



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	92003CPC	Report Filed By (Mark X)	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 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Election (MM/DD/YYYY)	11/6/2018	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	
		6/3/2018	9/17/2018	COUNTY BD. OF ELECTIONS 2018 SEP 25 A 9:47 CITY COMMISSIONERS
A. Amount Brought Forward From Last Report	\$	13,390.35		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	20,000		
C. Total Funds Available (Sum of Lines A and B)	\$	33,390.35		
D. Total Expenditures (From Schedule III)	\$	19,006		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	14,384.35		
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

18 day of Sept 2018

[Signature]
Signature

My Commission expires 02 08 2019
MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL PUBLIC
 GREGORY A. LOWMEYER
 City of Philadelphia, County of Philadelphia
 My Commission Expires February 8, 2019

[Signature]
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 sign here.

I swear (or affirm) that to the best of my knowledge and belief this 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

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	92003CPC
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1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
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)		\$ 20,000
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 20,000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0
<i>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 Page 1, Report Cover Page, Item B)</i>		\$ 20,000

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	92003CPC
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							Amount
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$
Full Name of Contributing Committee					Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$	
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:	92003CPC
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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]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
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.

Filer Identification Number:	92003CPC
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Full Name of Contributing Committee		See attached			Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

Receipts over \$250 (PAC)

Between 6/3/2018 and 9/14/2018

Keeping America Competitive

PO Box 58635

Philadelphia, PA 19102

\$20,000.00

7/18/2018

Total: \$20,000.00

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)

Filer Identification Number:	92003CPC
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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]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

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:	92003CPC
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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						

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:	92003CPC
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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:	92003CPC
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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						

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

Filer Identification Number:	92003CPC
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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]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				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]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				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]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				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]	\$	
Employer Name				Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	92003CPC
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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 6/3/2018 and 9/14/2018

Team Fetterman

P.O. Box F
Braddock, PA 15104
6/29/2018 \$10,000.00

Contribution

Rebecca for Philadelphia

P.O. Box 2052
Philadelphia, PA 19103
8/13/2018 \$1,000.00

Contribution

Malcolm for PA

P.O. Box 3254
Philadelphia, PA 19130
9/5/2018 \$1,000.00

Contribution

Friends of Lauren Lareau

1801 Old Lincoln Highway
Suite 4
Langhorne, PA 19047
9/12/2018 \$500.00

Contribution

Total: **\$19,006.00**

Fairness PA

30 South 15th Street
15th Floor
Philadelphia, PA 19102
7/18/2018 \$5,000.00

Contribution

PNC Bank

PO Box 609
Pittsburgh, PA 15240
8/31/2018 \$6.00

Bank Fees

Ciresl for PA

4011 Ashbrook Drive
Royersford, PA 19468
9/12/2018 \$500.00

Contribution

The PA Blue Victory Fund

P.O. Box 555
Harrisburg, PA 17108
9/12/2018 \$1,000.00

Contribution

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		DATE DEBT INCURRED [MM/DD/YYYY]		\$	15,490.61
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		DATE DEBT INCURRED [MM/DD/YYYY]		\$	20,000
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		DATE DEBT INCURRED [MM/DD/YYYY]		\$	10,000
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		DATE DEBT INCURRED [MM/DD/YYYY]		\$	20,000
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								