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 :	ion	20140	0067			Repo Filed		CAND	IDATE		СОМІ	MITTEE	\checkmark	LOBE	BYIST	
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:		LEANN	E FOR	PA								
Street Address:	PO BC	OX 22														
City:	SWAR	RTHMORE	Ē					State:	PA			Zip Co	de: 19	081		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D/ PRIM		POST-	3.		AMENDI REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D/ ELEC	AY TION	POST-	6.		TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL	REPORT	7. X	Year 2022				NG METH CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by	Candidat	te:					DATE C	OF ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
REPRESENTAT								мо	DAY	YE	AR	161	STH	DEM	1	23
REPRESENTATI		E GENER	AL ASS					11	-	8	2022		(SEE IN	STRUCTI	ONS FOR (CODES)
Summary of		and	мо	DAY	YEAR	Ł		мо	DAY	YI	EAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		1	29	2	022	ГО	12	2 3	31	2022					
A. Amount Bro	ught Forw	ard From	n Last R	eport			\$			63,4	143.09					
B. Total Monet	ary Contri	butions A	And Rec	eipts (Fron	n Sche	dule I)	\$			3,4	173.68	1				
C. Total Funds	Available	(Sum Of	Lines A	and B)			\$	5		66,9	916.77					
D. Total Expen	ditures (Fi	rom Sche	edule II	[)			\$;		56,3	353.55					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$			10,5	63.22	4				
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II)	\$;			0.00	1				
G. Unpaid Deb	ts And Obl	ligations	(From S	chedule IV	')		\$	5		35,7	00.00					
					AFF	IDAV	IT SE	CTION								
PART I - If this is		-	-	_								-				
I swear (or affirm correct and compl		eport, inclu	uding the	attached sc	hedules	s filed oı	ı paper	or by elect	tronic me	edium	, are to f	the best o	of my know	wledge	and beli	ef , true
Sworn to and subs	scribed befo day of	re me this		20						S	ignature	e of Perso	on Submitt	ing Rep	ort	
		Signatur					_					Prir	nted Name	•		
My Commission E	xpires	orginatar										Ema	ail			
	N	мо	D/	AY	YR				Are	ea Cod	le	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nittee,	Candid	late shall	sign he	ere.						
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and beli	ef this	politica	l comm	nittee has r	not violat	ed an	y provis	ions of th	e act of Ju	une 3,19	937 (P.L	. 1333,
Sworn to and subso		e me this									s	ignature	of Candida	ate		
	day of						_					Printe	ed Name			
		ignature					_					Eu				
My Commission Exp	pires											Ema	111			
		мо	DA	AY	YR		_		Area	Code		D	aytime To	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LEANNE FOR PA From: <u>11/29/2022</u> **To:** 12/31/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 836.50 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 450.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 450.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 2,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 2,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 187.18 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount 3,473.68 \$ totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Commit	Name of Filing Committee or Candidate			Period			
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing	g Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL
Enter Grand Total of P	art A on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	0.00

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

\$

Use this Part to ite	emize all othe 0.01 to \$250.	1 TO \$250.00 r contribution 00 in the repo	s with orting p	an peri	aggreg iod.			rom
Name of Filing Committee or Candidat	e		Reporti	ng P	eriod			
LEANNE FOR PA			From:		<u>11/29/2</u>	2022 T o):	<u>12/31/2022</u>
					DATE			AMOUNT
Full Name of Contributor WILLIAM TURPIN			м	D	DAY	YEAR		
Mailing Address 7 E SYLVAN AVE							\$	100.00
City RUTLEDGE	State	Zip Code (Plus 4)		12	12	2022		
· KUTLEDGE	РА	190702122						
Full Name of Contributor CAROL SABERSKY			м	0	DAY	YEAR		
Mailing Address 300 HARVARD AVE							\$	25.00
City SWARTHMORE	State PA	Zip Code (Plus 4)		12	31	2022		
Full Name of Contributor CAROL SABERSKY			м	0	DAY	YEAR		
Mailing Address 300 HARVARD AVE							\$	25.00
City SWARTHMORE	State PA	Zip Code (Plus 4)		12	27	2022		
Full Name of Contributor CAROL SABERSKY	·		м	0	DAY	YEAR		
Mailing Address 300 HARVARD AVE							\$	25.00
City SWARTHMORE	State PA	Zip Code (Plus 4) 190811632		11	30	2022		
Full Name of Contributor ISABETH GROSS			м	D	DAY	YEAR		
Mailing Address 246 CLAY HILL RD							\$	100.00
City HARTLAND	State VT	Zip Code (Plus 4) 050489545		11	30	2022		

Full Name of Contributor MARIA DESIMONE			мо	DAY	YEAR	
Mailing Address 900 WINDI	NG LN					\$ 50.00
City MEDIA	State PA	Zip Code (Plus 4) 190631656	12	27	2022	
Full Name of Contributor MARIA DESIMONE			мо	DAY	YEAR	
Mailing Address 900 WINDII	NG LN					\$ 25.00
City MEDIA	State PA	Zip Code (Plus 4) 190631656	12	18	2022	
Full Name of Contributor CASEY COLE			мо	DAY	YEAR	
Mailing Address 707 PARKLA	ANE RD					\$ 100.00
City SWARTHMORE	State PA	Zip Code (Plus 4) 190812923	12	22	2022	
						PAGE TOTAL
Enter Grand Total of Par	t A on Schedule I,	Detailed Summary Page, S	Section 2	<u>.</u>		\$ 450.00

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 Ca	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Com	mittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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 Cano	ame of Filing Committee or Candidate				eporting Period				
LEANNE FOR PA				Fron	n:	<u>11/29/2</u>	<u>.022</u> To	: <u>12/31/2022</u>	
					D	ATE		AMOUNT	
Full Name of Contributor DILWORTH PAXSON, LLP					мо	DAY	YEAR		
Mailing 1500 MARKET S Address	ST #3500							\$ 1,000.00	
City PHILADELPHIA	State PA		Code (Plus			5	2022		
Employer Name	•				Occupat	tion	•		
Employer Mailing Address/Princip Business	al Place of		City			State		Zip Code (Plus 4)	
Full Name of Contributor BRIAN HOGAN					мо	DAY	YEAR		
Mailing 427 RIVERVIEV	V RD							\$ 1,000.00	
City SWARTHMORE	State PA	-	Code (Plus 0811223	4)	12	31	2022		
Employer Name BTG INTERNAT	IONAL				Occupat	t ion (COMMER	CIAL OPERATIONS	
Employer Mailing Address/Princip Business	al Place of		City		1	State		Zip Code (Plus 4)	
300 CONSHOHOCKEN STATE RD	STE 300		CONSHOR	IOCKE	N	PA		194283820	
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumn	nary Page,	Sectio	on 3.			PAGE TOTAL	
	,							\$ 2,000.00	

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 Cano	lidate		Report	ing Perio	d			
LEANNE FOR PA			From:		<u>11/29/202</u>	<u>2</u> To:		<u>12/31/2022</u>
				D	ATE			AMOUNT
Full Name PECO				мо	DAY	YEAR		
Mailing Address 2301 MARKE	Г ST						\$	187.18
City PHILADELPHIA	State PA	Zip Code (1910313		12	19	2022	2	
Receipt Description UTILITY	REFUND			-	-	-		
Enter Grand Total of Part E on S	chedule I. Detailed	Summary Page	Section	4				PAGE TOTAL
	circuite 1, Detailet	, summary ruge,	Section				\$	187.18

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 Perio	od	
LEANNE FOR PA	From:	<u>11/29/2022</u> то:	<u>12/31/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
			From:			То:	
				DATE		АМО	UNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

PAGE 11

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	1				Re	porting P	eriod				
					Fro	om:		То:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$		0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor			1			Occupa	tion				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption of	Contributio	on
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TO	7 AL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
LEANNE FOR PA			From	<u>11/29</u>	9/2022	То:	<u>12/31/2022</u>	
				DATE			AMOUNT	
To Whom Paid ACTBLUE			мо	DAY	YEAR			
Mailing Address 366 SUMMER ST			12	1	2022	\$	60.18	
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132		ition of Exp JE FEES	penditure	9		
To Whom Paid MARIE BARTH			мо	DAY	YEAR			
Mailing Address 1954 LYNDA DR			12	11	2022	\$	1,762.50	
City CONSHOHOCKEN	State Zip Code (Plus 4) PA 194281278				Description of Expenditure CONSULTING, OFFICE EXPENSES			
To Whom Paid BCOM SOLUTIONS, LLC			мо	DAY	YEAR			
Mailing Address 747 O ST #150			12	12	2022	\$	1,800.00	
City LINCOLN	State NE	Zip Code (Plus 4) 685081449	Descrip DIGITA	otion of Exp	penditure	1		
To Whom Paid CHELTENHAM PRINTING COMPANY			мо	DAY	YEAR			
Mailing Address 518 RYERS AVE BLD	0G 2		12	7	2022	\$	430.36	
City CHELTENHAM	State PA	Zip Code (Plus 4) 190122131	Descrip PRINTI	stion of Exp NG	penditure	2		
To Whom Paid EDGE HILL STRATEGIES, LLC			мо	DAY	YEAR			
Mailing Address PO BOX 22390			12	14	2022	\$	24,532.39	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191102390		otion of Exp			T OF EXPENSES	

To Whom Paid EDGE HILL STR	ATEGIES, LLC			мо	DAY	YEAR		
Mailing Address	PO BOX 22390			12	14	2022	\$	15,000.00
		State	Zip Code (Plus 4)	Descrip	l			
City PHILAD	ELPHIA	PA	191102390	CONSU	otion of Exp	penalture		
To Whom Paid LAURIE FRIEDM	1AN			мо	DAY	YEAR		
Mailing Address	707 HEMLOCK RD			12	7	2022	\$	2,400.00
City MEDIA		State	Zip Code (Plus 4)	Descrip	tion of Ex	Denditure		
		РА	190631709	CONSU				
To Whom Paid LAURIE FRIEDM	1AN			мо	DAY	YEAR		
Mailing Address	707 HEMLOCK RD			12	2,500.00			
City MEDIA		State	Zip Code (Plus 4)	Descrip				
		РА	190631709	CONSU				
To Whom Paid				мо	DAY	YEAR		
FRIENDS OF MO	ONICA TAYLOR			-				
RIENDS OF MO				11	29	2022	\$	500.00
Mailing Address	PO BOX 468	State	Zip Code (Plus 4)					500.00
Mailing Address		State PA	Zip Code (Plus 4) 190260468	Descrip	29 Detion of Exp IBUTION			500.00
Mailing Address	PO BOX 468			Descrip	tion of Exp			500.00
Mailing Address City PILGRIN To Whom Paid	PO BOX 468	PA		Descrip CONTR	Dition of Exp IBUTION	penditure		500.00
Mailing Address City PILGRIN To Whom Paid GODADDY Mailing Address	PO BOX 468 M GARDENS	PA		Descrip CONTR MO 11	DAY	YEAR 2022	\$	
Mailing Address City PILGRIN To Whom Paid GODADDY Mailing Address	PO BOX 468 M GARDENS	PA RD	190260468	MO 11 Descrip	Day	YEAR 2022	\$	
Mailing Address City PILGRIN To Whom Paid GODADDY Mailing Address	PO BOX 468 M GARDENS 14455 N HAYDEN SDALE	PA RD State	190260468 Zip Code (Plus 4)	MO 11 Descrip	DAY 29 Dation of Exp	YEAR 2022	\$	
Mailing Address City PILGRIN To Whom Paid GODADDY Mailing Address City SCOTTS To Whom Paid	PO BOX 468 M GARDENS 14455 N HAYDEN SDALE	PA RD State	190260468 Zip Code (Plus 4)	MO 11 Descrip WEBSI	DAY DAY 29 DEFEES	yEAR 2022 penditure	\$	
Mailing Address City PILGRIN To Whom Paid GODADDY Mailing Address City SCOTTS To Whom Paid ROBERT HARVE	PO BOX 468 M GARDENS 14455 N HAYDEN SDALE	PA RD State	190260468 Zip Code (Plus 4)	MO MO 11 Descrip WEBSI MO 12	DAY 29 DAY DAY DAY DAY	YEAR 2022 Penditure YEAR 2022	\$	52.19

To Whom Paid NGP-VAN, INC				мо	DAY	YEAR			
Mailing Address 1101 15TH ST NW STE 500				12	14	2022	\$	324.00	
CityWASHINGTONStateZip Code (Plus 4)DC200055006				Description of Expenditure DATABASE FEES					
To Whom Paid PARAGON PAYMENT SOLUTIONS				мо	DAY	YEAR			
Mailing Address 2141 E BROADWAY RD STE 202			12	6	2022	\$	22.50		
City TEMPE	City TEMPE State Zip Code (Plus 4) AZ 852821895			Description of Expenditure CREDIT CARD PROCESSING FEES					
To Whom Paid PECO				мо	DAY	YEAR			
Mailing Address 2301 MARKET ST			12	6	2022	\$	173.78		
City PHILADEL	PHIA	State PA	Zip Code (Plus 4) 191031338	Description of Expenditure UTILITY PAYMENT					
To Whom Paid STRASSHEIM GRA	APHIC DESIGN AND PI	I		мо	DAY	YEAR			
	APHIC DESIGN AND PI 333 N 15TH ST	RESS CORP		мо 11	DAY 30	YEAR 2022	\$	266.06	
STRASSHEIM GRA	333 N 15TH ST	RESS CORP	Zip Code (Plus 4) 191021034	11	30 ption of Exp	2022		266.06	
STRASSHEIM GRA	333 N 15TH ST	State		11 Descrip	30 ption of Exp	2022		266.06	
STRASSHEIM GRA Mailing Address City PHILADEL To Whom Paid	333 N 15TH ST	State PA		11 Descrip PRINTI	30 Dition of Exp NG	2022 penditure		266.06	
STRASSHEIM GRA Mailing Address City PHILADEL To Whom Paid THE BIC GROUP	333 N 15TH ST PHIA 301 TRENTON AVE /	State PA		11 Descrip PRINTI MO 11 Descrip	30 btion of Exp NG DAY	2022 penditure YEAR 2022	\$		
STRASSHEIM GRA Mailing Address City PHILADEL To Whom Paid THE BIC GROUP Mailing Address	333 N 15TH ST PHIA 301 TRENTON AVE /	State PA APT A State	191021034	11 Descrip PRINTI MO 11 Descrip	30 Stion of Exp NG DAY 30 Stion of Exp	2022 penditure YEAR 2022	\$		
STRASSHEIM GRA Mailing Address City PHILADEL To Whom Paid THE BIC GROUP Mailing Address City BARRINGT	333 N 15TH ST PHIA 301 TRENTON AVE /	State PA APT A State NJ	191021034	11 Descrip PRINTI MO 11 Descrip CONTR	30 btion of Exp NG DAY 30 btion of Exp IBUTION	2022 penditure YEAR 2022 penditure	\$		

To Whom Paid VANTIV.COM			мо	DAY	YEAR		
Mailing Address 8500 GOVERNORS HILL DR			12	9	2022	\$ 121.63	
City S	SYMMES TWP	State OH	Zip Code (Plus 4) 452491384	Descrip BANK F	tion of Ex	penditure	
							PAGE TOTAL
Enter Gi	rand Total of Expend	ditures on Page 1, Re	port Cover Page, Item D				\$ PAGE TOTAL 56,353.55
Enter Gi	rand Total of Expend	ditures on Page 1, Re	port Cover Page, Item D				\$
Enter Gi	rand Total of Expend	ditures on Page 1, Re	port Cover Page, Item D				\$
Enter Gı	rand Total of Expend	ditures on Page 1, Re	port Cover Page, Item D				\$

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period					
LEANNE FOR PA			From:	<u>11/29/2022</u> To:			<u>12/31/2022</u>	
					DATE			Outstanding Balance of Debt
Name of Creditor EDGE HILL STRATEGIES, LLC				мо	DAY	YEAR		
Mailing Address PO BOX 22390				12	23	2019	\$	35,700.00
City PHILADELPHIA	State	Zip Code (Pl	us 4)	Description of Debt				
	PA	191102390		CONSULTING				
	•							PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.					\$	35,700.00		
PA 191102390 CONSULTING						\$		