

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 :		20170364		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: MARIAFORPA												
Street Address: PO BOX 1006												
City: SPRING HOUSE						State: PA			Zip Code: 19477			
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.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	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
SENATOR IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	12	STS	DEM	09
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	22	2024		11	25	2024				
A. Amount Brought Forward From Last Report						\$ 20,546.35						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 4,141.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 24,687.35						
D. Total Expenditures (From Schedule III)						\$ 4,977.22						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 19,710.13						
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
MARIAFORPA	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 41.00

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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 2,000.00
All Other Contributions (Part D)	\$ 2,000.00
TOTAL for the Reporting Period (3)	\$ 4,000.00

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.)	\$ 4,141.00
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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
MARIAFORPA	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
DAN MUROFF				
Mailing Address 328 WADSWORTH AVE				\$ 100.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191191127		

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

PAGE TOTAL
\$ 100.00

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 MARIAFORPA	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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				DATE	AMOUNT		
Full Name of Contributing Committee BRAVO GROUP				MO	DAY	YEAR	\$ 500.00
Mailing Address 20 N 2ND ST STE 800				10	25	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011634					
Full Name of Contributing Committee PENNSYLVANIA ASSOCIATION OF NURSE ANESTHETISTS				MO	DAY	YEAR	\$ 500.00
Mailing Address 401 N 2ND ST				10	23	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011378					
Full Name of Contributing Committee PENNSYLVANIA SOCIETY OF ANESTHESIOLOGISTS' PAC (Z PAC)				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 777 E PARK DR				10	25	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171112754					

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

PAGE TOTAL \$ 2,000.00

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 MARIAFORPA	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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				DATE			AMOUNT
Full Name of Contributor GINGER KUNKEL				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 237 CANAL BOAT DR				10	25	2024	
City WYOMISSING	State PA	Zip Code (Plus 4) 196106802					
Employer Name TOMPKINS FINANCIAL CORPORATION				Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 1210 ROCKLAND ST			City READING		State PA		Zip Code (Plus 4) 196041522
Full Name of Contributor CLETUS GUENTHNER				MO	DAY	YEAR	\$ 500.00
Mailing Address 2513 DENHAM RD				10	31	2024	
City LOUISVILLE	State KY	Zip Code (Plus 4) 402052366					
Employer Name NOT EMPLOYED				Occupation NOT EMPLOYED			
Employer Mailing Address/Principal Place of Business 2513 DENHAM RD			City LOUISVILLE		State KY		Zip Code (Plus 4) 402052366
Full Name of Contributor ASIF ILYAS LLC				MO	DAY	YEAR	\$ 500.00
Mailing Address 295 E SWEDESFORD RD # 188				10	25	2024	
City WAYNE	State PA	Zip Code (Plus 4) 190871462					
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 \$ 2,000.00

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	
MARIAFORPA		From: <u>10/22/2024</u> To: <u>11/25/2024</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 RECEIVED - 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
MARIAFORPA	From <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
ACTBLUE				
Mailing Address PO BOX 441146	11	21	2024	\$ 25.30
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure PROCESSING FEE	
To Whom Paid	MO	DAY	YEAR	
NGP VAN				
Mailing Address 1445 NEW YORK AVE NW STE 200	11	4	2024	\$ 339.20
City WASHINGTON	State DC	Zip Code (Plus 4) 200052158	Description of Expenditure SOFTWARE LICENSE	
To Whom Paid	MO	DAY	YEAR	
THERESA O'BRIEN				
Mailing Address 101 FULGENS CT	10	26	2024	\$ 200.00
City WARRINGTON	State PA	Zip Code (Plus 4) 189762469	Description of Expenditure COMMUNITY OUTREACH	
To Whom Paid	MO	DAY	YEAR	
RITTENHOUSE POLITICAL PARTNERS				
Mailing Address 121 S BROAD ST FL 4	11	25	2024	\$ 4,412.72
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191074544	Description of Expenditure CONSULTING FEES & EXPENSES	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 4,977.22

