# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

						1							1.0.01	NICT	
Filer Identificat Number :	tion	20240	0112			Report Filed B		CANDI	DATE	СОМ	MITTEE	$\checkmark$	LOBI	BYIST	
Name of Filing	Committee,	Candida	ate or Lo	obbyist:		Sean Do	bughe	erty for St	tate Rep	D		-			
Street Address	:														
City:	Philade	elphia						State:	PA		Zip Co	<b>de:</b> 19	110		
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D/ PRIM		POST- 3.		AMENDI REPORT		Yes	No	· 🗸
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRIDA ELECTION	Y PRI	E- 5.	30 D/ ELEC		POST-	6.	TERMIN REPORT		Yes	No	° <b>√</b>
report type)	ANNUAL F	REPORT	7. <b>X</b>	<b>Year</b> 2024				NG METHO			PAPER	PAPER		DISK	TTE
Name of Office	Sought by (	- Candidat	e:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
								мо	DAY	YEAR					
								11		5 2024	•	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAF	2		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditure	s from:		1	1 26	2	024 <b>T</b>	0	12	3	1 2024	ŀ				
A. Amount Bro	ought Forwa	ard From	1 Last R	eport			\$			41,407.86					
B. Total Mone	B. Total Monetary Contributions And Receipts (From Schedule I)						\$		0.00						
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B)						\$			41,407.86					
D. Total Exper	D. Total Expenditures (From Schedule III)						\$			10,410.45					
E. Ending Cas	h Balance (S	Subtract	Line D	From Line	C)		\$			30,997.41	-				
F. Value Of In	-Kind Contr	ibutions	Receive	ed (From S	chedu	le II)	\$			4,540.18	-				
G. Unpaid Deb	ots And Obli	gations	(From S	chedule IV	()		\$			278.29					
					AFF	IDAVI	T SE	CTION							
PART I - If this		-	•	-					• •		-				
I swear (or affirm correct and comp		port, inclu	laing the	attached sc	neaule	s filed on	paper	or by elect	ronic me	dium, are to	the best o	of my knov	viedge	and bei	let , true
Sworn to and sub	scribed befor day of	e me this		20						Signatur	e of Perso	on Submitt	ing Rep	oort	
		Signatur	e	-			-				Prir	nted Name			
My Commission E	Expires	- <b>j</b>									Ema	ail			
	м	10	DA	AY	YR		-		Area	a Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	s a report o	of a cand	idate's	authorized	Comr	nittee, C	andid	ate shall	sign he	r <b>e.</b>					
I swear (or affirm No 320) as amend		best of m	y knowle	dge and beli	ef this	s political	comm	ittee has n	ot violate	ed any provi	sions of th	e act of Ju	ine 3,1	937 (P.I	L. 1333,
Sworn to and subs		e me this									Signature	of Candida	ite		
	day of 						-				Printe	ed Name			
	Si	gnature					-								
My Commission Ex	pires										Ema	911			
		мо	DA	AY	YR	2	•		Area C	ode	D	aytime Te	elephon	ne Numb	ber

#### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>11/26/2024</u> **To:** Sean Dougherty for State Rep <u>12/31/2024</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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	Name of Filing Committee or Candidate				Reporting Period					
			Fro	rom: To:						
								AMOUNT		
Full Name of Contributing Committee MO DAY YEA										
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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: T			o:		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address		_					\$	0.00	
City	State	Zip Code (Plus 4	)						
								PAGE TOTAL	
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2			\$	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:	То:				
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.0
Mailing Address							<b>]</b> *	0.0
City	State	Zip Cod	e (Plus 4)					
					PAGE TOTAL			
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	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	ame of Filing Committee or Candidate				Reporting Period				
F			Froi	om:			То:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	<b>AGE TOTAL</b> 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:	n: To:					
				D	ATE			AMOUNT	r
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	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 Perio	d	
Sean Dougherty for State Rep	From:	<u>11/26/2024</u> то:	<u>12/31/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	4,540.18
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, 1		\$	4,540.18

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

#### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b> </b> \$	0.0	)0
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	F	AGE TOTAL	_
						\$	0.0	0

#### PAGE 10

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

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Reporting Period				
Sean Dougherty for State Rep			Fro	From: <u>11/26/202</u>			<u>12/31/2024</u>		
				DATE AMOUNT					
Full Name of Contributor House Dem. Campaign Com.						YEAR			
Mailing Address				12	31	2024	\$	4,540.18	
City Harrisburg	<b>State</b> PA	Zip Code(Plus 4)							
Employer of Contributor N/A		ł	Occupation N/A						
Employer Mailing Address/Principal Plac	e of Business	City	State			-	Description of Contribution Staffing and Overhead		
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	nd Contributions D	etaile	d				<b>PAGE TOTAL</b> 4,540.18	

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of F	Filing Committee or Candidate			Reporti	ng Period					
Sean Dou	igherty for State Rep			From	<u>11/20</u>	<u>5/2024</u>	То:	<u>12/31/2024</u>		
-					DATE			AMOUNT		
To Whom	Paid			мо	DAY	YEAR				
Spruce St	reet Compliance									
Mailing Ad	ldress			12	31	2024	\$	4,006.93		
City Ph	iladelphia	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
		РА	191102611	Complia	nce Consu	Ilting, Po	stage, a	and Subscription		
To Whom	Paid			мо	DAY	YEAR				
Marita Cra	awford									
Mailing Ad	ldress			12	31	2024	\$	150.62		
City Ve	entnor City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		NJ	084061732	Reimbu	rsement -	Meals				
	To Whom Paid				DAY	YEAR				
Amalgamated Bank Mailing Address			11	27	2024	\$	86.45			
			[	11	27	2024	Ť			
City Wa	ashington	State	Zip Code (Plus 4)		tion of Exp	enditure				
		DC	200061202	Bank Fe	es					
To Whom				мо	DAY	YEAR				
	nia Police Home Association			10			\$	4,825.00		
Mailing Ad	ldress		<b>F</b>	12	30	2024	4	4,825.00		
City Ph	iladelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	191542110	Event S	pace Renta	al and Ca	itering			
To Whom				мо	DAY	YEAR				
Amalgama								22.45		
Mailing Ad	ldress			12	30	2024	\$	33.45		
City Wa	ashington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
DC 200061202			Bank Fe	es						
To Whom	Paid			мо	DAY	YEAR				
Dover Stra	Dover Strategy Group, Inc.									
Mailing Ad	Mailing Address		12	31	2024	\$	1,200.00			
City Du	unedin	State	Zip Code (Plus 4)	s 4) Description of Expenditure						
		FL	346982336	Digital Production						

To Wh	iom Paid				мо	DAY	YEAR		
NGP V	/AN, Inc.				МО				
Mailin	g Address				12	3	2024	\$	108.00
City	Washington	State		Zip Code (Plus 4)	Description of Expenditure				
	DC 200055738 Database Software								
									PAGE TOTAL
Enter	Grand Total of Expe	nditures on Page 1,	Report C	over Page, Item D	•			\$	10,410.45
								L	

## 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	lame of Filing Committee or Candidate				Reporting Period					
Sean Dougherty for State Rep	Sean Dougherty for State Rep				<u>/26/2024</u>	То:	<u>12/31/2024</u>			
					DATE			standing ance of Debt		
Name of Creditor Sean Dougherty					DAY	YEAR				
Mailing Address				12	31	2024	\$	278.29		
City Philadelphia	State	Zip Code (P	lus 4)	Description of Debt						
	PA	191112420	)	Reimbu	rsement -	Subscrip	otions			
						PAGE TOTAL				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Iter							\$	278.29		