

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 20130202		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: SOLOMON, JARED FRIENDS OF											
Street Address: 6622 LYNFORD ST											
City: PHILADELPHIA					State: PA		Zip Code: 19149-2124				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/> No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2014	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY					MO DAY YEAR			202	STH	DEM	51
					11 4 2014			(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		MO	DAY	YEAR	FOR OFFICE USE ONLY	
		6	10	2014			12	31	2014		
A. Amount Brought Forward From Last Report					\$ (754.73)						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 150.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ (604.73)						
D. Total Expenditures (From Schedule III)					\$ 49.13						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ (653.86)						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 11,694.90						

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
SOLOMON, JARED FRIENDS OF	From: <u>6/10/2014</u> To: <u>12/31/2014</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 150.00

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 Page1, Report Cover Page, Item B.)	\$ 150.00
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<div> <div> PART A</div> <div> CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div> \$50.01 TO \$250.00</div> <div> 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.</div> </div>							
Name of Filing Committee or Candidate				Reporting Period			
				From:	To:		
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	<div>\$</div> <div>0.00</div>
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL	
\$	0.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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.

Name of Filing Committee or Candidate SOLOMON, JARED FRIENDS OF	Reporting Period From: <u>6/10/2014</u> To: <u>12/31/2014</u>
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				DATE			AMOUNT	
Full Name				MO	DAY	YEAR	\$	150.00
PNC								
Mailing Address								
2200 Cottman Avenue								
City		State		Zip Code (Plus 4)				
Philadelphia		PA		19149		6	19	2014
Receipt Description				Bank Fee Refund				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 150.00

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

Name of Filing Committee or Candidate		Reporting Period	
SOLOMON, JARED FRIENDS OF		From: <u>6/10/2014</u> To: <u>12/31/2014</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
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, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
SOLOMON, JARED FRIENDS OF	From <u>6/10/2014</u> To: <u>12/31/2014</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
PNC				
Mailing Address 2200 Cottman Avenue	7	1	2014	\$ 17.00
City Philadelphia	State PA	Zip Code (Plus 4) 19149	Description of Expenditure Service Fee	
To Whom Paid	MO	DAY	YEAR	
PNC				
Mailing Address 2200 Cottman Avenue	7	11	2014	\$ 32.13
City Philadelphia	State PA	Zip Code (Plus 4) 19149	Description of Expenditure Service Fee	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 49.13

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**

Name of Filing Committee or Candidate	Reporting Period
SOLOMON, JARED FRIENDS OF	From: <u>6/10/2014</u> To: <u>12/31/2014</u>

				DATE		Outstanding Balance of Debt	
Name of Creditor George Matysik				MO	DAY	YEAR	\$ 345.89
Mailing Address 3462 West Queen Lane				12	31	2013	
City Philadelphia		State PA	Zip Code (Plus 4) 19129	Description of Debt Food, Beverage, fees			
Name of Creditor George Matysik				MO	DAY	YEAR	\$ 316.00
Mailing Address 3462 West Queen Lane				12	31	2013	
City Philadelphia		State PA	Zip Code (Plus 4) 19129	Description of Debt NationBuilder Donor Database			
Name of Creditor George Matysik				MO	DAY	YEAR	\$ 396.00
Mailing Address 3462 West Queen Lane				5	5	2014	
City Philadelphia		State PA	Zip Code (Plus 4) 19129	Description of Debt Website Expense			
Name of Creditor George Matysik				MO	DAY	YEAR	\$ 707.01
Mailing Address 3462 West Queen Lane				5	5	2014	
City Philadelphia		State PA	Zip Code (Plus 4) 19129	Description of Debt Various Expense			
Name of Creditor George Matysik				MO	DAY	YEAR	\$ 200.00
Mailing Address 3642 West Queen Lane				5	29	2014	
City Philadelphia		State PA	Zip Code (Plus 4) 19129	Description of Debt Loan PNC Overdraft			
Name of Creditor Johnn Ciccone				MO	DAY	YEAR	\$ 5,000.00
Mailing Address 2006 Samson Street				5	13	2014	
City Philadelphia		State PA	Zip Code (Plus 4) 19103	Description of Debt Campaign Loan			

Name of Creditor Sam Shoap			MO	DAY	YEAR	\$ 80.00
Mailing Address 43 Cypress Circle			5	16	2014	
City Richboro	State PA	Zip Code (Plus 4) 18954	Description of Debt Report Fee			

Name of Creditor Sam Shoap			MO	DAY	YEAR	\$ 4,650.00
Mailing Address 43 Cypress Circle			5	20	2014	
City Richboro	State PA	Zip Code (Plus 4) 18954	Description of Debt April and May Consulting Fee			

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL
						\$ 11,694.90