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 20	170364			Rep File			CAND	IDA	ATE		COMM	1ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Cand	lidate or L	obbyist:		MAR	IA I	FOR P	'A										
Street Address:	PO BOX 10	06																
City:	SPRING HO	USE						State:	Р	PA			Zip Cod	l e: 19	477			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		PO	ST-	3. X		AMENDM REPORT?		Yes	ľ	lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	5.	30 DA		РО	ST-	6.		TERMINA REPORT?		Yes	١	lo	/
report type)	ANNUAL REPOR	RT 7.	Year 2024					NG METH CHECK (PAPER		\	DISK	ETTE	
Name of Office S	- Sought by Candi	date:						DATE	OF	ELEC	TIO	N	District Number	Office Code	Par	ty Cod	e Cou	
SENATOR IN T	JE CENIEDAL AC	CEMBIV						МО	D	PAY	YE	AR	12	STS	DEN	1	46	
SLINATOR IN TI	IL GLINERAL AS	SLMDLT						1	1		5	2024		(SEE INS	TRUCTI	ONS FO	R CODES	5)
Summary of Expenditures		МО	DAY	YEAR				МО	D	PAY	YE	AR	FO	R OFFIC	E USE	ONL	1	
expenditures	irom:		4 9	20	024	Т	0		5	1	3	2024						
A. Amount Bro	ught Forward Fr	om Last F	Report				\$				49,9	901.08						
B. Total Moneta	ary Contribution	s And Red	eipts (Fron	Sche	dule	I)	\$				1,7	770.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$				51,6	571.08						
D. Total Expend	ditures (From S	chedule II	ΙΙ)				\$				10,7	64.08						
E. Ending Cash	Balance (Subtr	act Line D	From Line	C)			\$				40,9	07.00						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedul	le II)	\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (From	Schedule IV	')			\$					0.00						
				AFF	IDA	VI	T SE	CTION										
PART I - If this is			_						-	-		_						
I swear (or affirm) correct and complete		ncluding th	e attached sc	hedules	filed	on	paper	or by ele	ctro	nic me	dium	, are to t	he best of	my knov	rledge	and be	elief , tr	ue
Sworn to and subs	cribed before me t day of	his	20						_		s	ignature	of Persor	n Submitt	ing Rep	oort		_
	Signa	iture					<u>-</u>		_				Print	ed Name				
My Commission Ex	rpires						_						Emai	I				
	МО	D	AY	YR						Area	a Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ındidate's	authorized	Comm	itte	e, C	andid	ate shal	l si	gn he	re.							
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ef this	politi	ical	comm	ittee has	not	violate	ed an	y provisi	ons of the	act of Ju	ine 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me th day of	nis	20						-			Si	gnature o	f Candida	te			_
			_ 20				-		_				Printe	d Name				-
	Signatu	·e					-		_					_				_
My Commission Exp	ires												Emai	il .				
	мо	D	AY	YR			-		_	Area C	ode		Da	ytime Te	lephor	ne Nun	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	Period		
MARIA FOR PA	From:	4/9/202	<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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	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 Commit	Name of Filing Committee or Candidate					Reporting Period						
				From:	:		То	:				
			•			DATE			AMOUNT			
Full Name of Contributin	g Committee			M	40	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 From:

DATE AMOUNT

<u>4/9/2024</u> **To:**

	Full Name of Contributor ROBERT L. BETTIKER						YEAR	
Mailin	Mailing Address 141 BELMONT AVE							\$ 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

5/13/2024

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:	<u>4/9/2024</u>	То:	5/13/2024

DATE AMOUNT

Full Name of Contributing Committee			мо	DAY	YEAR	
MERCK EMPLOYEES POLITICAL ACTION			ILAK	\$ 1,000.00		
Mailing Address 601 PENNSYLVANIA	5	4	2024	_,		
City WASHINGTON	State	Zip Code (Plus 4)			202.	
	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 Candidate	nme of Filing Committee or Candidate					Reporting Period							
MARIA FOR PA			Fron	n:	4/9/2	<u>024</u> To	5 /13/2024						
				DA	TE		AI	MOUNT					
Full Name of Contributor JAMES TALAGA				МО	DAY	YEAR	\$	500.00					
Mailing Address 1071 FREDERICK RI)			4	22	2024							
City MEADOWBROOK	State	Zip Code (Plus	34)] '	22	202							
	PA	190461146											
Employer Name NOT EMPLOYED				Occupat	ion	NOT EM	PLOYED						
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Cod	e (Plus 4)					
1071 RD		MEADOWI	BROOK		PA		190461	146					
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ummary Page,	Section	on 3.			P.	AGE TOTAL 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:		
					ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (P	lus 4)					
Receipt Description	'	,		<u> </u>		_ !	•	
			· ··	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	i Summary Page, S	Section	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	Name of Filing Committee or Candidate						Reporting Period					
						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 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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zij	p Code(Plus 4)	Descr	iptio	n of Contribution	on
Enter Grand Total of Part G on Sch	edule II. In-K	ind	Contributions D	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.					-					0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
MARIA FOR PA	From	4/9/2024	То:	5/13/2024

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
ACTBLUE			MO		ILAK		
Mailing Address PO BOX 44114	16		5	3	2024	\$	26.46
City WEST SOMERVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	MA	021440031	PROCES	SSING FEE			
To Whom Paid			мо	DAY	YEAR		
COLONIAL AREA DEMOCRATIC CO	OMMITTEE		MO		ILAK		
Mailing Address PO BOX 55			4	9	2024	\$	250.00
City CONSHOHOCKEN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	194280055	CONTRI	IBUTION			
To Whom Paid			МО	DAY	YEAR		
EMERGE PENNSYLVANIA							
Mailing Address PO BOX 60078	3		4	9	2024	\$	1,000.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	191020078	CONTRI	IBUTION			
To Whom Paid			мо	DAY	YEAR		
JEWISH FEDERATION OF GREATE	R PHILADELPHIA						
Mailing Address 2001 MARKET	STREET TWO COMM	ERCE SQ STE 2300	4	18	2024	\$	200.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19103	WOMEN	OF VISIO	N EVENT	DONATION	
To Whom Paid			мо	DAY	YEAR		
LOGAN SQUARE PARKING			1.0				
Mailing Address 1815 CHERRY	ST		5	13	2024	\$	36.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	191031123	PARKIN	G			
To Whom Paid			МО	DAY	YEAR		
MITZVAH CIRCLE			INO		ILAK		
Mailing Address 1561 GEHMAN	I RD		4	11	2024	\$	260.45
City HARLEYSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	194382930	DONAT	ION			

							PAGE	12
To Whom Paid				мо	DAY	YEAR		
NEIL MAKHIJA FOR	MONGOMERY COUN	TY COMMISSIONER						
Mailing Address	PO BOX 109			4	11	2024	\$	500.00
City NARBERTH		State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
		PA	190720109	CONTRI	BUTION			
To Whom Paid				МО	DAY	YEAR		
NGP VAN								
Mailing Address	1445 NEW YORK AV	E NW STE 200		5	2	2024	\$	339.20
City WASHINGTO	ON	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
		DC	200052158	SOFTWA	ARE LICEN	SE		
To Whom Paid				мо	DAY	YEAR		
NICOLE FOR PA				110		1 Z/IIX		
Mailing Address	1524 HIGH RD			4	9	2024	\$	2,500.00
City JEFFERSON	HILLS	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
		PA	150253524	CONTRI	BUTION			
To Whom Paid				МО	DAY	YEAR		
PANACHE WOOD FI	RE GRILL			140		TEAK		
Mailing Address	602 SKIPPACK PIKE			4	21	2024	\$	200.00
City BLUE BELL		State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
		PA	194221710	EVENT [DEPOSIT			
To Whom Paid				мо	DAY	YEAR		
RITTENHOUSE POLI	TICAL PARTNERS							
Mailing Address	121 S BROAD ST FL	4		5	6	2024	\$	4,026.50
City PHILADELPH	IIA	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
		PA	191074544	CONSUL	TING FEE	S &	EXPENSES	
To Whom Paid				мо	DAY	YEAR		
THINK CLICK MEDIA	A LLC							
Mailing Address	321 NY-59 # 674			4	15	2024	\$	1,070.86
City TALLMAN		State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
		NY	10982	EVENT I	EXPENSE			
To Whom Paid				мо	DAY	YEAR		
TWU TAKE CARE OF	OUR OWN			0		LAIN		
Mailing Address	500 N 2ND ST			4	16	2024	\$	250.00
City PHILADELPH	IIA	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
		PA	191234216	DONATI	ON			
To Whom Paid				МО	DAY	YEAR		
UBER				0		LAIN		
Mailing Address	1515 3RD ST			4	19	2024	\$	54.64
City SAN FRANC	ISCO	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
		CA	941582211	TRAVEL				

To Whom Paid			МО	DAY	YEAR		
UBER			МО	DAT	TEAR		
Mailing Address 1515 3RD ST			4	19	2024	\$	49.97
City SAN FRANCISCO	State	Zip Code (Plus 4)	Description of Expenditure				
			1				
	CA	941582211	TRAVEL				
	•	•					PAGE TOTAL
Enter Grand Total of Expendit	•	•				\$	PAGE TOTAL 10,764.08
Enter Grand Total of Expendit	•	•				\$	
Enter Grand Total of Expendit	•	•				\$	
Enter Grand Total of Expendit	•	•				\$	
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