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 202	30163				port ed B		CANDI	NDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Candi	date or L	obbyist:		ONE	E PA	VICT	ORY PAC	:								
Street Address:	533 S52ND S	STREET															
City:	PHILADELPH:	IΑ						State:	PA			Zip Cod	le: 19	9143			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST- 3.			AMENDM REPORT?		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	D FRIDAY PRE- 5. 30 ELE					POST- 6.			TERMINA REPORT?		Yes	No		√
report type)	ANNUAL REPORT	7. X	Year 2023		FILING METHOD () CHECK ONE								PAPER			TTE	
Name of Office S	Sought by Candida	ate:	-					DATE C	F ELE	CTIC	N	District Number	Office Code	Pai	ty Code	Coun	
								МО	DAY	YI	EAR						-
								11		7	2023		(SEE IN	STRUCTI	ONS FOR (CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR	2		_	МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
			11 28	2	023	T	0	12	!	31	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				029.93						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$	\$ 130,922.45									
C. Total Funds	Available (Sum C	f Lines A	and B)				\$			219,9	952.38						
D. Total Expend	ditures (From Scl	nedule II	I)				\$			130,1	14.40						
E. Ending Cash	Balance (Subtra	t Line D	From Line C)			\$			89,8	37.98						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Scl	hedu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)	١			\$				0.00			•			
				AFF	IDA	AVI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere.	If th	nis is	a Can	didate r	eport, e	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached sche	edules	s file	ed on p	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tr	ue
Sworn to and subs	cribed before me th day of	is	20							S	Signature	of Perso	n Submit	ting Re	oort		_
	Signat	ure					• •					Prin	ted Name	e			-
My Commission Ex	cpires											Ema	il				-
	мо	D	AY	YR			-		Ar	ea Cod	le	Daytim	e Teleph	none Nu	mber		
Part II- If this is	a report of a car	didate's	authorized C	Comn	nitte	ee, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	f this	poli	itical	commi	ittee has r	ot viola	ted ar	ny 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	II .				
	мо	D	AY	YR			•		Area	Code		Da	aytime T	elephor	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting Period							
ONE PA VICTORY PAC	From:	11/28/202	<u>3</u> To:	12/31/2023				
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	\$	0.00						
3. Contributions Received Over \$250.00 (From Part C and Part D)								
Contributions Received From Political Committees (Part C)			\$	130,922.45				
All Other Contributions (Part D)			\$	0.00				
TOTAL for the Reporting	Period	(3)	\$	130,922.45				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting	J 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			\$	130,922.45				

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions rece with an aggregate value from \$50.01 to \$													
Name of rining committee of Candidate			From:			То	:						
		L			DATE			AMOUNT					
Full Name of Contribut	ing Committee			МО	DAY	YEAR							
Mailing Address							\$	0.00					
City	State	Zip Code (Plus 4))										
	!	I	!		<u> </u>			DAGE 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 Fining Committee of Canadate				Reporting Period From: To:						
			l		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 Candidate	Reporting Period							
ONE PA VICTORY PAC	From:	11/28/2023	То:	12/31/2023				

DATE AMOUNT

Full Name of Contributing Committee Organize Pennsylvania	МО	DAY	YEAR			
Mailing Address 533 S 52nd St				_		\$ 130,922.45
City Philadelphia	State PA	Zip Code (Plus 4) 19143	12	7	2023	

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

PAGE TOTAL130,922.45

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:							
				D	ATE		А	MOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu								
Employer Name		•		Occupation						
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		Reporting Period							
			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	od							
ONE PA VICTORY PAC	From:	<u>11/28/2023</u> To:	12/31/2023						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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				
	F					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						
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State	Zip Code(Plus 4)								
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				ng Period				
ONE PA VICTORY PAC			From	11/2	8/2023	То:	12/31/2023	
				DATE			AMOUNT	
To Whom Paid 22 CANVASSERS			МО	DAY	YEAR			
Mailing Address 533 S 52ND S	Т		12	21	2023	\$	3,896.46	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19143	IE CAN	Description of Expenditure IE CANVASSING FOR DAN MCCAFFERY KENDRA BROOKS AND NICOLAS O'ROURKE				
To Whom Paid 29 CANVASSERS			МО	DAY	YEAR			
Mailing Address 533 S 52ND S	Т		12	21	2023	\$	4,929.68	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19143		Description of Expenditure Payment for IE canvassers came out of bank account				
To Whom Paid Amalgamated Bank	МО	DAY	YEAR					
Mailing Address 275 7th Avenu	ıe		12	29	2023	\$	20.00	
City New York	State NY	Zip Code (Plus 4) 10001	1	Description of Expenditure bank fee				
To Whom Paid Amalgamated Bank			МО	DAY	YEAR			
Mailing Address 275 7th Avenue				29	2023	\$	35.00	
City New York	State NY	Zip Code (Plus 4) 10001		Description of Expenditure bank fee				
To Whom Paid Organize Pennsylvania			мо	DAY	YEAR			
Mailing Address 533 S 52nd St	:		12	21	2023	\$	121,173.86	
City Philadelphia	State	Zip Code (Plus 4)	Dogario	otion of Exp	nenditure			

To Whom Paid			мо	DAY	YEAR		
Intuit Inc							
Mailing Address PO Box 78	50		12	18	2023	\$	59.40
City Mountain View	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	CA	94039	quickbooks payroll service charge				
	I CA	34039	quickbo	oks payro	ii service	cnarge	
			<u> </u>		ii service	cnarge	PAGE TOTAL
inter Grand Total of Expen			<u> </u>	oks payto	II Service	cnarge \$	PAGE TOTAL
inter Grand Total of Expen			<u> </u>	oks payro	ii service		PAGE TOTAL
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