

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 :		20140067		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: Leanne for Pa												
Street Address: PO Box 22												
City: Swarthmore						State: PA		Zip Code: 19081				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No		
	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. X	Year 2016	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				
						11	8	2016				
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY			
						11	29	2016				TO
						12	31	2016				
A. Amount Brought Forward From Last Report						\$ 36,087.27						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 3,243.23						
C. Total Funds Available (Sum Of Lines A and B)						\$ 39,330.50						
D. Total Expenditures (From Schedule III)						\$ 12,247.61						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 27,082.89						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 464.56						

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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Leanne for Pa	From: <u>11/29/2016</u> To: <u>12/31/2016</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 457.20

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)	\$ 200.00
TOTAL for the Reporting Period (2)	\$ 200.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 2,500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 2,500.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 86.03

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.)	\$ 3,243.23
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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
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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 Leanne for Pa	Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</u>
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DATE	AMOUNT
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Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Mary Scanlon							
Mailing Address				12	31	2016	
230 Park Ave		State	Zip Code (Plus 4)				
City	Swarthmore	PA	190811728				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Brooke S Penders							
Mailing Address 37 Lochwood Ln				12	22	2016	
City	West Chester	State	PA				Zip Code (Plus 4)

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

PAGE TOTAL
\$ 200.00

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
Leanne for Pa	From: <u>11/29/2016</u> To: <u>12/31/2016</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	2,500.00
Painters and Allied Trades District Council 21									
Mailing Address									
2980 Southampton Rd									
City			State		Zip Code (Plus 4)		12	29	2016
Philadelphia			PA		191541202				

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

PAGE TOTAL
\$ 2,500.00

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	Reporting Period
	From: To:

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business	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 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 Leanne for Pa	Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$86.03
Verizon				12	21	2016	
Mailing Address130 S State Rd							
CitySpringfield		StatePA	Zip Code (Plus 4)190641232				
Receipt DescriptionRefund of Internet Payment							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL	
\$	86.03

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	
Leanne for Pa		From: <u>11/29/2016</u> To: <u>12/31/2016</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - 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.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$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	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
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
Leanne for Pa	From <u>11/29/2016</u> To: <u>12/31/2016</u>

DATE				AMOUNT
To Whom Paid				
NGP-VAN, Inc				
Mailing Address 1101 15th St NW Ste 500				
City Washington	State DC	Zip Code (Plus 4) 200055006		
Description of Expenditure Database Access				
To Whom Paid				
Edge Hill Strategies, LLC				
Mailing Address PO Box 22390				
City Philadelphia	State PA	Zip Code (Plus 4) 191102390		
Description of Expenditure Consulting Fee				
To Whom Paid				
Ben TerMaat				
Mailing Address 500 College Ave				
City Swarthmore	State PA	Zip Code (Plus 4) 190811306		
Description of Expenditure Consulting Fee				
To Whom Paid				
PayChex				
Mailing Address 1100 Adams Ave				
City Norristown	State PA	Zip Code (Plus 4) 194032404		
Description of Expenditure Payroll Services				
To Whom Paid				
Beneficial Bank				
Mailing Address 537 Baltimore Pike				
City Springfield	State PA	Zip Code (Plus 4) 190643839		
Description of Expenditure Research Fees				
To Whom Paid				
Ben TerMaat				
Mailing Address 500 College Ave				
City Swarthmore	State PA	Zip Code (Plus 4) 190811306		
Description of Expenditure Reimbursement				

To Whom Paid			MO	DAY	YEAR	\$ 1,500.00
William McGee						
Mailing Address 169 W 29th St Apt 307			11	30	2016	
City Northampton	State PA	Zip Code (Plus 4) 180671011	Description of Expenditure Consulting Fee			

To Whom Paid			MO	DAY	YEAR	\$ 1,025.60
William McGee						
Mailing Address 169 W 29th St Apt 307			11	29	2016	
City Northampton	State PA	Zip Code (Plus 4) 180671011	Description of Expenditure Reimbursement			

To Whom Paid			MO	DAY	YEAR	\$ 500.00
Celebrity Limousine						
Mailing Address 2521 Yellow Springs Rd			12	9	2016	
City Malvern	State PA	Zip Code (Plus 4) 193551400	Description of Expenditure Travel			

To Whom Paid			MO	DAY	YEAR	\$ 279.98
Sage Payment Solutions						
Mailing Address 1750 Old Meadow Rd Ste 300			12	2	2016	
City McLean	State VA	Zip Code (Plus 4) 221024304	Description of Expenditure Fees			

To Whom Paid			MO	DAY	YEAR	\$ 362.53
Verizon						
Mailing Address 130 S State Rd			11	30	2016	
City Springfield	State PA	Zip Code (Plus 4) 190641232	Description of Expenditure Utilities			

To Whom Paid			MO	DAY	YEAR	\$ 0.97
Litle & Co.						
Mailing Address 900 Chelmsford St			12	9	2016	
City Lowell	State MA	Zip Code (Plus 4) 018518100	Description of Expenditure Fees			

To Whom Paid			MO	DAY	YEAR	\$ 75.00
Beneficial Bank						
Mailing Address 537 Baltimore Pike			12	16	2016	
City Springfield	State PA	Zip Code (Plus 4) 190643839	Description of Expenditure Bank Fees			

To Whom Paid			MO	DAY	YEAR	\$ 2,500.00
Public Policy Polling						
Mailing Address 2912 Highwoods Blvd Ste 201			12	7	2016	
City Raleigh	State NC	Zip Code (Plus 4) 276041095	Description of Expenditure			

To Whom Paid Pastuszek Real Estate			MO	DAY	YEAR	\$ 114.08
Mailing Address 5 Park Ave			11	29	2016	
City Swarthmore	State PA	Zip Code (Plus 4) 190811535	Description of Expenditure Utilities			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 12,247.61

SCHEDULE IV
STATEMENT OF UNPAID DEBTS
Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate Leanne for Pa	Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</u>
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				DATE	Outstanding Balance of Debt		
Name of Creditor				MO	DAY	YEAR	
Verizon							
Mailing Address							
130 S State Rd				8	13	2014	\$ 464.56
City	State		Zip Code (Plus 4)	Description of Debt			
Springfield	PA		190641232	Phone Services			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL
							\$ 464.56