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Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	Candidate		Committee	X	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Keeping Kids in School						
Street Address	9 Bayberry Cir						
City	Ambler	State	PA	Zip Code	19002		

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 5th Tuesday Pre-Election	5- 2nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
					X			

Date Of Election (MM/DD/YYYY)		Year	2021	Amendment Report		Termination Report	X

Summary of Receipts and Expenditures	From Date		To Date
	10/19/2021		11/22/2021
A. Amount Brought Forward From Last Report		$	4,486.5
B. Total Monetary Contributions and Receipts (From Schedule I)		$	11,662.64
C. Total Funds Available (Sum of Lines A and B)		$	16,149.14
D. Total Expenditures (From Schedule II)		$	16,149.14
E. Ending Cash Balance (Subtract Line D from Line C)		$	0
F. Value of In-Kind Contributions Received (From Schedule I)		$	0
G. Unpaid Debts and Obligations (From Schedule IV)		$	0

For Office Use Only

SLD

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

30 day of November 20 21

Signature

Commonwealth of Pennsylvania - Notary Seal
Douglas T. Rickards, Notary Public
Dauphin County
My commission expires August 06, 2023
My commission number 1292437

My Commission expires 08 06 2023
MO. DAY YR.

Beth Ann Rosica
Signature of Person Submitting report

Beth Ann Rosica
Printed Name

484 431-2595
Area Code Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

____ day of ____ 20 ____

Signature

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	

1. Unitemized Contributions and Receipts $50.00 or Less per Contributor			
Total for the reporting period	(1)	$	100
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)		$	11,562.64
All Other Contributions (Part D)		$	0
Total for the reporting period	(3)	$	11,562.64
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	$	0
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)*		$	11,662.64

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	

								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	

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	

Full Name of Contributing Committee	Back to School PA					Date [MM/DD/YYYY] 10/25/2021	$ 8,000
House #	5	Street Address	Theodore Way			Date [MM/DD/YYYY]	$
City	Doylestown	State	PA	Zip Code	18901	Date [MM/DD/YYYY]	$
Full Name of Contributing Committee	Back to School PA					Date [MM/DD/YYYY] 11/22/2021	$ 1,562.64
House #	5	Street Address	Theodore Way			Date [MM/DD/YYYY]	$
City	Doylestown	State	PA	Zip Code	18901	Date [MM/DD/YYYY]	$
Full Name of Contributing Committee	Back to School PA					Date [MM/DD/YYYY] 11/22/2021	$ 2,000
House #	5	Street Address	Theodore Way			Date [MM/DD/YYYY]	$
City	Doylestown	State	PA	Zip Code	18901	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 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:	

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:	

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 RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SUMMARY PAGE

Filer identification Number:	

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 H)			
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

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF $50.01 TO $250

Filer Identification Number	

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

Filer Identification Number	

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	

To Whom Paid	GivingFuel.com				Date [MM/DD/YYYY] 10/27/2021	$ 1.49
House # 1200	Street Address	2nd St, 2nd Floor			Description of Expenditure	
City	Sacramento	State CA	Zip Code	95814	Service fee	
To Whom Paid	PNC Bank				Date [MM/DD/YYYY] 11/02/2021	$ 36
House # 655	Street Address	Business Center Dr			Description of Expenditure	
City	Horsham	State PA	Zip Code	19044	Service fee	
To Whom Paid	GivingFuel.com				Date [MM/DD/YYYY] 11/20/2021	$ 1.49
House # 1200	Street Address	2nd St, 2nd Floor			Description of Expenditure	
City	Sacramento	State PA	Zip Code	95814	Service fee	
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			

SCHEDULE III

Statement of Expenditures

Filer Identification Number	

To Whom Paid	Dana Vesey					Date (MM/DD/YYYY)	$	1,083.48
House #	1920	Street Address	Ridge Rd			10/26/2021		
City	Telford	State	PA	Zip Code	18969	Description of Expenditure		
						Printing and postage		

To Whom Paid	PNC Bank					Date (MM/DD/YYYY)	$	36
House #	655	Street Address	Business Center Dr			11/02/2021		
City	Horsham	State	PA	Zip Code	19044	Description of Expenditure		
						Service fee		

To Whom Paid	DTR Consulting, LLC					Date (MM/DD/YYYY)	$	2,000
House #	210	Street Address	Kelker St			11/22/2021		
City	Harrisburg	State	PA	Zip Code	17102	Description of Expenditure		
						Professional services		

To Whom Paid	PNC Bank					Date (MM/DD/YYYY)	$	36
House #	655	Street Address	Business Center Dr			11/04/2021		
City	Horsham	State	PA	Zip Code	19044	Description of Expenditure		
						Service fee		

To Whom Paid	GivingFuel.com					Date (MM/DD/YYYY)	$	1.49
House #	1200	Street Address	2nd St, 2nd Floor			10/19/2021		
City	Sacramento	State	CA	Zip Code	95814	Description of Expenditure		
						Service fee		

To Whom Paid	GivingFuel.com					Date (MM/DD/YYYY)	$	1.49
House #	1200	Street Address	2nd St, 2nd Floor			10/20/2021		
City	Sacramento	State	CA	Zip Code	95814	Description of Expenditure		
						Service fee		

To Whom Paid	PNC Bank					Date (MM/DD/YYYY)	$	36
House #	655	Street Address	Business Center Dr			11/10/2021		
City	Horsham	State	PA	Zip Code	19044	Description of Expenditure		
						Service fee		

To Whom Paid	PNC Bank					Date (MM/DD/YYYY)	$	36
House #	655	Street Address	Business Center Dr			11/10/2021		
City	Horsham	State	PA	Zip Code	19044	Description of Expenditure		
						Service fee		

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid:	Mailchimp					Date [MM/DD/YYYY]:	$:	22.25
House #:	675	Street Address:	Ponce de Leon Ave, NE			Description of Expenditure:		
City:	Atlanta	State:	GA	Zip Code:	30308	Emails		
To Whom Paid:	Montgomery County Republican Committee					Date [MM/DD/YYYY]:	$:	2,000
House #:	860	Street Address:	Penllyn Blue Bell Pk, Suite 240			Description of Expenditure:		
City:	Blue Bell	State:	PA	Zip Code:	19422	Contribution		
To Whom Paid:	Uber					Date [MM/DD/YYYY]:	$:	53.11
House #:	1455	Street Address:	Market St, Suite 400			Description of Expenditure:		
City:	San Francisco	State:	CA	Zip Code:	94103	Transportation		
To Whom Paid:	Uber					Date [MM/DD/YYYY]:	$:	84.68
House #:	1455	Street Address:	Market St, Suite 400			Description of Expenditure:		
City:	San Francisco	State:	CA	Zip Code:	94103	Transportation		
To Whom Paid:	Uber					Date [MM/DD/YYYY]:	$:	103.91
House #:	1455	Street Address:	Market St, Suite 400			Description of Expenditure:		
City:	San Francisco	State:	CA	Zip Code:	94103	Transportation		
To Whom Paid:	Uber					Date [MM/DD/YYYY]:	$:	52.34
House #:	1455	Street Address:	Market St, Suite 400			Description of Expenditure:		
City:	San Francisco	State:	PA	Zip Code:	94103	Transportation		
To Whom Paid:	L2, Inc.					Date [MM/DD/YYYY]:	$:	309
House #:	18912	Street Address:	North Creek Parkway Bldg. A, Suite 201			Description of Expenditure:		
City:	Bothell	State:	WA	Zip Code:	98011	Data services		
To Whom Paid:	RumbleUp.com					Date [MM/DD/YYYY]:	$:	100
House #:		Street Address:				Description of Expenditure:		
City:	Washington	State:	DC	Zip Code:		Text messages		

SCHEDULE III

Statement of Expenditures

Filer Identification Number	

To Whom Paid	Mailchimp					Date (MM/DD/YYYY)	$	22.25
House #	675	Street Address	Ponce de Leon Ave, NE			11/17/2021		
City	Atlanta	State	GA	Zip Code	30308	Description of Expenditure		
						Emails		

To Whom Paid	PNC Bank					Date (MM/DD/YYYY)	$	6
House #	655	Street Address	Business Center Dr			11/01/2021		
City	Horsham	State	PA	Zip Code	19044	Description of Expenditure		
						Service fee		

To Whom Paid	GivingFuel.com					Date (MM/DD/YYYY)	$	0.6
House #	1200	Street Address	2nd St, 2nd Floor			11/01/2021		
City	Sacramento	State	CA	Zip Code	95814	Description of Expenditure		
						Service fee		

To Whom Paid	Triumph Campaigns					Date (MM/DD/YYYY)	$	10,051.17
House #		Street Address	P.O. Box 12243			11/01/2021		
City	Jackson	State	MS	Zip Code	39236	Description of Expenditure		
						Printing and postage		

To Whom Paid	Uber					Date (MM/DD/YYYY)	$	28.34
House #	1455	Street Address	Market St, Suite 400			11/03/2021		
City	San Francisco	State	CA	Zip Code	94103	Description of Expenditure		
						Transportation		

To Whom Paid	Uber					Date (MM/DD/YYYY)	$	7.05
House #	1455	Street Address	Market St, Suite 400			10/28/2021		
City	San Francisco	State	PA	Zip Code	94103	Description of Expenditure		
						Transportation		

To Whom Paid	Clicksend.com					Date (MM/DD/YYYY)	$	20
House #	2625	Street Address	Alcatraz Ave, #292			11/01/2021		
City	Berkeley	State	CA	Zip Code	94705	Description of Expenditure		
						Text messages		

To Whom Paid	RumbleUp.com					Date (MM/DD/YYYY)	$	19
House #		Street Address				10/26/2021		
City	Washington	State	DC	Zip Code		Description of Expenditure		
						Text messages		

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.

File Identification Number	

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]			$
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							