



Reset Form

Print Form

# Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	9200379CPC	Report Filed By ( Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	PA Future PAC								
Street Address	P.O. Box 58635								
City	Philadelphia	State	PA	Zip Code	19102				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	5/15/2018	Year	2018	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	1/1/2018	4/30/2018	COUNTY BD. OF ELECTIONS	CITY COMMISSIONERS
A. Amount Brought Forward From Last Report	\$	11,396.35	08 MAY - 4 A 8:34	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	25,000		
C. Total Funds Available (Sum of Lines A and B)	\$	36,396.35		
D. Total Expenditures (From Schedule III)	\$	5,506		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	30,890.35		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	65,490.61		

### 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 on paper, is to the best of my knowledge and belief true, correct and complete.

sworn to and subscribed before me this  
 15<sup>th</sup> day of May 20 18  
 Signature  
 My Commission expires 02-08-2019  
 MO. DAY YR.

Signature of Person Submitting report  
 Jennifer L. Paternostro  
 Printed Name  
 215 Area Code 286-7679 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  
 My Commission expires  
 MO. DAY YR.

Signature of Candidate  
 Printed Name  
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 GREGORY A. LOWE, Notary Public  
 City of Philadelphia, Phila. County  
 My Commission Expires February 8, 2019

COMMONWEALTH OF PENNSYLVANIA  
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SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

<b>Filer Identification Number</b>	9200379CPC
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**1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor**

Total for the reporting period	(1)	\$	0
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**2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)**

Contributions Received from Political Committees (Part A)	\$	0	
All Other Contributions (Part B)	\$	0	
Total for the reporting period	(2)	\$	0

**3. Contributions Over \$250.00 (From Part C and Part D)**

Contributions Received from Political Committees (Part C)	\$	25,000	
All Other Contributions (Part D)	\$	0	
Total for the reporting period	(3)	\$	25,000

**4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)**

Total for the reporting period	(4)	\$	0
<b>Total Monetary Contributions and Receipts during this reporting period</b>		<b>\$</b>	<b>25,000</b>
<i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>			

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.

Filer Identification Number	9200379CPC
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Amount

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

PART B

**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	9200379CPC
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #					Date [MM/DD/YYYY]	\$	
Street Address							
City	State			Zip Code	Date [MM/DD/YYYY]	\$	

**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 over \$250.00 in the reporting period.

<b>Filer Identification Number:</b>	9200379CPC
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<b>Full Name of Contributing Committee</b>					See attached		<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	

# ***Receipts over \$250 (PAC)***

*Between 1/1/2018 and 4/30/2018*

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**Keeping America Competitive**

PO Box 58635

Philadelphia, PA 19102

\$25,000.00

1/26/2018

**Total:           \$25,000.00**

**PART D**  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

<b>Filer Identification Number:</b>	9200379CPC
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>							

**PART E**  
**Other Receipts**

**REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.**

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	9200379CPC
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Full Name										
House #		Street Address								
City			State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City			State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City			State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City			State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City			State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City			State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										
Full Name										
House #		Street Address								
City			State			Zip Code		Date [MM/DD/YYYY]		\$
Receipt Description										



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**

Filer Identification Number:	9200379CPC
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

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, Report Cover Page, Item F)		\$ 0
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SCHEDULE II  
PART F

## In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	9200379CPC
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution					

Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address		Date [MM/DD/YYYY]		\$
City	State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution					

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

<b>Filer Identification Number:</b>	9200379CPC
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$	
<b>Employer Name</b>					<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>		

SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	9200379CPC
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To Whom Paid		See attached			Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure		
City	State		Zip Code			

# PA Future Expenditures

Between 1/1/2018 and 4/30/2018

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## Friends of Maggie Borski

P.O. Box 5912  
Philadelphia, PA 19137  
2/26/2018 \$500.00

Contribution

## Rouse for PA

120 Kirk Lane  
Media, PA 19063  
2/26/2018 \$1,500.00

Contribution

## Steve Santarsiero For State Senate

P.O. Box 671  
Newtown, PA 18940  
3/26/2018 \$2,500.00

Contribution

## The Green Fund

P.O. Box 4984  
Philadelphia, PA 19119  
3/26/2018 \$1,000.00

Contribution

## PNC Bank

PO Box 609  
Pittsburgh, PA 15240  
4/27/2018 \$6.00

Bank Fees

**Total: \$5,506.00**

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.

Filer Identification Number:	9200379CPC
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Name of Creditor		Thomas J. Knox				Outstanding Balance of Debt	
House #	450	Street Address		W. Chestnut Hill Avenue		\$	15,490.61
DATE DEBT INCURRED [MM/DD/YYYY]		10/25/90					
City		Philadelphia	State	PA	Zip Code	19118	
Description of Debt		Loan					

Name of Creditor		Michel Karp				Outstanding Balance of Debt	
House #	3416	Street Address		Sansom Street		\$	20,000
DATE DEBT INCURRED [MM/DD/YYYY]		10/26/90					
City		Philadelphia	State	PA	Zip Code	19118	
Description of Debt		Loan					

Name of Creditor		Mark A. Turnbull				Outstanding Balance of Debt	
House #	156	Street Address		Pelham Road		\$	10,000
DATE DEBT INCURRED [MM/DD/YYYY]		1/30/91					
City		Philadelphia	State	PA	Zip Code	19119	
Description of Debt		Loan					

Name of Creditor		University City Housing				Outstanding Balance of Debt	
House #	1062	Street Address		Lancaster Avenue		\$	20,000
DATE DEBT INCURRED [MM/DD/YYYY]		5/10/91					
City		Rosemont	State	PA	Zip Code	19110	
Description of Debt		Loan					

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address				\$	
DATE DEBT INCURRED [MM/DD/YYYY]							
City			State		Zip Code		
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address				\$	
DATE DEBT INCURRED [MM/DD/YYYY]							
City			State		Zip Code		
Description of Debt							