

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 :		20240008		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: Jack for AG												
Street Address: PO Box 22611												
City: Philadelphia						State: PA			Zip Code: 19110			
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	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2024	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	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	14	2024		9	16	2024				
A. Amount Brought Forward From Last Report						\$ 35,136.87						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 50.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 35,186.87						
D. Total Expenditures (From Schedule III)						\$ 35,186.87						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 0.00						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

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
Jack for AG	From: <u>5/14/2024</u> To: <u>9/16/2024</u>

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

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 Period (2)	\$ 0.00

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

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 enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 50.00
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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		
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	Reporting Period From: To:
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DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	<div style="text-align: right;">\$ 0.00</div>
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 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	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
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 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	Reporting Period From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

PAGE TOTAL
\$ 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	
Jack for AG		From: <u>5/14/2024</u> To: <u>9/16/2024</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
Jack for AG	From <u>5/14/2024</u> To: <u>9/16/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
Friends of Jack Stollsteimer				
Mailing Address PO Box 373	7	2	2024	\$ 18,496.97
City Wallingford	State PA	Zip Code (Plus 4) 190860373	Description of Expenditure Contribution	
To Whom Paid	MO	DAY	YEAR	
Lehigh Valley Labor Council, AFL-CIO				
Mailing Address 1705 Northampton St	5	17	2024	\$ 80.00
City Easton	State PA	Zip Code (Plus 4) 180423133	Description of Expenditure Contribution	
To Whom Paid	MO	DAY	YEAR	
Michael Laws Consulting, Inc.				
Mailing Address 202 Saucon View Dr	5	17	2024	\$ 10,566.68
City Bethlehem	State PA	Zip Code (Plus 4) 180155077	Description of Expenditure Field Consulting and Travel Reimbursement	
To Whom Paid	MO	DAY	YEAR	
Friends of Jack Stollsteimer				
Mailing Address PO Box 373	8	1	2024	\$ 15.35
City Wallingford	State PA	Zip Code (Plus 4) 190860373	Description of Expenditure Contribution	
To Whom Paid	MO	DAY	YEAR	
Amalgamated Bank				
Mailing Address 275 7th Ave	5	24	2024	\$ 173.25
City New York	State NY	Zip Code (Plus 4) 100016708	Description of Expenditure Bank Fees	
To Whom Paid	MO	DAY	YEAR	
Google Voice, Inc.				
Mailing Address 1600 Amphitheatre Pkwy	7	5	2024	\$ 27.21
City Mountain View	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure Subscription	

To Whom Paid			MO	DAY	YEAR	\$ 26.76
Google Voice, Inc.						
Mailing Address 1600 Amphitheatre Pkwy			6	5	2024	
City Mountain View	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure Subscription			

To Whom Paid			MO	DAY	YEAR	\$ 7.44
Google Voice, Inc.						
Mailing Address 1600 Amphitheatre Pkwy			7	5	2024	
City Mountain View	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure Subscription			

To Whom Paid			MO	DAY	YEAR	\$ 116.64
Google Voice, Inc.						
Mailing Address 1600 Amphitheatre Pkwy			6	5	2024	
City Mountain View	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure Subscription			

To Whom Paid			MO	DAY	YEAR	\$ (300.00)
Philadelphia Democratic City Committee						
Mailing Address 219 Spring Garden St			7	2	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 191232925	Description of Expenditure Voided Check from 4/24			

To Whom Paid			MO	DAY	YEAR	\$ 296.32
Michael Laws Consulting, Inc.						
Mailing Address 202 Saucon View Dr			6	7	2024	
City Bethlehem	State PA	Zip Code (Plus 4) 180155077	Description of Expenditure Reimbursement - Travel			

To Whom Paid			MO	DAY	YEAR	\$ 13.25
Amalgamated Bank						
Mailing Address 275 7th Ave			6	28	2024	
City New York	State NY	Zip Code (Plus 4) 100016708	Description of Expenditure Bank Fees			

To Whom Paid			MO	DAY	YEAR	\$ 5,032.80
NGP Van, Inc.						
Mailing Address 1445 New York Ave NW Ste 200			7	2	2024	
City Washington	State DC	Zip Code (Plus 4) 200052158	Description of Expenditure Database Software			

To Whom Paid			MO	DAY	YEAR	\$ 634.20
Spruce Street Compliance						
Mailing Address PO Box 22611			7	2	2024	
City Philadelphia	State PA	Zip Code (Plus 4) 191102611	Description of Expenditure Compliance Consulting, Postage, and Subscription			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 35,186.87

