



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	2010463	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	FRIENDS OF MARY ISAACSON								
Street Address	15019 MASSING CREEK LANE								
City	Phila	State	PA	Zip Code	19116				

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 checked="" 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)	05/18/2021		Year	21		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only	
	05/03/2021	06/07/2021		
A. Amount Brought Forward From Last Report	\$	87,124.93	COUNTY BD. OF ELECTIONS 2021 JUN 10 P 4: 57 CITY COMMISSIONERS	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	443.82		
C. Total Funds Available (Sum of Lines A and B)	\$	87,568.75		
D. Total Expenditures (From Schedule III)	\$	5,085.10		
E. Ending Cash Balance (Subtract Line D from Line C)	\$	82,483.65		
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0 0		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0 0		

Affidavit Section

Part 1- 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.

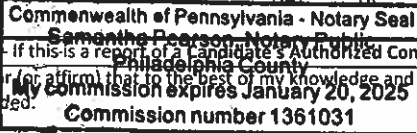
Sworn to and subscribed before me this

9th day of June 20 21
 Signature: *[Signature]*

[Signature]
 Signature of Person Submitting report
 CHARLES F CARLIN
 Printed Name

My Commission expires 01 20 2025
 MO. DAY YR.

215 694 1176
 Area Code Daytime Telephone Number



Part 2- 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.

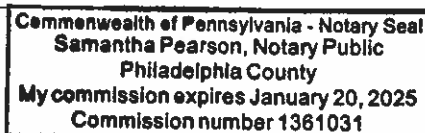
Sworn to and subscribed before me this

9th day of June 20 21
 Signature: *[Signature]*

[Signature]
 Signature of Candidate
 MaryLouise Isaacson
 Printed Name

My Commission expires 01 20 2025
 MO. DAY YR.

215 432 6090
 Area Code Daytime Telephone Number



COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.*

FILER IDENTIFICATION NUMBER 201801546	REPORT FILED ON BEHALF OF CANDIDATE <input checked="" type="checkbox"/> COMMITTEE <input type="checkbox"/> LOBBYIST <input type="checkbox"/>					
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST MARY LOUISE ISAACSON						
STREET ADDRESS 714 N 3RD STREET						
CITY PHILA	STATE PA					
ZIP CODE 19123						
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE STATE REPRESENTATIVE	DISTRICT NO. 175	PARTY DEM	DATE OF ELECTION		
	6TH TUESDAY PRE-PRIMARY			MO.	DAY	YEAR
	2ND FRIDAY PRE-PRIMARY			05	18	2021
	30 DAY POST-PRIMARY	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
	6TH TUESDAY PRE-ELECTION	MO.	DAY	YEAR		
	2ND FRIDAY PRE-ELECTION	05	03	21	TO	
	30 DAY POST-ELECTION	MO.	DAY	YEAR	06 07 21	
ANNUAL REPORT	CASH BALANCE AT END OF REPORTING PERIOD: \$ 0		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0			
	AMENDMENT REPORT?	YES	NO			
	TERMINATION REPORT?	YES	NO			

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 9th DAY OF June 2021

SIGNATURE

MY COMMISSION EXPIRES 01 20 2025

SIGNATURE OF CANDIDATE

Mary Louise Isaacson
PRINTED NAME

815 432 6090
AREA CODE DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal
 Samantha Pearson, Notary Public

Philadelphia County Department of State
 My commission expires January 20, 2025
 Commission number 1581031

Bureau of Commissions, Elections and Legislation
 Harrisburg, PA 17120-0029 • (717) 787-5280

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER 201801545		REPORT FILED ON BEHALF OF		CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST MARY LOUISE ISAACSON											
STREET ADDRESS 714 N 3RD STREET											
CITY PHILA			STATE PA			ZIP CODE 19123 -					
TYPE OF REPORT (CHECK ONE)		NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION			
6TH TUESDAY PRE-PRIMARY		STATE REPRESENTATIVE			175	DEN		MO.	DAY	YEAR	
2ND FRIDAY PRE-PRIMARY								05	18	2021	
30 DAY POST-PRIMARY								FOR OFFICE USE ONLY			
6TH TUESDAY PRE-ELECTION											
2ND FRIDAY PRE-ELECTION											
30 DAY POST-ELECTION											
ANNUAL REPORT											
		DATES OF REPORTING PERIOD									
		MO.	DAY	YEAR	TO	MO.	DAY	YEAR			
		05	03	21		06	07	21			
		CASH BALANCE AT END OF REPORTING PERIOD:									
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:									
		AMENDMENT REPORT?		YES	NO						
		TERMINATION REPORT?		YES	NO						

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20__

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 _____ 2021

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ 2025

SIGNATURE OF CANDIDATE

PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal
 Samantha Pearson, Notary Public
 Philadelphia County
 My commission expires 08/28/2025
 Commission number 1361631



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	2010463	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	FRIENDS OF MARY ISAACSON								
Street Address	15019 POGGESSING CREEK LANE								
City	Phila	State	PA	Zip Code	19116				

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 checked="" 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)	05/18/2021		Year	21		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		05/03/2021	
A. Amount Brought Forward From Last Report	\$	87124.93	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	443.82	
C. Total Funds Available (Sum of Lines A and B)	\$	87568.75	
D. Total Expenditures (From Schedule III)	\$	5085.10	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	82483.65	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	00	

Affidavit Section

Part 1- 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

9th day of June 20 21

Santa Pen
Signature

Charles F Carlin
Signature of Person Submitting report
CHARLES F CARLIN
Printed Name

My Commission expires 01 20 2025
MO. DAY YR.

215 6941176
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal

Samantha Pearson, Notary Public

Philadelphia County

My commission expires January 20, 2025
Commission number 1361031

Part 2- 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

9th day of June 20 21

Santa Pen
Signature

MaryLouise Isaacson
Signature of Candidate
MaryLouise Isaacson
Printed Name

My Commission expires 01 20 2025
MO. DAY YR.

215 4326090
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal

Samantha Pearson, Notary Public

Philadelphia County

My commission expires January 20, 2025
Commission number 1361031

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	201806545		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST MARY LOUISE ISAACSON										
STREET ADDRESS 714 N 3RD STREET										
CITY PHILA			STATE PA		ZIP CODE 19123					
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION			
	STATE REPRESENTATIVE			175	DEN		MO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY	1.							05 18 2021		
2ND FRIDAY PRE-PRIMARY	2.									
30 DAY POST-PRIMARY	<input checked="" type="checkbox"/>									
6TH TUESDAY PRE-ELECTION	4.									
2ND FRIDAY PRE-ELECTION	5.									
30 DAY POST-ELECTION	6.									
ANNUAL REPORT	7.									
		DATES OF REPORTING PERIOD		MO. DAY YEAR		TO		MO. DAY YEAR		
				05 03 21				06 07 21		
		CASH BALANCE AT END OF REPORTING PERIOD:		S		0				
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		S		0				
		AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>			
		TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>			

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
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I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

SIGNATURE OF PERSON SUBMITTING REPORT

PRINTED NAME

AREA CODE

DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 _____ 2021

SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ 2025

SIGNATURE OF CANDIDATE

Mary Louise Isaacson

PRINTED NAME

215 _____
AREA CODE

432 6090

DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Notary Seal
 Samantha Pearson, Notary Public
 Philadelphia County
 My commission expires January 20, 2025
 Commission number 1301034



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	2010463	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	FRIENDS OF MARY ISACSON								
Street Address	15019 Pigeon CREEK LANE								
City	Phila	State	PA	Zip Code	19116				

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 checked="" 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)	05/19/2021		Year	21		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		05/03/2021	
A. Amount Brought Forward From Last Report		\$ 87,124.93	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 443.82	
C. Total Funds Available (Sum of Lines A and B)		\$ 87,568.75	
D. Total Expenditures (From Schedule III)		\$ 5,085.10	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 82,483.65	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 00	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 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 on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

9th day of June 20 21
 Signature: *[Signature]*

[Signature]
 Signature of Person Submitting report
 CHARLES F CARLIN
 Printed Name

My Commission expires 01 20 2025
 MO. DAY YR

215 694 1176
 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Samantha Pearson, Notary Public
 Philadelphia County
 My commission expires January 20, 2025
 Commission number 1361031

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

9th day of June 20 21
 Signature: *[Signature]*

[Signature]
 Signature of Candidate
 MaryLouise Isaacson
 Printed Name

My Commission expires 01 20 2025
 MO. DAY YR

215 432 6090
 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Samantha Pearson, Notary Public
 Philadelphia County
 My commission expires January 20, 2025
 Commission number 1361031

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	201 0463		
	FRIENDS OF MARY ISACSON		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
	Total for the reporting period	(1)	\$.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
	Contributions Received from Political Committees (Part A)		\$.00
	All Other Contributions (Part B)		\$.00
	Total for the reporting period	(2)	\$.00
3. Contributions Over \$250.00 (From Part C and Part D)			
	Contributions Received from Political Committees (Part C)		\$.00
	All Other Contributions (Part D)		\$.00
	Total for the reporting period	(3)	\$.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
	Total for the reporting period	(4)	\$ 443,82
	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)		\$ 443,82

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 2010463	FRIENDS OF MARY ISAACSON
---	---------------------------------

							Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$ 0
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: 2010463	FRIENDS OF MARY ISAACSON
--	---------------------------------

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	0
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]		\$	0

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:	<i>8010463</i>	<i>FRIENDS OF MARY ISACSON</i>
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	<i>0</i>
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]	\$	<i>0</i>

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: <i>2010463</i>	<i>FRIENDS OF MARY TSACSON</i>
--	--------------------------------

Full Name of Contributor					Date [MM/DD/YYYY]	\$	<i>0</i>
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, 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.

Filer Identification Number: 2010467 FRIENDS OF MARY ISAACSON									
Full Name: BOYING TIME LLC									
House # 650		Street Address: MASSACHUSETTS AVE NW SUITE 210							
City: Washington		State: DC		Zip Code: 20001		Date [MM/DD/YYYY]: 05/06/2021		\$: 443.82	
Receipt Description: REFUND OF INTERNET TIME									
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:	2010463	FRIENDS OF MARY ISAACSON
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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: 2010463	FRIENDS OF MARY ISARCOID
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	0	
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]	\$
							0	
Description of Contribution								

SCHEDULE II
Part G

In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number: 2010963	FRIENDS OF MARY ISAACSON
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
							0
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: 2010463	FRIENDS OF MARY ISAACSON
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To Whom Paid	Hinge Cafe				Date [MM/DD/YYYY]	\$	36.08
House #	Somerset + Edmond St				Description of Expenditure		
City	Phila	State	Pa	Zip Code	19134	Lunch Meeting	
To Whom Paid	act Blue				Date [MM/DD/YYYY]	\$	15.00
House #	INTERNET				Description of Expenditure		
City		State		Zip Code		Service Fee	
To Whom Paid	Lynne Parkwood Package				Date [MM/DD/YYYY]	\$	13.17
House #	12325	Street Address		Academy Rd			
City	Phila	State	Pa	Zip Code	19154	Catering Material	
To Whom Paid	Samantha Pearson				Date [MM/DD/YYYY]	\$	1200.00
House #	2774	Street Address		Mantua Street			
City	Phila	State	Pa	Zip Code	19134	Consultant Fee	
To Whom Paid	Milk Bar Cafe				Date [MM/DD/YYYY]	\$	14.94
House #	718	Street Address		N 3rd Street			
City	Phila	State	Pa	Zip Code	19177	Coffee Meeting	
To Whom Paid	P J Clark				Date [MM/DD/YYYY]	\$	106.98
House #	607	Street Address		Walnut St			
City	Phila	State	Pa	Zip Code	19106	Dinner Meeting	
To Whom Paid	Famous Deli				Date [MM/DD/YYYY]	\$	67.26
House #	4th	Street Address		South Street			
City	Phila	State	Pa	Zip Code		Lunch Meeting	
To Whom Paid	Vantec Commerce				Date [MM/DD/YYYY]	\$	9.99
House #	Street Address		INTERNET				
City		State		Zip Code		Service Fee	

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number: **201 0463** **FRIENDS OF MARY ISACSON**

To Whom Paid		C.KE CATERING			Date [MM/DD/YYYY]	\$	27.69
House #	Street Address				Description of Expenditure		
	Main Capital				VIATOR LUNCH		
City	State	Zip Code					
Harrisburg	Pg	17128			AT CAPITAL		
To Whom Paid		Cafe ole			Date [MM/DD/YYYY]	\$	42.77
House #	Street Address				Description of Expenditure		
705	V 3 rd street				LUNCH Mchur		
City	State	Zip Code					
Phila	Pa	19133					
To Whom Paid		Lynnmartha Breason			Date [MM/DD/YYYY]	\$	300.00
House #	Street Address				Description of Expenditure		
2774	Martha Street				BOU		
City	State	Zip Code					
Phila	Pa	19134					
To Whom Paid		P KVM (Van Vertens)			Date [MM/DD/YYYY]	\$	17.00
House #	Street Address				Description of Expenditure		
4	Spice and Chalk St				Dontation		
City	State	Zip Code					
Phila	Pa	19147					
To Whom Paid		Famous Deli			Date [MM/DD/YYYY]	\$	58.44
House #	Street Address				Description of Expenditure		
444	South Street				Lunch Meeting		
City	State	Zip Code					
To Whom Paid		Dallas tree store			Date [MM/DD/YYYY]	\$	130.58
House #	Street Address				Description of Expenditure		
	Yoch + Armager				out Reach		
City	State	Zip Code					
Phila	Pa	19125			lecture		
To Whom Paid		Comcast			Date [MM/DD/YYYY]	\$	283.23
House #	Street Address				Description of Expenditure		
504	Brook St				Cable Bill		
City	State	Zip Code					
Phila	Pa	19123					
To Whom Paid		Milechange			Date [MM/DD/YYYY]	\$	68.03
House #	Street Address				Description of Expenditure		
	INTERNET				Service Fee		
City	State	Zip Code					

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number: **2010463** **FRIENDS OF MARY ISAACSON**

To Whom Paid		<i>Citizens Bank</i>			Date [MM/DD/YYYY]	\$	<i>300</i>
House #	Street Address				Description of Expenditure		
City	<i>Phila</i>	State	<i>Pa</i>	Zip Code	<i>19125</i>	<i>Bank Fee</i>	
To Whom Paid		<i>Eppanow</i>			Date [MM/DD/YYYY]	\$	<i>283.41</i>
House #	Street Address				Description of Expenditure		
City	<i>Westbury</i>	State	<i>NY</i>	Zip Code		<i>and Rental hand out for Campaign</i>	
To Whom Paid		<i>Berkton + Branch</i>			Date [MM/DD/YYYY]	\$	<i>58.64</i>
House #	Street Address				Description of Expenditure		
City	<i>Phila</i>	State	<i>Pa</i>	Zip Code	<i>19123</i>	<i>Church Meeting</i>	
To Whom Paid		<i>Berkton + Branch</i>			Date [MM/DD/YYYY]	\$	<i>108.12</i>
House #	Street Address				Description of Expenditure		
City	<i>Phila</i>	State	<i>Pa</i>	Zip Code	<i>19123</i>	<i>Staff Meeting</i>	
To Whom Paid		<i>Cheltenham Presby</i>			Date [MM/DD/YYYY]	\$	<i>152.64</i>
House #	Street Address				Description of Expenditure		
City	<i>Cheltenham</i>	State	<i>Pa</i>	Zip Code	<i>19006</i>	<i>Presby for Campaign</i>	
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			

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: 2010463	FRIENDS OF MARY ISAACSON
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Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	0	
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						
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						
Name of Creditor					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	0	
City		State	Zip Code			
Description of Debt						

