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 2016	0033			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST			
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		RABI	B F	OR TH	IE PEOPL	.E									
Street Address:	314 WADSWO	RTH AV	/E															
City:	PHILADELPHI	4			State: PA						Zip Code: 19119							
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST- 3. X			AMENDM REPORT	Yes	No				
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	E- 5	5.	30 DA ELECT		POST-	OST- 6.			ATION ?	Yes	No	~		
report type)	ANNUAL REPORT	7.	Year 2023					NG METH				PAPER		$\overline{}$	DISKE	TTE		
Name of Office S	Sought by Candida	te:	_					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code		
	, , , , , , , , , , , , , , , , , , , ,							МО	DAY	YE	AR	200	STH	DEN	1	51		
REPRESENTATI	VE IN THE GENER	AL ASS	EMBLY					11		7	2023		(SEE IN	STRUCTI	ONS FOR	CODES)		
Summary of	Receipts and	МО	DAY	YEAR	2			МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY			
Expenditures	from:		5 2	2	023	Т	0	6		5	2023							
A. Amount Bro	ught Forward Fron	n Last R	eport				\$	-		10,1	100.42							
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$			1	130.00							
C. Total Funds Available (Sum Of Lines A and B)							\$			10,2	230.42							
D. Total Expenditures (From Schedule III)							\$			8	866.17							
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			9,3	64.25]						
F. Value Of In-	Kind Contributions	Receiv	ed (From Se	chedu	le II))	\$				0.00							
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$				0.00							
				AFF	IDA	VI	ΓSE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere. I	If thi	s is	a Can	ndidate r	eport,	candi	date sig	ın here.						
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached scl	nedules	s filed	l on	paper (or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge	and beli	ef , true		
Sworn to and subs	cribed before me this day of	•	20							S	Signature	of Perso	n Submit	ting Rep	ort			
			-				-					Prin	ted Name	<u> </u>				
My Commission Ex	Signatu «pires	re										Ema	il					
	мо	D	AY	YR			-		Ar	ea Cod	le		e Teleph	one Nu	mber			
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	e, C	andida	ate shall	sign h	ere.							Ī	
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	politi	ical	commi	ittee has r	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	1	
Sworn to and subsc	ribed before me this										s	ignature o	of Candida	ate				
	day of						-					Duint-	d Name					
	Signature						-					Printe	d Name					
My Commission Exp	_											Ema	il					
	МО	D	AY	YR	<u>l</u>		•		Area	Code		Da	aytime T	elephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
RABB FOR THE PEOPLE	From:	<u>5/2/202</u>	<u>3</u> To:	6/5/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	130.00
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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
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			\$	130.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee	or Candidate		Reporting				
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contributing C	ommittee		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

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				Reporting Period					
			Fro	m:		To) :		
					DATE			AMOUNT	
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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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			Reporting Period					
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	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	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
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. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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		
RABB FOR THE PEOPLE	From:	<u>5/2/2023</u> To:	<u>6/5/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
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						\$	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					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
RABB FOR THE PEOPLE	From	5/2/2023	То:	<u>6/5/2023</u>

				DATE		AMOUNT		
To Whom Paid ACTBLUE			мо	DAY	YEAR			
Mailing Address 14 ARROW ST	STE 11		5	4	2023	\$	1.44	
City CAMBRIDGE	State MA	Zip Code (Plus 4) 021385106	Description of Expenditure FUNDRAISING FEE					
To Whom Paid ACTBLUE			МО	DAY	YEAR			
Mailing Address 14 ARROW ST STE 11			6	5	2023	\$	1.44	
City CAMBRIDGE	State MA	Zip Code (Plus 4) 021385106	Description of Expenditure FUNDRAISING FEE					
To Whom Paid AT&T			МО	DAY	YEAR			
Mailing Address 208 S AKARD ST			5	23	2023	\$	122.86	
City DALLAS	State TX	Zip Code (Plus 4) 752024206	Description of Expenditure PHONE BILL					
To Whom Paid GOOGLE	•		МО	DAY	YEAR			
Mailing Address 1600 AMPHITHEATRE PKWY			5	5	2023	\$	47.52	
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 940431351		otion of Exp				
To Whom Paid GOOGLE			МО	DAY	YEAR			
Mailing Address 1600 AMPHITH	HEATRE PKWY		6	5	2023	\$	64.80	
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure GSUITE SUBSCRIPTION					
		•	•					

To Whom Paid PARAGON PAYMENT SOLUTIONS			мо	DAY	YEAR		
Mailing Address 2141 E BROADWAY RD STE 202			5	2	2023	\$	25.00
City TEMPE	State AZ	Zip Code (Plus 4) 852821895		otion of Exp	xpenditure EE		
To Whom Paid PARAGON PAYMENT SOLUTION	ONS		МО	DAY	YEAR		
Mailing Address 2141 E BROADWAY RD STE 202			6	2	2023	\$	25.00
City TEMPE	State AZ	Zip Code (Plus 4) 852821895	Description of Expenditure FUNDRAISING FEE				
To Whom Paid PENNSYLVANIA HOUSE DEMOCRATIC CAMPAIGN COMMITTEE			МО	DAY	YEAR		
Mailing Address 800 N 3RD ST STE 303			5	16	2023	\$	500.00
City HARRISBURG	State PA	Zip Code (Plus 4) 171022025	Description of Expenditure DONATION				
To Whom Paid PIES BY PCCC			МО	DAY	YEAR		
Mailing Address 1629 K ST NW STE 300			5	9	2023	\$	25.00
City WASHINGTON	State DC	Zip Code (Plus 4) 200061631	Description of Expenditure WEB HOSTING				
To Whom Paid PNC BANK			мо	DAY	YEAR		
THE BANK							
Mailing Address 249 5TH	AVE		6	2	2023	\$	29.64
Malling Address	AVE State PA	Zip Code (Plus 4) 152222707		otion of Exp		\$	29.64
Mailing Address 249 5TH	State		Descrip	otion of Exp		\$	29.64
Mailing Address 249 5TH . City PITTSBURGH To Whom Paid VANTIV	State		Descrip BANK F	etion of Exp	penditure	\$	29.64

To Whom Paid ZOOM Mailing Address 7601 E TECHNOLOGY WAY #3			МО	DAY	YEAR		
			5	16	2023	\$	17.27
City DENVER	State CO	Zip Code (Plus 4) 802373191	Descrip SUBSC				
Enter Grand Total of Exp	enditures on Page 1, Rep	oort Cover Page, Item D					PAGE TOTAL
						\$	866.17