### **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 2023	0163			Rep File			CANDI	DATE		СОМ	4ITTEE	TTTEE / LOBBYIST				
Name of Filing C	Committee, Candid	ate or L	obbyist:		ONE	PA	VICT	ORY PAC	:								
Street Address:	533 S52ND S	TREET															
City:	PHILADELPHI	4						State:	PA			Zip Cod	<b>le:</b> 19	9143			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. <b>X</b>	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA	• •	POST-	6.		TERMINA REPORT		Yes	No		<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2023					NG METH				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
	,							МО	DAY	YE	AR	Number	code	<u> </u>		couc	
								11		7	2023		(SEE IN	STRUCTI	ONS FOR C	ODES)	)
	Receipts and	МО	DAY Y	EAR				МО	DAY	YE	AR	FO					
Expenditures	irom:		6 6	20	023	Т	<u> </u>	9		18	2023						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			22,0	50.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule	I)	\$			87,0	00.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			109,0	50.00						
D. Total Expenditures (From Schedule III)							\$			89,8	891.27						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			19,1	58.73						
F. Value Of In-	Kind Contributions	Receiv	ed (From Sch	edul	le II)	)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			•			
			ļ	4FF	IDA	۱V	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	[f thi	is is	a Car	ndidate r	eport, d	candi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sche	dules	filed	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before me this day of	i	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	re					-					Prin	ted Name	e			-
My Commission Ex	cpires											Ema	il				_
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Telepl	one Nu	mber		
Part II- If this is	a report of a cand	didate's	authorized Co	omm	itte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowl	edge and belief	this	politi	ical	comm	ittee has r	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this								-		s	ignature o	of Candid	ate			-
	day of						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	ires											Ema	il				
	МО	D	AY	YR			•		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				
ONE PA VICTORY PAC	From:	6/6/202	<u>3</u> To:	9/18/2023		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor						
TOTAL for the Reporting	) Period	(1)	\$	0.00		
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	TOTAL for the Reporting Period (2)					
3. Contributions Received Over \$250.00 (From Part C and Part D)						
Contributions Received From Political Committees (Part C)			\$	87,000.00		
All Other Contributions (Part D)			\$	0.00		
TOTAL for the Reporting	) Period	(3)	\$	87,000.00		
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			\$	87,000.00		

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
		From: To:				:		
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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 Candi	date			Rep	orting P	eriod			
			From: To			o:			
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address	Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)						
								$\overline{}$	

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 Candidate	Reporting Peri	iod		
ONE PA VICTORY PAC	From:	6/6/2023	То:	9/18/2023

DATE AMOUNT

Full Name of Contributing Committee Organize Pennsylvania			МО	DAY	YEAR	
Mailing Address 533 S 52nd St		7			\$ 87,000.00	
<b>City</b> Philadelphia	State PA	<b>Zip Code (Plus 4)</b> 19143	7	18	2023	

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

**PAGE TOTAL**\$ 87,000.00

### 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				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	<b>4</b> )						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	<b>TAL</b> 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	GE 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 Perio	d							
ONE PA VICTORY PAC	From:	6/6/2023 <b>To:</b>	9/18/2023						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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						<b>\$</b>	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	1				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	didate		Reporti	ng Period				
ONE PA VICTORY PAC			From	<u>6/0</u>	5/2023	То:	9/18/2023	
				DATE			AMOUNT	
<b>To Whom Paid</b> Amalgamated Bank			МО	DAY	YEAR			
Mailing Address 275 7th Aver	ue		6	26	2023	\$	90.00	
City New York	State NY	<b>Zip Code (Plus 4)</b> 10001	1	Description of Expenditure bank analysis fee				
<b>To Whom Paid</b> Amalgamated Bank			МО	DAY				
Mailing Address 275 7th Aver	ue		7	27	\$	5.00		
City New York	State NY	<b>Zip Code (Plus 4)</b> 10001	Description of Expenditure bank fee					
<b>To Whom Paid</b> Amalgamated Bank		·	мо	DAY	YEAR			
Mailing Address 275 7th Aver	ue		8	25	2023	\$	5.00	
City New York	State NY	<b>Zip Code (Plus 4)</b> 10001	<b>Descrip</b> bank fe	otion of Exp ee	penditure	<u>.</u>		
<b>To Whom Paid</b> Intuit		·	мо	DAY	YEAR			
Mailing Address 2700 Coast A	ve		9	18	2023	\$	59.40	
<b>City</b> Mountain View	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94043	1	otion of Expooks payro				
<b>To Whom Paid</b> Organize Pennsylvania			МО	DAY	YEAR			
Mailing Address 533 S 52nd S			8	2	2023	1		

Zip Code (Plus 4)

19143

**Description of Expenditure** 

account for IE canvass

Payment for the 56 canvassers came out of bank

State

PΑ

City

Philadelphia

To Whom Paid Organize Pennsylvania  Mailing Address 533 S 52nd St			мо	DAY	YEAR		
			8	2	2023	\$	54,498.79
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure				
•	PA	19143	Transfer from primary bank account to segregated bank account				
							PAGE TOTAL
Enter Grand Total of Expen	iditures on Page 1, Re	port Cover Page, Item D				\$	89,891.27
							•
							<u>,                                      </u>
							,
							,
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							<u>'</u>