

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 :		20160290		Report Filed By :		CANDIDATE		COMMITTEE		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: MEDIA DEMOCRATIC COMMITTEE													
Street Address: PO BOX 284													
City: MEDIA						State: PA				Zip Code: 19063-0284			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7.	Year 2024	FILING METHOD () CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR	5		DEM	23	
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY				
		1	1	2024		4	8	2024					
A. Amount Brought Forward From Last Report					\$ 1,492.02								
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 1,238.57								
C. Total Funds Available (Sum Of Lines A and B)					\$ 2,730.59								
D. Total Expenditures (From Schedule III)					\$ 1,370.16								
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 1,360.43								
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 77.24								
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
MEDIA DEMOCRATIC COMMITTEE	From: <u>1/1/2024</u> To: <u>4/8/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 59.00

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)	\$ 900.00
TOTAL for the Reporting Period (2)	\$ 900.00

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)	\$ 279.57
TOTAL for the Reporting Period (3)	\$ 279.57

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.)	\$ 1,238.57
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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	Reporting Period
MEDIA DEMOCRATIC COMMITTEE	From: <u>1/1/2024</u> To: <u>4/8/2024</u>

DATE	AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
Marty Ellen Feustel						
Mailing Address 223 E. Jefferson Street						
City	Media	State	Zip Code (Plus 4)	3	13	2024
		PA	19063			

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
Marty Ellen Feustel						
Mailing Address 223 E. Jefferson Street						
City	Media	State	Zip Code (Plus 4)	2	4	2024
		PA	19063			

Full Name of Contributor				MO	DAY	YEAR	\$	100.00
Charles Hoffmann								
Mailing Address				2	28	2024		
221 East Jefferson Street		City	Media				State	PA

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
David Director							
Mailing Address 309 North Monroe Street				3	13	2024	
City Media	State PA	Zip Code (Plus 4) 19063					

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Linda A. Floyd							
Mailing Address 205 N. Edgmont Street				3	13	2024	
City Media	State PA	Zip Code (Plus 4) 19063					

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
Joi Washington						
Mailing Address			3	20	2024	
506 N. Olive Street						
City	Media	State				
		PA				
		Zip Code (Plus 4)				
		19063				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
James A. Ziegelhoffer							
Mailing Address				3	19	2024	
402 W. Third Street							
City	Media	State	Zip Code (Plus 4)				
		PA	19063				

Full Name of Contributor				MO	DAY	YEAR	\$100.00
Mark Paikoff							
Mailing Address				3	21	2024	
131 E. Second Street							
City	Media	State	Zip Code (Plus 4)				
		PA	19063				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Dana Marks				3	22	2024	
Mailing Address							
449 W. Jefferson St.							
City	Media	State	Zip Code (Plus 4)				
		PA	19063				

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

PAGE TOTAL
\$ 900.00

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 MEDIA DEMOCRATIC COMMITTEE	Reporting Period From: <u>1/1/2024</u> To: <u>4/8/2024</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Tray Herman					
Mailing Address 449 W. Jefferson St. #412				3	19
City Media	State PA	Zip Code (Plus 4) 19063	2024		
Employer Name Keeler USA				Occupation Application Specialist	
Employer Mailing Address/Principal Place of Business 3222 Phoenixville Pike		City Malvern		State PA	Zip Code (Plus 4) 19355

Full Name of Contributor	MO	DAY	YEAR		
Tray Herman					
Mailing Address 449 W. Jefferson St. #412				3	31
City Media	State PA	Zip Code (Plus 4) 19063	2024		
Employer Name Keeler USA				Occupation Application Specialist	
Employer Mailing Address/Principal Place of Business 3222 Phoenixville Pike		City Malvern		State PA	Zip Code (Plus 4) 19355

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

PAGE TOTAL
\$ 279.57

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 From: To:
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			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	
MEDIA DEMOCRATIC COMMITTEE		From: <u>1/1/2024</u> To: <u>4/8/2024</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 13.66
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 63.58
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.)			\$ 77.24

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

Name of Filing Committee or Candidate MEDIA DEMOCRATIC COMMITTEE	Reporting Period From: <u>1/1/2024</u> To: <u>4/8/2024</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Marty Ellen Feustel							
Mailing Address 223 E. Jefferson Street				1	27	2024	\$ 63.58
City Media	State PA	Zip Code (Plus 4) 19063					
Description of Contribution: Mochi Doughnuts							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL \$ 63.58

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
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
MEDIA DEMOCRATIC COMMITTEE	From <u>1/1/2024</u> To: <u>4/8/2024</u>

DATE				AMOUNT		
To Whom Paid Media Borough			MO	DAY	YEAR	\$ 60.00
Mailing Address 301 North Jackson Street			1	17	2024	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Hall Rental - Petitions			
To Whom Paid Custom Bagels			MO	DAY	YEAR	\$ 103.40
Mailing Address 15 S. Olive Street			1	27	2024	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Food & Beverage - Petitions			
To Whom Paid US Postal Service			MO	DAY	YEAR	\$ 200.00
Mailing Address 101 E. Baltimore Pike			3	9	2024	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure PO Box Renewal (one year)			
To Whom Paid Delaware County Dem. Comm.			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 104 Gayley Street			3	9	2024	
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure FDR-JFK Dinner table for 10 + Ad			
To Whom Paid PayPal			MO	DAY	YEAR	\$ 6.76
Mailing Address 2211 N 1st St			3	31	2024	
City San Jose	State CA	Zip Code (Plus 4) 95131	Description of Expenditure Finance fees			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,370.16

