

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Represent PAC

ADDRESS (number and street)   
  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Jacobs, Christine, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Jacobs, Christine, , ,* [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**Represent PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="13462.88"/>	<input type="text" value="13462.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13462.88"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7370.00"/>	<input type="text" value="7370.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="20832.88"/>	<input type="text" value="20832.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10709.03"/>	<input type="text" value="10709.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="10123.85"/>	<input type="text" value="10123.85"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Represent PAC**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....	6800.00	6800.00
(ii) Unitemized .....	570.00	570.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	7370.00	7370.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	7370.00	7370.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	7370.00	7370.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7370.00	7370.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	5709.03	5709.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5709.03	5709.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	5000.00	5000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10709.03	10709.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10709.03	10709.03

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7370.00	7370.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7370.00	7370.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5709.03	5709.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5709.03	5709.03

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Represent PAC**

**A. Rodgers, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 567 W Hartwell Ln  
 City Philadelphia State PA Zip Code 19118-4112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) harp-weaver LLC Occupation (for Individual) Philanthropy Adviser  
 Receipt For: 2020  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2019  
**Transaction ID : VPFCRQA1H3**  
 Amount of Each Receipt this Period  
 1200.00  
 Memo Item

**B. Thorell, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Tohopeka Ln  
 City Philadelphia State PA Zip Code 19118-3825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Teckro Occupation (for Individual) Clinical research  
 Receipt For: 2017  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2019  
**Transaction ID : VPFCRJA54**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Thorell, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Tohopeka Ln  
 City Philadelphia State PA Zip Code 19118-3825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Teckro Occupation (for Individual) Clinical research  
 Receipt For: 2017  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2019  
**Transaction ID : VPFCSS6E684**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Represent PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Thorell, Lori, , ,</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2019
Mailing Address 6 Tohopeka Ln		<b>Transaction ID : VPFCSS38AD7</b>
City Philadelphia	State PA	Zip Code 19118-3825
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Teckro	Occupation (for Individual) Clinical research	<input type="checkbox"/> Memo Item
Receipt For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Thorell, Lori, , ,</b>		Date of Receipt MM / DD / YYYY 02 / 21 / 2019
Mailing Address 6 Tohopeka Ln		<b>Transaction ID : VPFCSRTNMY7</b>
City Philadelphia	State PA	Zip Code 19118-3825
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Teckro	Occupation (for Individual) Clinical research	<input type="checkbox"/> Memo Item
Receipt For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Thorell, Lori, , ,</b>		Date of Receipt MM / DD / YYYY 01 / 21 / 2019
Mailing Address 6 Tohopeka Ln		<b>Transaction ID : VPFCSRNZN28</b>
City Philadelphia	State PA	Zip Code 19118-3825
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Teckro	Occupation (for Individual) Clinical research	<input type="checkbox"/> Memo Item
Receipt For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Represent PAC**

**A. Thorell, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Tohopeka Ln  
 City Philadelphia State PA Zip Code 19118-3825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Teckro Occupation (for Individual) Clinical research  
 Receipt For: 2017  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2019  
**Transaction ID : VPFCSS06238**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Jacobs, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 240 Spruce St  
 City Philadelphia State PA Zip Code 19106-4322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For: 2019  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2019  
**Transaction ID : VPFCSRWDE59**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5100.00
<b>TOTAL</b> This Period (last page this line number only).....	6800.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Represent PAC**

Full Name (Last, First, Middle Initial) <b>A. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2019
Mailing Address PO Box 856177		FEC Identification Number C <b>Transaction ID : VPEDHA93W</b> Amount of Each Disbursement this Period 38.53
City Louisville	State KY	
Zip Code 40285-6177		Memo Item <input type="checkbox"/>
Purpose of Disbursement Bank fee		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DeFelice, Courtney, , ,</b>		Date of Disbursement MM / DD / YYYY 04 / 05 / 2019
Mailing Address 4595 Fleming St		FEC Identification Number C <b>Transaction ID : VPEDHA924X</b> Amount of Each Disbursement this Period 375.00
City Philadelphia	State PA	
Zip Code 19128-4720		Memo Item <input type="checkbox"/>
Purpose of Disbursement Internship Stipend		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Primary	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kleinbard LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2019
Mailing Address 1650 Market St FI 46		FEC Identification Number C <b>Transaction ID : VPEDHA8VX</b> Amount of Each Disbursement this Period 1000.00
City Philadelphia	State PA	
Zip Code 19103-7305		Memo Item <input type="checkbox"/>
Purpose of Disbursement Compliance Consulting		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1413.53
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Represent PAC**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 856177

City Louisville State KY Zip Code 40285-6177

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 03 / 2019

FEC Identification Number

C  
Transaction ID : VPEDHA9BX  
Amount of Each Disbursement this Period  
12.40

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kleinbard LLC**

Mailing Address 1650 Market St  
FI 46

City Philadelphia State PA Zip Code 19103-7305

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2017  Primary  General  Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2019

FEC Identification Number

C  
Transaction ID : VPEDHA924R  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DeFelice, Courtney, , ,**

Mailing Address 4595 Fleming St

City Philadelphia State PA Zip Code 19128-4720

Purpose of Disbursement  
Internship Stipend

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼  
Special Primary

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2019

FEC Identification Number

C  
Transaction ID : VPEDHA924I  
Amount of Each Disbursement this Period  
375.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

887.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Represent PAC**

**A. DeFelice, Courtney, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4595 Fleming St

City Philadelphia State PA Zip Code 19128-4720

Purpose of Disbursement Internship Stipend

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2019  Primary  General  Other (specify)  Special Primary

State: District:

Date of Disbursement: 05 / 03 / 2019

FEC Identification Number: C

Transaction ID : VPEDHA93Vz

Amount of Each Disbursement this Period: 375.00

Memo Item

**B. DeFelice, Courtney, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4595 Fleming St

City Philadelphia State PA Zip Code 19128-4720

Purpose of Disbursement Internship Stipend

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2019  Primary  General  Other (specify)  Special Primary

State: District:

Date of Disbursement: 06 / 05 / 2019

FEC Identification Number: C

Transaction ID : VPEDHA9A3J

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. PNC Bank**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 856177

City Louisville State KY Zip Code 40285-6177

Purpose of Disbursement Account maintenance fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 28 / 2019

FEC Identification Number: C

Transaction ID : VPEDHA8Wl

Amount of Each Disbursement this Period: 50.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

925.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Represent PAC**

Full Name (Last, First, Middle Initial)

**A. Kleinbard LLC**

Mailing Address 1650 Market St  
FI 46

City Philadelphia

State PA

Zip Code 19103-7305

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : VPEDHA9651

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PNC Bank**

Mailing Address PO Box 856177

City Louisville

State KY

Zip Code 40285-6177

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : VPEDHA8VX8

Amount of Each Disbursement this Period

[REDACTED] 12.57

Memo Item

Full Name (Last, First, Middle Initial)

**C. DeFelice, Courtney, , ,**

Mailing Address 4595 Fleming St

City Philadelphia

State PA

Zip Code 19128-4720

Purpose of Disbursement  
Internship Stipend

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2019  
 Primary  General  
 Other (specify) ▼  
Special Primary

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : VPEDHA8VM

Amount of Each Disbursement this Period

[REDACTED] 375.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 887.57

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Represent PAC**

Full Name (Last, First, Middle Initial) <b>A. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2019
Mailing Address PO Box 856177		FEC Identification Number C <b>Transaction ID : VPEDHA93W</b> Amount of Each Disbursement this Period 13.03
City Louisville	State KY	
Zip Code 40285-6177	Purpose of Disbursement Bank fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2019
Mailing Address PO Box 856177		FEC Identification Number C <b>Transaction ID : VPEDHA8VX7</b> Amount of Each Disbursement this Period 50.00
City Louisville	State KY	
Zip Code 40285-6177	Purpose of Disbursement Account maintenance fee	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DeFelice, Courtney, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2019
Mailing Address 4595 Fleming St		FEC Identification Number C <b>Transaction ID : VPEDHA8M9</b> Amount of Each Disbursement this Period 375.00
City Philadelphia	State PA	
Zip Code 19128-4720	Purpose of Disbursement Internship Stipend	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	438.03
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Represent PAC**

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address PO Box 856177

City  
Louisville

State  
KY

Zip Code  
40285-6177

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	1	9

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VPEDHA8MA**  
Amount of Each Disbursement this Period  
[Redacted] 12.57

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kleinbard LLC**

Mailing Address 1650 Market St  
FI 46

City  
Philadelphia

State  
PA

Zip Code  
19103-7305

Purpose of Disbursement  
Compliance Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	9

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VPEDHA924T**  
Amount of Each Disbursement this Period  
[Redacted] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PNC Bank**

Mailing Address PO Box 856177

City  
Louisville

State  
KY

Zip Code  
40285-6177

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	9

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VPEDHA93W**  
Amount of Each Disbursement this Period  
[Redacted] 19.93

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5	3	2	.	5	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Represent PAC**

**A. DeFelice, Courtney, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4595 Fleming St

City Philadelphia State PA Zip Code 19128-4720

Purpose of Disbursement Internship Stipend

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 03 / 2019

FEC Identification Number: C

Transaction ID : VPEDHA8M9

Amount of Each Disbursement this Period: 125.00

Memo Item

**B. Kleinbard LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1650 Market St  
FI 46

City Philadelphia State PA Zip Code 19103-7305

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 14 / 2019

FEC Identification Number: C

Transaction ID : VPEDHA9A3M

Amount of Each Disbursement this Period: 500.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5709.03

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Represent PAC**

**A. Tina Smith for Minnesota**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 14362

City Saint Paul State MN Zip Code 55114-0362

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2019

FEC Identification Number: C

Transaction ID : VPEDHA8WN

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00