

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: MARIA FOR PA												
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 PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2025	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	46
						11	4	2025	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	6	2025		6	9	2025				
A. Amount Brought Forward From Last Report						\$ 48,341.86						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 6,721.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 55,062.86						
D. Total Expenditures (From Schedule III)						\$ 4,464.57						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 50,598.29						
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
MARIA FOR PA	From: <u>5/6/2025</u> To: <u>6/9/2025</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 121.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 750.00
All Other Contributions (Part B)	\$ 850.00
TOTAL for the Reporting Period (2)	\$ 1,600.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 4,000.00
All Other Contributions (Part D)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 5,000.00

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.)	\$ 6,721.00
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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 MARIA FOR PA	Reporting Period From: <u>5/6/2025</u> To: <u>6/9/2025</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">DATE</td> <td style="width: 40%;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee AMERIHETH CARITAS AMHP HOLDINGS CORP PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 200 STEVENS DR			5	15	2025	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191131532				

Full Name of Contributing Committee PENN HY-PAC			MO	DAY	YEAR	\$ 200.00
Mailing Address 152 E VINE ST			5	15	2025	
City HATFIELD	State PA	Zip Code (Plus 4) 194402521				

Full Name of Contributing Committee PENNSYLVANIA CEMETERY, CREMATION AND FUNERAL ASSOCIATION PAC			MO	DAY	YEAR	\$ 100.00
Mailing Address 3051 GREEN POND RD			5	15	2025	
City EASTON	State PA	Zip Code (Plus 4) 180452506				

Full Name of Contributing Committee SCHOOL NURSE PAC			MO	DAY	YEAR	\$ 200.00
Mailing Address 422 CENTER ST			5	15	2025	
City HYDE PARK	State PA	Zip Code (Plus 4) 156419705				

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

PAGE TOTAL
\$ 750.00

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
MARIA FOR PA	From: <u>5/6/2025</u> To: <u>6/9/2025</u>

DATE	AMOUNT
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Full Name of Contributor	MO	DAY	YEAR	
WILLIAM EWING				
Mailing Address 510 E MOUNT PLEASANT AVE				
City PHILADELPHIA	State	Zip Code (Plus 4)	6	5
	PA	191191232		2025
				\$ 250.00

Full Name of Contributor	MO	DAY	YEAR	
MARY HELF				
Mailing Address 2014 HILLTOP RD				
City FLOURTOWN	State	Zip Code (Plus 4)	6	4
	PA	190311615		2025
				\$ 100.00

Full Name of Contributor	MO	DAY	YEAR	
PHILIP LACHENMAYER				
Mailing Address 1772 BUTLER PIKE				
City CONSHOHOCKEN	State	Zip Code (Plus 4)	6	4
	PA	194281565		2025
				\$ 250.00

Full Name of Contributor	MO	DAY	YEAR	
CHERYL LOCKARD				
Mailing Address 3925 REINIGER RD				
City HATBORO	State	Zip Code (Plus 4)	6	8
	PA	190401643		2025
				\$ 100.00

Full Name of Contributor	MO	DAY	YEAR	
ALBERT RIECK				
Mailing Address 521 PERKIOMEN AVE				
City LANSDALE	State	Zip Code (Plus 4)	6	5
	PA	194463430		2025
				\$ 150.00

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

PAGE TOTAL
\$ 850.00

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 MARIA FOR PA	Reporting Period From: <u>5/6/2025</u> To: <u>6/9/2025</u>
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				DATE	AMOUNT		
Full Name of Contributing Committee CONSTELLATION EMPLOYEE PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 101 CONSTITUTION AVE NW STE 400				5	15	2025	
City WASHINGTON	State DC	Zip Code (Plus 4) 200012133					
Full Name of Contributing Committee ELI LILLY & COMPANY PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 19 JENNIFER LN				5	15	2025	
City DILLSBURG	State PA	Zip Code (Plus 4) 170199151					
Full Name of Contributing Committee MOMS FED UP				MO	DAY	YEAR	\$ 2,500.00
Mailing Address PO BOX 3015				5	19	2025	
City TUCSON	State AZ	Zip Code (Plus 4) 857023015					
Full Name of Contributing Committee PFIZER PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 235 E 42ND ST				6	4	2025	
City NEW YORK	State NY	Zip Code (Plus 4) 100175703					

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

PAGE TOTAL
\$ 4,000.00

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 MARIA FOR PA	Reporting Period From: <u>5/6/2025</u> To: <u>6/9/2025</u>
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				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$
BRANDI LERNER							
Mailing Address 330 BRENTWOOD DR							
City BLUE BELL		State PA	Zip Code (Plus 4) 194221538				
Employer Name SELF-EMPLOYED				Occupation EDUCATIONAL CONSULTANT			
Employer Mailing Address/Principal Place of Business			City	State		Zip Code (Plus 4)	
330 BRENTWOOD DR			BLUE BELL	PA		194221538	
Full Name of Contributor				MO	DAY	YEAR	\$
LAURA SIENA							
Mailing Address 626 W UPSAL ST							
City PHILADELPHIA		State PA	Zip Code (Plus 4) 191193626				
Employer Name NOT EMPLOYED				Occupation NOT EMPLOYED			
Employer Mailing Address/Principal Place of Business			City	State		Zip Code (Plus 4)	
626 W ST			PHILADELPHIA	PA		191193626	

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

PAGE TOTAL
\$ 1,000.00

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	
MARIA FOR PA		From: <u>5/6/2025</u> To: <u>6/9/2025</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
MARIA FOR PA	From <u>5/6/2025</u> To: <u>6/9/2025</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
ACTBLUE				
Mailing Address PO BOX 441146	6	9	2025	\$ 70.33
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	6	3	2025	\$ 356.16
City WASHINGTON	State DC	Zip Code (Plus 4) 200052158	Description of Expenditure SOFTWARE LICENSE	
To Whom Paid	MO	DAY	YEAR	
RITTENHOUSE POLITICAL PARTNERS				
Mailing Address 121 S BROAD ST FL 4	5	8	2025	\$ 4,038.08
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 \$ 4,464.57

