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 201 | 70364 | | | | port ed B | | CA | NDI | DATE | | COM | AITTEE | Y | LUBB | 1131 | |
|--|-------------------------------|-------------|-----------------------|----------|------|--------------|--------|---------|------|----------|-------------|----------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C | ommittee, Candi | date or L | obbyist: | | MAI | RIA | FOR P | 'A | | | | | | • | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City: | SPRING HOU | JSE | | | | | | State | e: | PA | | | Zip Co | de: 19 | 9477 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. | 30 DA | | P | POST- | 3. X | | AMENDN REPORT | | Yes | No | ~ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | AY PRE | ≣- | 5. | 30 DA | | P | POST- | 6. | | TERMINA REPORT | | Yes | No | \ |
| report type) | ANNUAL REPOR | T 7. | Year 2024 | | | | | NG ME | | | | | PAPER | | / | DISKE | ГТЕ |
| Name of Office S | - Sought by Candid | ate: | | | | | | DAT | ΕO | F ELE | CTIO | N | District Number | Office Code | Part | y Code | County Code |
| SENATOD IN TH | HE GENERAL AS: | SEMBIV | | | | | | МО | | DAY | YE | AR | 12 | STS | DEM | | 46 |
| SCINATOR IN TI | IL GLINLKAL AS. | SCHIDLI | | | | | | | 11 | | 5 | 2024 | | (SEE IN | STRUCTIO | NS FOR C | ODES) |
| | Receipts and | МО | DAY | YEAR | ł | | | МО | | DAY | YI | EAR | FC | OR OFFIC | E USE | ONLY | |
| Expenditures | from: | | 4 9 | 2 | 024 | Т | 0 | | 5 | | L3 | 2024 | | | | | |
| A. Amount Bro | ught Forward Fro | om Last R | Report | | | | \$ | | | • | 49,9 | 901.08 | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (Fron | n Sche | dule | e I) | \$ | | | | 1,7 | 770.00 | | | | | |
| C. Total Funds | Available (Sum (| Of Lines A | and B) | | | | \$ | | | | 51,6 | 571.08 | | | | | |
| D. Total Expend | ditures (From Sc | hedule II | II) | | | | \$ | | | | 10,7 | 64.08 | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | From Line | C) | | | \$ | | | | 40,9 | 07.00 | | | | | |
| F. Value Of In- | Kind Contributio | ns Receiv | ed (From S | chedu | le I | I) | \$ | | | | | 0.00 | | | | | |
| G. Unpaid Debt | s And Obligation | s (From | Schedule I\ | /) | | | \$ | | | | | 0.00 | | | | | |
| | | | | | | | T SE | | | | | | | | | | |
| | that this report, in | | _ | | | | | | | | | _ | | of my knov | wledge a | ınd belie | ef , true |
| correct and comple | ete. cribed before me tl | nis | | | | | | | | | | | | | | | |
| | day of | | _ 20 | | | | _ | | | | S | ignature | of Perso | n Submitt | ing Rep | ort | |
| | Signa | ture | | | | | - | | | | | | Prin | ted Name | 1 | | |
| My Commission Ex | rpires | | | | | | _ | | | | | | Ema | il | | | |
| | МО | D | AY | YR | _ | _ | | | _ | Are | ea Coc | le | Daytin | ne Teleph | one Nun | nber | _ |
| Part II- If this is | • | | | | | • | | | | _ | | | | | | | |
| I swear (or affirm) No 320) as amende | ed. | | edge and bel | ief this | poli | itical | comm | ittee h | as n | ot viola | ed an | y provis | ions of th | e act of J | ıne 3,19 | 37 (P.L. | 1333, |
| Sworn to and subsc | ribed before me thi day of | S | 20 | | | | | | | | | s | ignature (| of Candida | ate | | |
| | | | | | | | - - | | | | | | Printe | ed Name | | | |
| My Commission Exp | Signature ires | | | | | | | | | | | | Ema | hil | | | <u> </u> |
| | МО | D | AY | YR | l | | - | | | Area | Code | | D | aytime To | elephon | e Numbe | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | y Period | | |
|--|-----------|----------------|--------------|-----------|
| MARIA FOR PA | From: | <u>4/9/202</u> | <u>4</u> To: | 5/13/2024 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | Period | (1) | \$ | 71.00 |
| 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) | | | \$ | 199.00 |
| TOTAL for the Reporting | Period | (2) | \$ | 199.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 1,000.00 |
| All Other Contributions (Part D) | | | \$ | 500.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 1,500.00 |
| 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 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pag | | | \$ | 1,770.00 |

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 Candidat | e | ' | Reporting | Period | | | |
|--------------------------------------|-------|-------------------|-----------|--------|------|----|--------|
| | | ' | From: | | То | : | |
| | | · | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

PAGE TOTAL
0.00

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

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

MARIA FOR PA <u>4/9/2024</u> To: <u>5/13/2024</u>

DATE

| Full Name of Contributor | | | МО | DAY | YEAR | |
|--------------------------|-------|-------------------|-----|-----|------|------------------|
| ROBERT L. BETTIKER | | | 140 | DAI | ILAK | |
| Mailing Address | | | | | | \$ 199.00 |
| City AMBLER | State | Zip Code (Plus 4) | 5 | 12 | 2024 | |
| | PA | 190025905 | | | | |

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

PAGE TOTAL \$ 199.00

AMOUNT

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 Per | iod | | |
|---------------------------------------|---------------|----------|-----|-----------|
| MARIA FOR PA | From: | 4/9/2024 | То: | 5/13/2024 |

AMOUNT DATE **Full Name of Contributing Committee** DAY мо YEAR MERCK EMPLOYEES POLITICAL ACTION COMMITTEE 1,000.00 **Mailing Address** 5 4 2024 City WASHINGTON State Zip Code (Plus 4) DC 200042601

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

PAGE TOTAL \$ 1,000.00

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 Can | didate | | Re | еро | rting Pe | riod | | | | |
|---------------------------------|------------------------|------|------------------|-----|----------|------------|-------|-----|--------------|-----------------|
| MARIA FOR PA | | | Fr | rom | ı: | 4/9/2 | 024 | Го: | <u>5/:</u> | 1 <u>3/2024</u> |
| | | | | | D# | ATE | | | AMOUN | IT |
| Full Name of Contributor | | | | | мо | DAY | YEAI | R | \$ | 500.00 |
| JAMES TALAGA | | | | | | | | | * | 300.00 |
| Mailing Address | | | | | 4 | 22 | 202 | 1 | | |
| City MEADOWBROOK | State | Zi | ip Code (Plus 4) | | 7 | 22 | 202 | .4 | | |
| | l _{PA} | 1 19 | 90461146 | | | | | | | |
| Employer Name NOT EMPLOYE | D | | | | Occupat | ion | NOT E | MP | LOYED | |
| Employer Mailing Address/Princi | pal Place of Business | | City | | | State | | 7 | Zip Code (Pl | us 4) |
| | | | MEADOWBROO | ЭК | | PA | | | 190461146 | |
| Enter Grand Total of Part C or | n Schedule I. Detailed | Sumr | mary Page. Sec | tio | n 3. | | ſ | | PAGE | TOTAL |
| | | | , . age, occ | | | | | \$ | | 500.00 |

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 | ing Peri | od | | | |
|----------------------------|---------------------------|-------------------|--------|----------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | • | | D | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (Plu | ıs 4) | | | | | |
| Receipt Description | <u>'</u> | <u>'</u> | | | • | | | |
| Futor Curred Total of Bout | For Cabadula I Batailad | I Comment Page Co | | 4 | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule 1, Detailed | Summary Page, Se | ection | 4. | | | \$ | 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 | | |
|--|------------------|----------------------|------------------|
| MARIA FOR PA | From: | 4/9/2024 To : | <u>5/13/2024</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | 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 | TF) | | |
| 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 Candidate | | | Reporting | g Period | | | | |
|--|--------------------|---------------------|-----------|----------|------|----------|------------|------|
| | | | From: | | | To: | | |
| | | | | 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 Sche Section 2. | dule II, In-Kind (| Contributions Detai | iled Sum | mary Pag | je, | | PAGE TOTAL | |
| | | | | | | \$ | (| 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Rep | porting | Period | | | |
|---|------------------|------|------------------|--------|---------|--------------|--------|-------|-----------------|
| | | | | Fro | m: | | То: | | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | - | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | |
| Employer of Contributor | | | | | Occup | ation | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | у | State | e Zip | Code(Plus 4) | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sch | edule II, In-Kin | nd C | Contributions D | etaile | ed | | | | PAGE TOTAL |
| Summary Page, Section 3. | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Per | riod | | |
|---------------------------------------|---------------|----------|-----|------------------|
| MARIA FOR PA | From | 4/9/2024 | То: | <u>5/13/2024</u> |

| | | | | | DATE | | | AMOUNT |
|--------|-------------------------|----------------|-------------------|-------------|---------------|------------------|-----------|----------|
| To WI | hom Paid | | | МО | DAY | YEAR | | |
| АСТВ | LUE | | | 1-10 | | 12/110 | | |
| Mailir | ng Address | | | 5 | 3 | 2024 | \$ | 26.46 |
| City | WEST SOMERVILLE | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | • | |
| | | MA | 021440031 | PROCES | SSING FEE | | | |
| To W | hom Paid | | | МО | DAY | YEAR | | |
| COLO | NIAL AREA DEMOCRATIC CO | OMMITTEE | | МО | DAI | ILAK | | |
| Mailir | ng Address | | | 4 | 9 | 2024 | \$ | 250.00 |
| City | CONSHOHOCKEN | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | | PA | 194280055 | CONTR | IBUTION | | | |
| To Wi | hom Paid | | | МО | DAY | YEAR | | |
| EMER | GE PENNSYLVANIA | | | МО | DAI | ILAK | | |
| Mailir | ng Address | | | 4 | 9 | 2024 | \$ | 1,000.00 |
| City | PHILADELPHIA | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | 1 | |
| | | PA | 191020078 | CONTRI | IBUTION | | | |
| To W | hom Paid | | · | | DAY | VEAD | | |
| JEWIS | SH FEDERATION OF GREATE | R PHILADELPHIA | | МО | DAY | YEAR | | |
| Mailir | ng Address | | | 4 | 18 | 2024 | \$ | 200.00 |
| City | PHILADELPHIA | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | 1 | |
| | | PA | 19103 | WOMEN | OF VISIO | N EVENT | DONATION | |
| To W | hom Paid | | | | DAY | VEAD | | |
| LOGA | IN SQUARE PARKING | | | МО | DAY | YEAR | | |
| Mailir | ng Address | | | 5 | 13 | 2024 | \$ | 36.00 |
| City | PHILADELPHIA | State | Zip Code (Plus 4) | Descrip | tion of Exp | L enditure | 1 | |
| | | PA | 191031123 | PARKIN | G | | | |
| | | | | | | | | |
| To WI | hom Paid | · | · | МО | DAY | VEAD | | |
| | hom Paid VAH CIRCLE | | · | мо | DAY | YEAR | | |
| MITZ | | | | MO 4 | DAY 11 | YEAR 2024 | \$ | 260.45 |
| MITZ | VAH CIRCLE | State | Zip Code (Plus 4) | 4 | | 2024 | | 260.45 |

| | | | | | | | | JL 12 | |
|--------------|-------------------------|-----------------|-------------------|----------------------------|-------------|----------|----|----------|--|
| To W | nom Paid | | | мо | DAY | YEAR | | | |
| | MAKHIJA FOR MONGOMERY | COUNTY COMMISSI | ONER | | | | _ | 500.00 | |
| Mailin | g Address | | | 4 | 11 | 2024 | \$ | 500.00 | |
| City | NARBERTH | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | | PA | 190720109 | CONTRI | BUTION | | | | |
| To Wi | nom Paid | | | мо | DAY | YEAR | | | |
| NGP \ | /AN | | | | | | | | |
| Mailin | g Address | | | 5 | 2 | 2024 | \$ | 339.20 | |
| City | WASHINGTON | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | | DC | 200052158 | SOFTW | ARE LICEN | SE | | | |
| To Whom Paid | | | | | DAY | YEAR | | | |
| NICO | LE FOR PA | | | МО | | | | | |
| Mailin | g Address | | | 4 | 9 | 2024 | \$ | 2,500.00 | |
| City | JEFFERSON HILLS | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | | PA | 150253524 | CONTRI | BUTION | | | | |
| To Wi | nom Paid | | | мо | DAY | YEAR | | | |
| PANA | CHE WOOD FIRE GRILL | | | | | | | | |
| Mailin | g Address | | | 4 | 21 | 2024 | \$ | 200.00 | |
| City | BLUE BELL | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | | PA | 194221710 | EVENT | DEPOSIT | | | | |
| To Wi | nom Paid | | | мо | DAY | YEAR | | | |
| RITTE | NHOUSE POLITICAL PARTNE | RS | | 1.10 | | 1 = Aux | | | |
| Mailin | g Address | | | 5 | 6 | 2024 | \$ | 4,026.50 | |
| City | PHILADELPHIA | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | PA | 191074544 | CONSULTING FEES & EXPENSES | | | | | |
| To Wi | nom Paid | | | мо | DAY | YEAR | | | |
| THIN | C CLICK MEDIA LLC | | | | | | | | |
| Mailin | g Address | | | 4 | 15 | 2024 | \$ | 1,070.86 | |
| City | TALLMAN | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | | NY | 10982 | EVENT | EXPENSE | | | | |
| To Wi | nom Paid | | | мо | DAY | YEAR | | | |
| TWU | TAKE CARE OF OUR OWN | | | | | | | | |
| Mailin | g Address | | | 4 | 16 | 2024 | \$ | 250.00 | |
| City | PHILADELPHIA | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | | PA | 191234216 | DONAT | ION | | | | |
| To W | nom Paid | | | мо | DAY | YEAR | | | |
| UBER | | | | .40 | | LAIC | | | |
| Mailin | g Address | | | 4 | 19 | 2024 | \$ | 54.64 | |
| City | SAN FRANCISCO | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | | CA | 941582211 | TRAVEL | <u> </u> | | | | |
| | | | | | | | | | |

| To Whom Paid | | | | | DAY | YEAR | |
|-----------------|------------------------|-------|-------------------|---------|-------------|----------|-------------------------------|
| UBER | | | | МО | DAT | TEAR | |
| Mailing Address | | | | 4 | 19 | 2024 | \$ 49.97 |
| City | SAN FRANCISCO | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | |
| | | | | | | | |
| | | CA | 941582211 | TRAVEL | | | |
| _ | | • | • | • | | | PAGE TOTAL |
| Enter | Grand Total of Expendi | • | 941582211 | • | | | \$ |
| Enter | Grand Total of Expendi | • | • | • | | | \$ PAGE TOTAL 10,764.08 |
| Enter | Grand Total of Expendi | • | • | • | | | \$ |
| Enter | Grand Total of Expendi | • | • | • | | | \$ |