribution Made				
	•		•				

							PAGE 12
<b>To Whom Paid</b> Friends of Sean Kilkenny				DAY	YEAR		
Mailing Address 715 Washington Ln			12	1	2022	\$	1,000.00
<b>City</b> Jenkintown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190462953	Description of Expenditure  Contribution Made				
To Whom Paid GoDaddy				DAY	YEAR		
Mailing Address 14455 N Hayden Rd			12	29	2022	\$	40.34
<b>City</b> Scottsdale	<b>State</b> AZ	<b>Zip Code (Plus 4)</b> 852606993	Description of Expenditure Website				
To Whom Paid HP Instant Ink				DAY	YEAR		
Mailing Address 1501 Page Mill Rd			12	8	2022	\$	26.49
City Palo Alto	State CA	<b>Zip Code (Plus 4)</b> 943041126	Description of Expenditure Office Supplies				
To Whom Paid NGP Van				DAY	YEAR		
Mailing Address 1445 New York Ave NW Ste 200			12	2	2022	\$	265.00
<b>City</b> Washington	State DC	<b>Zip Code (Plus 4)</b> 200052158	Description of Expenditure License Fee				
To Whom Paid Rewired LLC				DAY	YEAR		
Mailing Address 41 Flatbush Ave Ste 1			12	3	2022	\$	466.75
<b>City</b> Brooklyn	State NY	<b>Zip Code (Plus 4)</b> 112171145	Description of Expenditure Texting				
Enter Grand Total of Expen	ditures on Page 1. Per	ort Cover Page Item D					PAGE TOTAL
Enter Granu Total of Expen	iditures on Page 1, Rep	Joil Cover Fage, Item D	•			\$	3,079.67