



**Campaign Finance Section
Financial Report**

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

FULL ORGANIZATION NAME:

Change Can't Wait PAC

ACCOUNT NUMBER :

02005278

DATE OF THIS REPORT :

09/06/2022

REPORTING PERIOD START :

08/15/2022

REPORTING PERIOD END :

09/05/2022

OFFICE SOUGHT :

CHECK THE BOX THAT APPLIES TO THIS REPORT :

PRIMARY ELECTION

☒

8-DAY

☐

30-DAY

OTHER ELECTION

☐

8-DAY

☐

30-DAY

GENERAL ELECTION

☐

8-DAY

☐

30-DAY

SPECIAL ELECTION

☐

8-DAY

☐

30-DAY

☐

YEAR END

THIRD-PARTY ADVERTISERS

☐

FINAL ORGANIZATION CLOSING :

☐

YES

☒

NO

AMENDMENT :

☐

YES

☒

NO

CLOSING DATE :

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

Mrs. Maribeth Przywara

TREASURER SIGNATURE

DATE

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Campaign Finance

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STATEMENT OF ACCOUNT BALANCE

| | | | | |
|---|-----------------|--------------------|-------------------|--------------------|
| ACCOUNT NUMBER : | <u>02005278</u> | REPORTING PERIOD : | <u>08/15/2022</u> | <u>09/05/2022</u> |
| | | FROM | | TO |
| 1. BEGINNING BALANCE (Ending Balance from last reporting period) | | | | <u>\$57,566.70</u> |
| 2. RECEIPTS : | | | | |
| A. SCHEDULE A - TOTAL RECEIPTS | | | | <u>\$0.00</u> |
| B. SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS | | | | <u>\$0.00</u> |
| C. SCHEDULE D-1 - TOTAL LOANS RECEIVED AND DEBTS INCURRED | | | | <u>\$0.00</u> |
| D. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED | | | | <u>\$0.00</u> |
| E. SUBTOTAL (Total of A,B,C,D) | | | | <u>\$0.00</u> |
| 3. EXPENDITURES : | | | | |
| F. SCHEDULE B - TOTAL EXPENDITURES | | | | <u>\$70.00</u> |
| G. SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES | | | | <u>\$0.00</u> |
| H. SCHEDULE D-2 - LOAN AND DEBT PAYMENTS | | | | <u>\$0.00</u> |
| I. SCHEDULE E - INTER COMMITTEE (SHARED) EXPENSES | | | | <u>\$0.00</u> |
| J. SUBTOTAL (Total of F,G,H,I) | | | | <u>\$70.00</u> |
| 4. ENDING BALANCE (Beginning Balance plus 2E minus 3J) | | | | <u>\$57,496.70</u> |
| 5. VALUE OF NON-CASH ASSETS (From Schedule F) | | | | <u>\$0.00</u> |
| 6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G) | | | | <u>\$0.00</u> |
| 7. VALUE OF LOANS AT END OF PERIOD (Loan Balance From Schedule D-2) | | | | <u>\$0.00</u> |

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SCHEDULE A - TOTAL RECEIPTS

ACCOUNT NUMBER : 02005278

REPORTING PERIOD : 08/15/2022
FROM

09/05/2022
TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

RECEIPTS :

| Date Received | Contributor Name | Contributor Mailing Address | Aggregate Amount | Amount Received |
|---|------------------|-----------------------------|------------------|-----------------|
| TOTAL ITEMIZED RECEIPTS | | | | \$0.00 |
| TOTAL OF CONTRIBUTIONS NOT EXCEEDING \$100 | | | | \$0.00 |
| GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A) | | | | \$0.00 |

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SCHEDULE B - TOTAL EXPENDITURES

ACCOUNT NUMBER : 02005278 REPORTING PERIOD : 08/15/2022 09/05/2022
FROM TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

EXPENDITURES :

| Date Expended | Payee Name | Payee Mailing Address | Vendor | Aggregate Amount | Amount Expended |
|--|-------------------|--|--------|------------------|-----------------|
| 08/31/2022 | State of Delaware | 905 S. Governors Avenue, Suite170, Dover, Delaware, 19904 | | \$70.00 | \$70.00 |
| TOTAL ITEMIZED EXPENDITURES | | | | | \$70.00 |
| TOTAL OF EXPENDITURES NOT EXCEEDING \$100 | | | | | \$0.00 |
| GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F) | | | | | \$70.00 |

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SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCOUNT NUMBER : 02005278 REPORTING PERIOD : 08/15/2022 09/05/2022
FROM TO

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

IN-KIND CONTRIBUTIONS :

(NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES)

| Date Received | Contributor Name | Contributor Mailing Address | Description of Contribution | Est. Amount Received |
|---|------------------|-----------------------------|-----------------------------|----------------------|
| TOTAL ITEMIZED IN-KIND CONTRIBUTIONS | | | | \$0.00 |
| TOTAL OF IN-KIND CONTRIBUTIONS NOT EXCEEDING \$100 | | | | \$0.00 |
| GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2B) | | | | \$0.00 |

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SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCOUNT NUMBER : 02005278 REPORTING PERIOD : 08/15/2022 09/05/2022
FROM TO

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

IN-KIND EXPENDITURES :

(NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)

| Date Expended | Person or Activity Name | Person or Activity Location or Mailing Address | Vendor | Description of Expenditure | Est. Amount Expended |
|---|-------------------------|--|--------|----------------------------|----------------------|
| TOTAL ITEMIZED IN-KIND EXPENDITURES | | | | | \$0.00 |
| TOTAL OF IN-KIND EXPENDITURES NOT EXCEEDING \$100 | | | | | \$0.00 |
| GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G) | | | | | \$0.00 |

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SCHEDULE D-1 - TOTAL LOANS RECEIVED AND DEBTS INCURRED

ACCOUNT NUMBER : 02005278 REPORTING PERIOD : 08/15/2022 09/05/2022
FROM TO

All loans in excess of \$50 RECEIVED DURING THIS REPORTING PERIOD should be itemized on this schedule. NOTE: These loans must also be listed on Schedule D-2.

LOANS RECEIVED IN EXCESS OF \$50 :

| Transaction Id | Date Received | Lender | Endorser | Description of Security | Int. Rate | Amount Received |
|---|---------------|--------|----------|-------------------------|-----------|-----------------|
| TOTAL LOANS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C) | | | | | | \$0.00 |

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SCHEDULE D-2 - TOTAL LOANS AND DEBTS OUTSTANDING

ACCOUNT NUMBER : 02005278 REPORTING PERIOD : 08/15/2022 09/05/2022
FROM TO

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidates Personal Funds and Other Contributors.

LOANS IN EXCESS OF \$50 :

| Transaction Id | Date Received | Lender | Endorser | Description | Int Rate | Previous Loan Balance | Payments Made | Balance |
|--|---------------|--------|----------|-------------|----------|-----------------------|---------------|---------|
| TOTAL LOANS (TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 3H. TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.) | | | | | | \$0.00 | \$0.00 | \$0.00 |

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SCHEDULE E - INTER COMMITTEE (SHARED) EXPENSES

ACCOUNT NUMBER : 02005278

REPORTING PERIOD : 08/15/2022
FROM

09/05/2022
TO

All expense reimbursements received by you and paid by you must be itemized.

REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

| Date Received | Reimburer | Description of Activity | Activity Date | Total Expense | Reimbursement |
|---|-----------|-------------------------|---------------|---------------|---------------|
| TOTAL REIMBURSEMENTS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D.) | | | | \$0.00 | \$0.00 |

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

| Date Paid | Payee | Description of Activity | Activity Date | Total Expense | Reimbursement |
|---|-------|-------------------------|---------------|---------------|---------------|
| TOTAL REIMBURSEMENTS PAID (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3L.) | | | | \$0.00 | \$0.00 |

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SCHEDULE F - NON-CASH ASSETS

ACCOUNT NUMBER : 02005278 REPORTING PERIOD : 08/15/22 09/05/2022
FROM TO

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

LIST ALL NON-CASH ASSETS

| Date Received | Description of Asset | Location of Asset (Physical Address) | Value of Asset |
|--|----------------------|--------------------------------------|----------------|
| TOTAL ASSET VALUE (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5.) | | | \$0.00 |

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SCHEDULE G - ELIMINATION OF ASSETS

ACCOUNT NUMBER : 02005278 REPORTING PERIOD : 08/15/2022 09/05/2022
FROM TO

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

LIST ALL ELIMINATED ASSETS

| Date Eliminated | Description of Asset | Disposition of Asset | Value of Asset |
|--|----------------------|----------------------|----------------|
| TOTAL ASSETS ELIMINATED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6.) | | | \$0.00 |

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