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 2	20170	364			Report Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOBE	BYIST	
Name of Filing C	Committee, Ca	ndida	te or Lo	bbyist:		MARIA	-	PA								
Street Address:	PO BOX 1	006														
City:	SPRING H	IOUSE	E					State:	PA			Zip Co	de: 19	477		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY1.2ND FRIDAY PRE- PRIMARY2.30 DAY PRIMARYPOST- 3. X							AMENDN REPORT		Yes	No	· 🗸				
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY PRE- ELECTION 5. 30 DA ELECT					POST-	6.		TERMIN REPORT		Yes	No	· 🗸
report type)								PAPER		\checkmark	DISKE	TTE				
Name of Office Sought by Candidate:							DATE O	FELE	СТІС	N	District Number	Office Code	Par	ty Code	County Code	
SENATOR IN THE GENERAL ASSEMBLY								мо	DAY	Y	AR	12	STS	DEM	1	46
SENATOR IN THE GENERAL ASSEMBLY								11		7	2023]	(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		d	мо	DAY	YEAR			мо	DAY	YI	EAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:			5 2	20	023 T	0	6		5	2023					
A. Amount Bro	ught Forward	From	Last Re	eport			\$			29,7	702.36					
B. Total Monet	ary Contributi	ons A	nd Rece	eipts (From	n Schee	dule I)	\$		62.00							
C. Total Funds	Available (Sui	n Of L	Lines A	and B)			\$			29,7	764.36					
D. Total Expen	ditures (From	Schee	dule III	.)			\$			1,0)71.98					
E. Ending Cash	Balance (Sub	tract	Line D I	From Line (C)		\$			28,6	92.38					
F. Value Of In-	Kind Contribut	tions	Receive	ed (From S	chedul	le II)	\$				0.00					
G. Unpaid Deb	ts And Obligat	ions (From S	chedule IV	')		\$				0.00					
					AFF	IDAVI	T SE	CTION								
PART I - If this is		-	•	-												
I swear (or affirm correct and comple		, inclu	ding the	attached sc	hedules	filed on	paper	or by elect	ronic m	edium	, are to	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before m day of	e this		20						5	Signatur	e of Perso	n Submitt	ing Rep	ort	
		nature	3				-					Prin	ted Name			
My Commission E	-											Ema	il			
	мо		DA	Y	YR				Ar	ea Coo	le	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a	candi	date's a	authorized	Comm	nittee, C	andid	ate shall	sign h	ere.						
	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 subso	ribed before me day of	this		20							s	ignature	of Candida	ite		
							-					Printe	ed Name			
My Commission Exp	Signat	ure					-					Ema	il			
							_									
	мо)	DA	Y	YR				Area	Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MARIA FOR PA From: <u>5/2/2023</u> **To:** <u>6/5/2023</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **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 \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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 Committee or Candidate			Re	porting l	Period			
Fro				From: To:				
					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

\$

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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Cand	idate		Reporting	9 Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	tee			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	led 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 Candida	te		Report	ting Perio	od			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address	Mailing Address						\$ 5	0.00
City	State	Zip Code (Plus 4)					
Receipt Description						•		
Enter Grand Total of Part E on Sch	dule T. Detailer	l Summary Page	Section	4			PAGE TO	ΓAL
		, sammary rage,	Section				\$	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		
MARIA FOR PA	From:	<u>5/2/2023</u> то:	<u>6/5/2023</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)	\$	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:						
				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 Schedule II, In-Kind Contributions Detail Section 2.				mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or Ca	ame of Filing Committee or Candidate					oorting P	eriod			
					Fro	m:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(Plu	us 4)						
Employer of Contributor						Occupat	tion		1	
Employer Mailing Address/Prine Business	cipal Place of	City	s	State		Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Total of Part G	on Schedule II 1	n_Kind	Contribution		taile					PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From			То:			
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrij	otion of Ex	penditure		
Enter Grand Total of Expenditures	on Page 1. Benert C	over Dage Item F	`				PAGE TOTAL
	on Page 1, Report C	over Page, Item L				\$	0.00