Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	ion 20	190307			Repor Filed I		CAND	IDATE		СОМІ	MITTEE	✓	LOB	BYIST		
	Committee, Cand	lidate or L	obbyist:		Cappel	-	or PA									
Street Address:	412 Stony	Way														
City:	East Norrito	on					State: PA Zip Code:					de: 19	: 19403			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2. X	30 DA PRIMA		POST-	3.		AMENDN REPORT		Yes	No	· 🗸	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRI	E- 5.		80 DAY POST- 6. ELECTION						TERMINATION Yes REPORT?			
report type)	ANNUAL REPOR	RT 7.	Year 2023	3		FILING METHOD () CHECK ONE							\checkmark	DISK	TTE	
Name of Office	Sought by Candi	date:					DATE (OF ELE	СТІС	N	District Number	Office Code	Par	ty Code	County	
							мо	DAY	Y	EAR					10000	
11									7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAF	2		мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditure	s from:		3 28	3 2	.023 1	0	5	5	1	2023						
A. Amount Bro	ought Forward Fr	om Last F	leport			\$			5,4	488.67						
B. Total Monet	tary Contribution	s And Red	eipts (Fror	n Sche	dule I)	\$	63.33									
C. Total Funds	Available (Sum	Of Lines A	and B)			\$			5,	552.00						
D. Total Exper	nditures (From So	chedule II	11)			\$			1,6	510.57						
E. Ending Casl	n Balance (Subtra	act Line D	From Line	C)		\$			3,9	941.43	-					
F. Value Of In	-Kind Contributio	ons Receiv	ed (From S	Schedu	le II)	\$			1	185.00	-					
G. Unpaid Deb	ts And Obligation	ns (From	Schedule I	V)		\$				0.00		,				
				AFF	IDAV	IT SE	CTION									
	is a Committee r	• •	-								-					
I swear (or affirm correct and comp	ı) that this report, i lete.	ncluding th	e attached so	chedule	s filed on	paper	or by elec	tronic m	edium	, are to	the best o	f my knov	vledge	and bel	ef , true	
Sworn to and sub	scribed before me t day of	his	20						9	Signaturo	e of Perso	n Submitt	ing Rep	oort		
	Signa	iture				_					Prin	ted Name				
My Commission E	xpires					_					Ema	il				
	МО	D	AY	YR				Ar	ea Co	de	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a ca	indidate's	authorized	d Comr	nittee, G	Candid	ate shall	sign h	ere.							
I swear (or affirm No 320) as amend) that to the best o led.	f my knowl	edge and bel	lief this	s political	comm	ittee has i	not viola	ted ar	ny provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,	
Sworn to and subs	cribed before me th day of	is	20							s	ignature	of Candida	ite			
						_					Printe	ed Name				
My Commission Ex	Signatur pires	e				_					Ema	il				
	мо			V		_		Area	Code		n	aytime Te	lephor	e Numł)er	
	10	D	AY	YR	L			Aied	2008		U	ayone re	epilor	is num		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>3/28/2023</u> To: <u>5/1/2023</u> Cappelletti for PA 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 63.33 **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)** 0.00 All Other Contributions (Part B) \$ **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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 63.33 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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.

PART A

Name of Filing Committee or Candidate				porting I	Period			
			Fre	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

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 Candidat	e			orting P	eriod				
			Fro	m:		Тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
PAGE TOTAL									
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 Candidat	Name of Filing Committee or Candidate			ing Perio	od				
From:				om: To:					
				D	ATE			AMOUN ⁻	г
Full Name				мо	DAY	YEAR			
Mailing Address							-	\$	0.00
City	State	Zip Code (Plus 4)						
Receipt Description									
Enter Grand Total of Part E on Sche	dule T. Detailed !	Summary Page	Section	4				PAGE TO	TAL
							\$		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		
Cappelletti for PA	From:	<u>3/28/2023</u> то:	<u>5/1/2023</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)	\$	185.00
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		\$	185.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period			
Cappelletti for PA			From:	<u>3/</u>	<u>′28/2023</u>	То:	<u>5/1/2023</u>
				DATE			AMOUNT
Full Name of Contributor Tj Cappelletti			мо	DAY	YEAR		
Mailing Address 601 Highland Ave			4	1	2023	\$	80.00
City Boyertown	State	Zip Code (Plus 4)	_				
,	PA	195122202					
Description of Contribution: Website s	ervice						
Full Name of Contributor Tj Cappelletti			мо	DAY	YEAR		
Mailing Address 601 Highland Ave			4	1	2023	\$	12.50
City Boyertown	State	Zip Code (Plus 4)	,				
	PA	195122202					
Description of Contribution: Email ser	vice						
Full Name of Contributor Tj Cappelletti			мо	DAY	YEAR		
Mailing Address 601 Highland Ave			5	1	2023	\$	80.00
City Boyertown	State	Zip Code (Plus 4)					
	PA	195122202					
Description of Contribution: Website s	ervice						
Full Name of Contributor Tj Cappelletti			мо	DAY	YEAR		
Mailing Address 601 Highland Ave			5	1	2023	\$	12.50
City Boyertown	State	Zip Code (Plus 4)	-				
·	РА	195122202					
Description of Contribution: Email ser	vice						

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.	PAGE TOTAL
	\$ 185.00

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

Name of Filing Committee or Candidate				Re	porting F	Period				
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	1		1			Occupa	tion			
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption (of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De				etaile	ed				PAGE TOTAL	
Summary Page, Section 3.									0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	1		Reporti	ng Period					
Cappelletti for PA			From	<u>3/28</u>	<u>8/2023</u>	То:	<u>5/1/2023</u>		
				DATE			AMOUNT		
To Whom Paid ACT BLUE			мо	DAY	YEAR				
Mailing Address PO Box 441146			4	5	2023	\$	4.70		
City West Somerville State Zip Code (Plus 4) MA 021440031				Description of Expenditure Processing Fee					
To Whom Paid ACT BLUE			мо	DAY	YEAR				
Mailing Address PO Box 441146			4	11	2023	\$	16.67		
City West Somerville	-	stion of Exp	penditure	2					
To Whom Paid Friends of Jamila Winder			мо	DAY	YEAR				
Mailing Address 163 Rosedale Ct			4	13	2023	\$	250.00		
City East Norriton	State PA	Zip Code (Plus 4) 194011903		ign Donati		2			
To Whom Paid Friends of Kimberly Koch	·	·	мо	DAY	YEAR				
Mailing Address PO Box 3203			4	13	2023	\$	250.00		
City Maple Glen	State PA	Zip Code (Plus 4) 190028203		stion of Exp ign Donati)			
To Whom Paid NGPVAN, Inc.			мо	DAY	YEAR				
Mailing Address 1445 New York Ave NW Ste 200			4	3	2023	\$	339.20		
City Washington	State DC	Zip Code (Plus 4) 200052158		otion of Exp anagemen		2			

To Whom Paid Upper Merion Township			мо	DAY	YEAR		
Mailing Address 175 W Valley Forge Rd			4	3	2023	\$	500.00
City King Of Prussia	State PA	Zip Code (Plus 4) 194061851	Description of Expenditure Sponsorship of Electronic Recycling Event				
To Whom Paid Winder Koch for Montco			мо	DAY	YEAR		
Mailing Address PO Box 763			4	13	2023	\$	250.00
City Norristown	State PA	Zip Code (Plus 4) 194040763	Description of Expenditure Campaign Donation				
Enter Grand Total of Expend	itures on Page 1. Pe	nort Cover Page Item D					PAGE TOTAL
	itales on raye 1, Ke	port cover rage, item D	•			\$	1,610.57