

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 <input checked="" type="checkbox"/>	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. <input checked="" type="checkbox"/>	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2024	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	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	TO	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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 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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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	Reporting Period
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 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 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							\$ 100.00
City Media	State	Zip Code (Plus 4)		2	4	2024	
	PA	19063					
Marty Ellen Feustel							
Mailing Address 223 E. Jefferson Street							\$ 100.00
City Media	State	Zip Code (Plus 4)		3	13	2024	
	PA	19063					
Charles Hoffmann							
Mailing Address 221 East Jefferson Street							\$ 100.00
City Media	State	Zip Code (Plus 4)		2	28	2024	
	PA	19063					
David Director							
Mailing Address 309 North Monroe Street							\$ 100.00
City Media	State	Zip Code (Plus 4)		3	13	2024	
	PA	19063					
Linda A. Floyd							
Mailing Address 205 N. Edgmont Street							\$ 100.00
City Media	State	Zip Code (Plus 4)		3	13	2024	
	PA	19063					
Joi Washington							
Mailing Address 506 N. Olive Street							\$ 100.00
City Media	State	Zip Code (Plus 4)		3	20	2024	
	PA	19063					

Full Name of Contributor James A. Ziegelhoffer			MO	DAY	YEAR	\$ 100.00
Mailing Address 402 W. Third Street			3	19	2024	
City Media	State PA	Zip Code (Plus 4) 19063				
Full Name of Contributor Mark Paikoff			MO	DAY	YEAR	\$ 100.00
Mailing Address 131 E. Second Street			3	21	2024	
City Media	State PA	Zip Code (Plus 4) 19063				
Full Name of Contributor Dana Marks			MO	DAY	YEAR	\$ 100.00
Mailing Address 449 W. Jefferson St.			3	22	2024	
City Media	State PA	Zip Code (Plus 4) 19063				

PAGE TOTAL

\$ 900.00

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

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	
Mailing Address				\$ 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 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 Tray Herman	MO	DAY	YEAR	\$ 100.00
Mailing Address 449 W. Jefferson St. #412	3	19	2024	
City Media State PA Zip Code (Plus 4) 19063				
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 Tray Herman	MO	DAY	YEAR	\$ 179.57
Mailing Address 449 W. Jefferson St. #412	3	31	2024	
City Media State PA Zip Code (Plus 4) 19063				
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: _____

			DATE	AMOUNT	
Full Name	MO	DAY	YEAR	\$	
Mailing Address					0.00
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 MEDIA DEMOCRATIC COMMITTEE	Reporting Period 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 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.)	\$ 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				\$ 63.58
Mailing Address 223 E. Jefferson Street	1	27	2024	
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: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
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	MO	DAY	YEAR		
Media Borough	1	17	2024	\$	60.00
Mailing Address 301 North Jackson Street					
City Media	State	Zip Code (Plus 4)	Description of Expenditure		
	PA	19063	Hall Rental - Petitions		
To Whom Paid	MO	DAY	YEAR		
Custom Bagels					
Mailing Address 15 S. Olive Street	1	27	2024	\$	103.40
City Media	State	Zip Code (Plus 4)	Description of Expenditure		
	PA	19063	Food & Beverage - Petitions		
To Whom Paid	MO	DAY	YEAR		
US Postal Service					
Mailing Address 101 E. Baltimore Pike	3	9	2024	\$	200.00
City Media	State	Zip Code (Plus 4)	Description of Expenditure		
	PA	19063	PO Box Renewal (one year)		
To Whom Paid	MO	DAY	YEAR		
Delaware County Dem. Comm.					
Mailing Address 104 Gayley Street	3	9	2024	\$	1,000.00
City Media	State	Zip Code (Plus 4)	Description of Expenditure		
	PA	19063	FDR-JFK Dinner table for 10 + Ad		
To Whom Paid	MO	DAY	YEAR		
PayPal					
Mailing Address 2211 N 1st St	3	31	2024	\$	6.76
City San Jose	State	Zip Code (Plus 4)	Description of Expenditure		
	CA	95131	Finance fees		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					PAGE TOTAL
					\$ 1,370.16

