

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 : 20140067		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: Leanne for Pa											
Street Address: PO Box 22											
City: Swarthmore					State: PA		Zip Code: 19081				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/> No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2014	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	4	2014				
Summary of Receipts and Expenditures from:					MO	DAY	YEAR	FOR OFFICE USE ONLY			
					11	25	2014				TO
					12	31	2014				
A. Amount Brought Forward From Last Report					\$		1,331.25				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		395.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		1,726.25				
D. Total Expenditures (From Schedule III)					\$		1,347.22				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		379.03				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		235.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		2,551.60				

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
Leanne for Pa	From: <u>11/25/2014</u> To: <u>12/31/2014</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 45.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 350.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 395.00
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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 Leanne for Pa	Reporting Period From: <u>11/25/2014</u> To: <u>12/31/2014</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee PA Future	MO	DAY	YEAR	
Mailing Address 200 S Broad 200 South St	12	15	2014	\$ 250.00
City Philadelphia				
State PA				
Zip Code (Plus 4) 19102				

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

PAGE TOTAL
\$ 250.00

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	Reporting Period
Leanne for Pa	From: <u>11/25/2014</u> To: <u>12/31/2014</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Robert Cheetham				
Mailing Address 1911 Brandywine St				\$ 100.00
City Philadelphia	State PA	Zip Code (Plus 4) 191303202		

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

PAGE TOTAL
\$ 100.00

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			MO	DAY	YEAR	\$	0.00
Mailing Address							
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	Reporting Period
	From: To:

				DATE	AMOUNT
Full Name of Contributor				MO	DAY
Mailing Address				YEAR	\$ 0.00
City	State	Zip Code (Plus 4)			
Employer Name				Occupation	
Employer Mailing Address/Principal Place of Business		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 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	
Leanne for Pa		From: <u>11/25/2014</u> To: <u>12/31/2014</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)			\$ 235.00
3. IN-KIND CONTRIBUTION RECIEVED - 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.)			\$ 235.00

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

Name of Filing Committee or Candidate Leanne for Pa	Reporting Period From: <u>11/25/2014</u> To: <u>12/31/2014</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Leanne Krueger							\$ 235.00
Mailing Address 815 S Providence Rd				12	1	2014	
City Wallingford	State PA	Zip Code (Plus 4) 190867213					
Description of Contribution: Database							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL \$ 235.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Leanne for Pa	From <u>11/25/2014</u> To: <u>12/31/2014</u>

DATE				AMOUNT
To Whom Paid				
Beneficial Bank				
Mailing Address	537 Baltimore Pike	MO	DAY	YEAR
		12	16	2014
City	Springfield	State	PA	Zip Code (Plus 4)
				190643839
Description of Expenditure				
Account analysis fee				\$ 45.00
To Whom Paid				
Delaware County Democratic Committee				
Mailing Address	PO Box 473	MO	DAY	YEAR
		12	4	2014
City	Media	State	PA	Zip Code (Plus 4)
				190630473
Description of Expenditure				
Election Night Party				\$ 250.00
To Whom Paid				
Leanne for PA				
Mailing Address	PO Box 22	MO	DAY	YEAR
		12	31	2014
City	Swarthmore	State	PA	Zip Code (Plus 4)
				190810022
Description of Expenditure				
Audit Adjustment				\$ 472.50
To Whom Paid				
NGP-VAN, Inc				
Mailing Address	1101 15th St NW Ste 500	MO	DAY	YEAR
		12	30	2014
City	Washington	State	DC	Zip Code (Plus 4)
				200055006
Description of Expenditure				
Database				\$ 30.00
To Whom Paid				
Pastuszek Real Estate				
Mailing Address	5 Park Ave	MO	DAY	YEAR
		12	4	2014
City	Swarthmore	State	PA	Zip Code (Plus 4)
				190811535
Description of Expenditure				
Water Bill				\$ 25.00
To Whom Paid				
Pastuszek Real Estate				
Mailing Address	5 Park Ave	MO	DAY	YEAR
		12	4	2014
City	Swarthmore	State	PA	Zip Code (Plus 4)
				190811535
Description of Expenditure				
Utility Bills				\$ 263.22

To Whom Paid Sage Payment Solutions			MO	DAY	YEAR	\$ 131.67
Mailing Address 1750 Old Meadow Rd Ste 300			12	1	2014	
City McLean	State VA	Zip Code (Plus 4) 221024304	Description of Expenditure Credit Card Processing Fee			

To Whom Paid Vonage America			MO	DAY	YEAR	\$ 39.83
Mailing Address 23 Main St			11	28	2014	
City Holmdel	State NJ	Zip Code (Plus 4) 077332136	Description of Expenditure Phone Service			

To Whom Paid Vonage America			MO	DAY	YEAR	\$ 90.00
Mailing Address 23 Main St			12	29	2014	
City Holmdel	State NJ	Zip Code (Plus 4) 077332136	Description of Expenditure Phone Service			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,347.22

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 Leanne for Pa	Reporting Period From: <u>11/25/2014</u> To: <u>12/31/2014</u>
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				DATE		Outstanding Balance of Debt	
Name of Creditor Strassheim Graphic Design and Press Corp				MO	DAY	YEAR	\$ 2,087.04
Mailing Address 333 N 15th St				10	31	2014	
City Philadelphia		State PA	Zip Code (Plus 4) 191021034	Description of Debt Print and Mail Services			
Name of Creditor Verizon				MO	DAY	YEAR	\$ 464.56
Mailing Address 130 S State Rd				8	13	2014	
City Springfield		State PA	Zip Code (Plus 4) 190641232	Description of Debt Phone Services			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 2,551.60