

Commonwealth of Pennsylvania

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: 6601 Rutland St | | | | | | | | | | |
| City: Philadelphia | | | State: PA | | Zip Code: 19149 | | | | | |
| 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 | No | <input checked="" type="checkbox"/> |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> |
| | ANNUAL REPORT | 7. X | Year 2016 | 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 | 8 | 2016 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | |
| | | 11 | 29 | 2016 | | 12 | 31 | 2016 | | |
| A. Amount Brought Forward From Last Report | | | | \$ | | (9,198.43) | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | \$ | | 2,046.29 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | \$ | | (7,152.14) | | | | |
| D. Total Expenditures (From Schedule III) | | | | \$ | | 701.71 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | \$ | | (7,853.85) | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | \$ | | 0.00 | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | \$ | | 20,300.00 | | | | |

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 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

My Commission Expires _____

MO DAY YR

Signature of Person Submitting Report

Printed Name

Email

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

Email

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>11/29/2016</u> To: <u>12/31/2016</u> |

| | |
|--|----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 95.00 |

| | |
|--|-----------|
| 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) | \$ 404.00 |
| TOTAL for the Reporting Period (2) | \$ 404.00 |

| | |
|---|-------------|
| 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) | \$ 1,547.29 |
| TOTAL for the Reporting Period (3) | \$ 1,547.29 |

| | |
|--|---------|
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | |
| TOTAL for the Reporting Period (4) | \$ 0.00 |

| | |
|---|-------------|
| 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.) | \$ 2,046.29 |
|---|-------------|

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.**

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| | From: To: |
| DATE AMOUNT | |

| Full Name of Contributing Committee | MO | DAY | YEAR | |
|-------------------------------------|-------|-------------------|------|---------|
| Mailing Address | | | | \$ 0.00 |
| 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 B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

| | |
|---|--|
| Name of Filing Committee or Candidate Solomon, Jared Friends of | Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</u> |
|---|--|

| | | | DATE | | | AMOUNT |
|---|--------------------|---------------------------------------|------|-----|------|-----------|
| Full Name of Contributor | | | MO | DAY | YEAR | |
| Keith Mecca | | | | | | |
| Mailing Address 709 Yarmouth Dr | | | | | | \$ 150.00 |
| City West Chester | State PA | Zip Code (Plus 4) 193806492 | 12 | 30 | 2016 | |
| David Hyman | | | | | | |
| Mailing Address 413 W Mermaid Ln | | | | | | \$ 54.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191184203 | 12 | 29 | 2016 | |
| Larry Holman | | | | | | |
| Mailing Address 6746 Souder St | | | | | | \$ 100.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191492208 | 12 | 29 | 2016 | |
| Donna McDonough | | | | | | |
| Mailing Address 512 Atwood Ct | | | | | | \$ 100.00 |
| City Newtown | State PA | Zip Code (Plus 4) 189401755 | 12 | 28 | 2016 | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 404.00 |

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 | |
| Mailing Address | | | | \$ 0.00 |
| 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 Solomon, Jared Friends of | Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</u> |
|---|--|

| | DATE | | | AMOUNT |
|---|------------------------------|-----|-----------------|--------------------------------|
| Full Name of Contributor | MO | DAY | YEAR | \$ |
| Jared G Solomon | 12 | 31 | 2016 | 747.29 |
| Mailing Address 6616 Large St | | | | |
| City Philadelphia | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 191492122 | | | | |
| Employer Name Spector Gadon & Rosen, P.C. | Occupation Attorney | | | |
| Employer Mailing Address/Principal Place of Business 1635 Market St | City Philadelphia | | State PA | Zip Code (Plus 4) 19103 |
| Lewis Schifreen | 12 | 29 | 2016 | 500.00 |
| Mailing Address 9244 Old Newtown Rd | | | | |
| City Philadelphia | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 191154932 | | | | |
| Employer Name Self-Employed | Occupation Accountant | | | |
| Employer Mailing Address/Principal Place of Business 9244 Old Newtown Rd | City Philadelphia | | State PA | Zip Code (Plus 4) 19115 |
| Jared G Solomon | 12 | 27 | 2016 | 100.00 |
| Mailing Address 6616 Large St | | | | |
| City Philadelphia | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 191492122 | | | | |
| Employer Name Spector Gadon & Rosen, P.C. | Occupation Attorney | | | |
| Employer Mailing Address/Principal Place of Business 1635 Market St | City Philadelphia | | State PA | Zip Code (Plus 4) 19103 |
| Jared G Solomon | 12 | 8 | 2016 | 200.00 |
| Mailing Address 6616 Large St | | | | |
| City Philadelphia | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 191492122 | | | | |
| Employer Name Spector Gadon & Rosen, P.C. | Occupation Attorney | | | |
| Employer Mailing Address/Principal Place of Business 1635 Market St | City Philadelphia | | State PA | Zip Code (Plus 4) 19103 |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 1,547.29 |

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 | Reporting Period |
| | From: _____ To: _____ |

| | | | DATE | AMOUNT |
|----------------------------|-------|-------------------|------|--------|
| Full Name | MO | DAY | YEAR | \$ |
| | | | | 0.00 |
| Mailing Address | | | | |
| City | State | Zip Code (Plus 4) | | |
| Receipt Description | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

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 Solomon, Jared Friends of | Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</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 RECEIVED - 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: _____ |

| | | | DATE | AMOUNT |
|--|--------------|--------------------------|------|------------------------------|
| Full Name of Contributor | MO | DAY | YEAR | |
| Mailing Address | | | | \$ 0.00 |
| 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 | | |
| Mailing Address | | | | | \$ 0.00 |
| 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>11/29/2016</u> To: <u>12/31/2016</u> |

| | | | | DATE | AMOUNT |
|--|--------------|--------------------------|-----------------------------------|------|--------|
| To Whom Paid | MO | DAY | YEAR | | |
| Marathon Grill | 11 | 30 | 2016 | \$ | 20.82 |
| Mailing Address 121 S 16th St | | | | | |
| City Philadelphia | State | Zip Code (Plus 4) | Description of Expenditure | | |
| | PA | 191022819 | Food | | |
| To Whom Paid | MO | DAY | YEAR | | |
| USPS | 11 | 30 | 2016 | \$ | 6.45 |
| Mailing Address 6382 Castor Ave | | | | | |
| City Philadelphia | State | Zip Code (Plus 4) | Description of Expenditure | | |
| | PA | 191492756 | Postage | | |
| To Whom Paid | MO | DAY | YEAR | | |
| Philadelphia Parks Alliance | 12 | 1 | 2016 | \$ | 100.00 |
| Mailing Address PO Box 12677 | | | | | |
| City Philadelphia | State | Zip Code (Plus 4) | Description of Expenditure | | |
| | PA | 191290077 | Donation | | |
| To Whom Paid | MO | DAY | YEAR | | |
| NGP VAN | 12 | 2 | 2016 | \$ | 320.00 |
| Mailing Address 1101 15th St NW Ste 500 | | | | | |
| City Washington | State | Zip Code (Plus 4) | Description of Expenditure | | |
| | DC | 200055006 | Software | | |
| To Whom Paid | MO | DAY | YEAR | | |
| PNC | 12 | 2 | 2016 | \$ | 36.00 |
| Mailing Address 249 5th Ave | | | | | |
| City Pittsburgh | State | Zip Code (Plus 4) | Description of Expenditure | | |
| | PA | 152222707 | Bank Fee | | |
| To Whom Paid | MO | DAY | YEAR | | |
| ActBlue | 12 | 5 | 2016 | \$ | 10.80 |
| Mailing Address 366 Summer St | | | | | |
| City Somerville | State | Zip Code (Plus 4) | Description of Expenditure | | |
| | MA | 021443132 | Financial Services | | |

| | | | | | | | |
|---|--------------------|---------------------------------------|---|------------|-------------|----|-------|
| To Whom Paid PNC | | | MO | DAY | YEAR | \$ | 43.00 |
| Mailing Address 249 5th Ave | | | 12 | 5 | 2016 | | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 152222707 | Description of Expenditure Bank Fee | | | | |
| To Whom Paid PNC | | | MO | DAY | YEAR | \$ | 43.00 |
| Mailing Address 249 5th Ave | | | 12 | 6 | 2016 | | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 152222707 | Description of Expenditure Bank Fee | | | | |
| To Whom Paid PNC | | | MO | DAY | YEAR | \$ | 7.00 |
| Mailing Address 249 5th Ave | | | 12 | 7 | 2016 | | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 152222707 | Description of Expenditure Bank Fee | | | | |
| To Whom Paid Adobe Systems Inc. | | | MO | DAY | YEAR | \$ | 12.21 |
| Mailing Address 321 Park Ave | | | 12 | 12 | 2016 | | |
| City San Jose | State CA | Zip Code (Plus 4) 951102704 | Description of Expenditure Website | | | | |
| To Whom Paid Wawa | | | MO | DAY | YEAR | \$ | 14.69 |
| Mailing Address 6460 Bustleton Ave | | | 12 | 13 | 2016 | | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191492904 | Description of Expenditure Food | | | | |
| To Whom Paid USPS | | | MO | DAY | YEAR | \$ | 6.45 |
| Mailing Address 6382 Castor Ave | | | 12 | 15 | 2016 | | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191492756 | Description of Expenditure Postage | | | | |
| To Whom Paid Walgreens | | | MO | DAY | YEAR | \$ | 4.87 |
| Mailing Address 7201 Castor Ave | | | 12 | 19 | 2016 | | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191491107 | Description of Expenditure Food | | | | |
| To Whom Paid AMPCO Parking | | | MO | DAY | YEAR | \$ | 29.00 |
| Mailing Address 1701 Callowhill St | | | 12 | 20 | 2016 | | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191304114 | Description of Expenditure Transportation | | | | |

| | | | | | | |
|--|--------------------|---------------------------------------|---|------------|-------------|--------------------------------|
| To Whom Paid Dilworth Cafe | | | MO | DAY | YEAR | \$ 11.42 |
| Mailing Address 1 South 15th St | | | 12 | 20 | 2016 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19107 | Description of Expenditure Food | | | |
| To Whom Paid PNC | | | MO | DAY | YEAR | \$ 36.00 |
| Mailing Address 249 5th Ave | | | 12 | 21 | 2016 | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 152222707 | Description of Expenditure Bank Fee | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL \$ 701.71 |

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>11/29/2016</u> To: <u>12/31/2016</u> |

| | DATE | | | Outstanding Balance of Debt |
|--|------|-----|------|--------------------------------|
| Name of Creditor | MO | DAY | YEAR | |
| Joseph Zuritsky | | | | |
| Mailing Address 1706 Rittenhouse Sq | 4 | 7 | 2016 | \$ 6,000.00 |
| City Philadelphia | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 191036181 | | | | |
| Description of Debt Mail | | | | |
| Name of Creditor | | | | |
| John Ciccone | | | | |
| Mailing Address 2006 Sansom St Ste 2 | 4 | 8 | 2016 | \$ 5,000.00 |
| City Philadelphia | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 191034415 | | | | |
| Description of Debt Mail | | | | |
| Name of Creditor | | | | |
| The Philadelphia Protestant Home | | | | |
| Mailing Address 6401 Martins Mill Rd | 7 | 9 | 2016 | \$ 1,800.00 |
| City Philadelphia | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 191115304 | | | | |
| Description of Debt Thank You Event | | | | |
| Name of Creditor | | | | |
| Kevin Greenberg | | | | |
| Mailing Address 1600 John F Kennedy Blvd Ste 200 | 8 | 31 | 2016 | \$ 7,500.00 |
| City Philadelphia | | | | |
| State PA | | | | |
| Zip Code (Plus 4) 191032813 | | | | |
| Description of Debt Retainer for Legal Services | | | | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | PAGE TOTAL |
| | | | | \$ 20,300.00 |