

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 : | | 20190307 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | |
| Name of Filing Committee, Candidate or Lobbyist: Cappelletti for PA | | | | | | | | | | | | |
| Street Address: 412 Stony Way | | | | | | | | | | | | |
| City: East Norriton | | | | | | State: PA | | Zip Code: 19403 | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY PRIMARY | POST- | 3. X | AMENDMENT REPORT? | Yes | No | <input checked="" type="checkbox"/> | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY ELECTION | POST- | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> | |
| | ANNUAL REPORT | 7. | Year 2023 | 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 | 7 | 2023 | | | | |
| | | | | | | | | | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 5 | 2 | 2023 | | 6 | 5 | 2023 | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ | | 3,941.43 | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ | | 3,053.22 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ | | 6,994.65 | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ | | 27.62 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ | | 6,967.03 | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | | \$ | | 92.50 | | | | |
| 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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| Cappelletti for PA | From: <u>5/2/2023</u> To: <u>6/5/2023</u> |

| | |
|--|-----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 103.22 |

| | |
|--|-------------|
| 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) | \$ 1,950.00 |
| TOTAL for the Reporting Period (2) | \$ 1,950.00 |

| | |
|---|-------------|
| 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) | \$ 1,000.00 |
| TOTAL for the Reporting Period (3) | \$ 1,000.00 |

| | |
|--|---------|
| 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 3,053.22 |
|---|-------------|

| | | | | | | |
|-------------------------------------|-------|-------------------|----|-----|------|---------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |

| | |
|-------------------|------|
| 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 Cappelletti for PA | Reporting Period From: <u>5/2/2023</u> To: <u>6/5/2023</u> |
|--|--|

| | |
|-------------|---------------|
| DATE | AMOUNT |
|-------------|---------------|

| | | | | | | |
|---------------------------------|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 250.00 |
| Benjamin Abella | | | | | | |
| Mailing Address 121 Edgewood Rd | | | 6 | 2 | 2023 | |
| City Ardmore | State PA | Zip Code (Plus 4) 190032507 | | | | |

| | | | | | | | |
|--------------------------|----------|-------|----|-------------------|-----------|----|--------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ | 250.00 |
| Robert Baron | | | | | | | |
| Mailing Address | | | 5 | 30 | 2023 | | |
| 1208 Hartdale Ln | | | | | | | |
| City | Gladwyne | State | PA | Zip Code (Plus 4) | 190351434 | | |

| | | | | | | | |
|--|----------|-----------------------------|--|----|-----|------|-----------|
| Full Name of Contributor Maxwell Cooper | | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 203 Sycamore Ln | | | | 6 | 2 | 2023 | |
| City Wallingford | State PA | Zip Code (Plus 4) 190866526 | | | | | |

| | | | | | | | |
|------------------------------------|-------------------|-------|-------------------|----|-----|------|-----------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 250.00 |
| Michael F Fink | | | | | | | |
| Mailing Address 3439 Brae Bourn Dr | | | | 6 | 2 | 2023 | |
| City | Huntingdon Valley | State | Zip Code (Plus 4) | | | | |
| | | PA | 190064003 | | | | |

| | | | | | | | |
|------------------------------|--|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 250.00 |
| Jeffrey Guzy | | | | | | | |
| Mailing Address 120 Knoll Dr | | | | 6 | 2 | 2023 | |
| City Collegeville | | State PA | Zip Code (Plus 4) 194261657 | | | | |

| Full Name of Contributor | | | MO | DAY | YEAR | \$100.00 |
|--------------------------|--------------|-------------------|----|-----|------|----------|
| Nancy Lanham | | | | | | |
| Mailing Address | | | 6 | 2 | 2023 | |
| 230 Spruce St | | | | | | |
| City | Philadelphia | State | | | | |
| | | PA | | | | |
| | | Zip Code (Plus 4) | | | | |
| | | 191064322 | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 200.00 |
|--------------------------|-------|-------|-------------------|----|-----|------|-----------|
| Daniel Muroff | | | | | | | |
| Mailing Address | | | | 6 | 2 | 2023 | |
| 207 Avian Aly | | | | | | | |
| City | Media | State | Zip Code (Plus 4) | | | | |
| | | PA | 190632438 | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 100.00 |
|--------------------------|----------------|-------|----|-------------------|-----------|------|-----------|
| Pamela Packard | | | | | | | |
| Mailing Address | | | | 6 | 2 | 2023 | |
| 10 Old Lancaster Rd | | | | | | | |
| City | Merion Station | State | PA | Zip Code (Plus 4) | 190661830 | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$200.00 |
|--------------------------|--------------|-------|-------------------|----|-----|------|----------|
| Mindy Posoff | | | | | | | |
| Mailing Address | | | | 6 | 2 | 2023 | |
| 619 Addison St | | | | | | | |
| City | Philadelphia | State | Zip Code (Plus 4) | | | | |
| | | PA | 191471412 | | | | |

| Full Name of Contributor | | | MO | DAY | YEAR | \$ 250.00 |
|--------------------------|-------|-------------------|----|-----|------|-----------|
| Corinna Vecsey Wilson | | | | | | |
| Mailing Address | | | 6 | 1 | 2023 | |
| 500 Arlington Rd | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Camp Hill | PA | 170112109 | | | | |

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

PAGE TOTAL

\$ 1,950.00

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 | | | | |
| Mailing Address | | | | |
| MO | DAY | YEAR | | |
| | | | | \$ 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 Cappelletti for PA | Reporting Period From: <u>5/2/2023</u> To: <u>6/5/2023</u> |
|--|--|

| | | | | DATE | AMOUNT | | |
|---|--------------------|---------------------------------------|-------------------------|--------------------------------|---------------------------------------|------|-------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| Henry Holmes | | | | | | | |
| Mailing Address 102 Chestnut Ave | | | | 5 | 30 | 2023 | \$ 1,000.00 |
| City Narberth | State PA | Zip Code (Plus 4) 190722404 | | | | | |
| Employer Name Not Employed | | | | Occupation Not Employed | | | |
| Employer Mailing Address/Principal Place of Business 102 Chestnut Ave | | | City Narberth | State PA | Zip Code (Plus 4) 190722404 | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 1,000.00 |

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 Candidate | Reporting Period |
| | <div style="display: flex; justify-content: space-between;"> From: To: </div> |

| | | | DATE | | | AMOUNT |
|---------------------|-------|-------------------|------|-----|------|---------|
| Full Name | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| 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 | | Reporting Period | |
| Cappelletti for PA | | From: <u>5/2/2023</u> To: <u>6/5/2023</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period | | (1) | \$ 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period | | (2) | \$ 92.50 |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period | | (3) | \$ 0.00 |
| 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.) | | | \$ 92.50 |

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

| | |
|--|--|
| Name of Filing Committee or Candidate Cappelletti for PA | Reporting Period From: <u>5/2/2023</u> To: <u>6/5/2023</u> |
|--|--|

| | | | | DATE | AMOUNT | | |
|--|--------------------|---------------------------------------|--|-----------|------------|-------------|-------------------------------|
| Full Name of Contributor Tj Cappelletti | | | | MO | DAY | YEAR | \$ 12.50 |
| Mailing Address 601 Highland Ave | | | | 6 | 1 | 2023 | |
| City Boyertown | State PA | Zip Code (Plus 4) 195122202 | | | | | |
| Description of Contribution: Email service | | | | | | | |
| Full Name of Contributor Tj Cappelletti | | | | MO | DAY | YEAR | \$ 80.00 |
| Mailing Address 601 Highland Ave | | | | 6 | 1 | 2023 | |
| City Boyertown | State PA | Zip Code (Plus 4) 195122202 | | | | | |
| Description of Contribution: Website service | | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | | | | PAGE TOTAL \$ 92.50 |

5/10/2024 3:31:00 PM

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| Cappelletti for PA | From <u>5/2/2023</u> To: <u>6/5/2023</u> |

| DATE | | | | AMOUNT |
|--|--------------------|---------------------------------------|---|-------------------------------|
| To Whom Paid ACT BLUE | MO | DAY | YEAR | |
| Mailing Address PO Box 441146 | 5 | 9 | 2023 | \$ 7.98 |
| City West Somerville | State MA | Zip Code (Plus 4) 021440031 | Description of Expenditure Processing Fee | |
| To Whom Paid ACT BLUE | MO | DAY | YEAR | |
| Mailing Address PO Box 441146 | 6 | 5 | 2023 | \$ 19.64 |
| City West Somerville | State MA | Zip Code (Plus 4) 021440031 | Description of Expenditure Processing Fee | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | PAGE TOTAL \$ 27.62 |

