

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 :		20160170		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF CAROLYN COMITTA												
Street Address:												
City: WEST CHESTER						State: PA			Zip Code: 19382			
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. X	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.	Year 2018	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
						MO	DAY	YEAR	DEM			
						11	6	2018	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:				MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
				5	1	2018		6	4	2018		
A. Amount Brought Forward From Last Report						\$ 89,102.42						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 10,700.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 99,802.42						
D. Total Expenditures (From Schedule III)						\$ 3,837.66						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 95,964.76						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

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 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
FRIENDS OF CAROLYN COMITTA	From: <u>5/1/2018</u> To: <u>6/4/2018</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 450.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 700.00
All Other Contributions (Part B)	\$ 1,550.00
TOTAL for the Reporting Period (2)	\$ 2,250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 2,500.00
All Other Contributions (Part D)	\$ 5,500.00
TOTAL for the Reporting Period (3)	\$ 8,000.00

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.)	\$ 10,700.00
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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			
FRIENDS OF CAROLYN COMITTA				From: <u>5/1/2018</u> To: <u>6/4/2018</u>			
				DATE		AMOUNT	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
LAWPAC			5	17	2018	
Mailing Address						
City HARRISBURG	State PA	Zip Code (Plus 4) 171011505				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
MALADY & WOOTEN PAC			5	17	2018	
Mailing Address						
City HARRISBURG	State PA	Zip Code (Plus 4) 171011114				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 200.00
PENNENVIRONMENT ACTION FUND			5	17	2018	
Mailing Address						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191024017				

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

PAGE TOTAL
\$ 700.00

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	Reporting Period
FRIENDS OF CAROLYN COMITTA	From: <u>5/1/2018</u> To: <u>6/4/2018</u>

				DATE		AMOUNT	
Full Name of Contributor ROBERT LOHRMANN AND JOHN LILLEY				MO	DAY	YEAR	\$ 200.00
Mailing Address				5	17	2018	
City	WEST CHESTER	State	PA				
Full Name of Contributor GAIL J COPPOLA				MO	DAY	YEAR	\$ 100.00
Mailing Address				6	2	2018	
City	WEST CHESTER	State	PA				
Full Name of Contributor JOHN HELLMANN				MO	DAY	YEAR	\$ 100.00
Mailing Address				5	17	2018	
City	WEST CHESTER	State	PA				
Full Name of Contributor FRANCES HILL				MO	DAY	YEAR	\$ 200.00
Mailing Address				5	17	2018	
City	WEST CHESTER	State	PA				
Full Name of Contributor DAWN P L'HEUREUX				MO	DAY	YEAR	\$ 100.00
Mailing Address				5	17	2018	
City	WEST CHESTER	State	PA				
Full Name of Contributor CATHERINE B LAKOFF				MO	DAY	YEAR	\$ 250.00
Mailing Address				5	17	2018	
City	WEST CHESTER	State	PA				
Full Name of Contributor ANNALIE KORENGEL LORGUS				MO	DAY	YEAR	\$ 100.00
Mailing Address				5	17	2018	
City	WEST CHESTER	State	PA				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
ALEXA MANNING			6	3	2018	
Mailing Address						
City	DOWNINGTOWN	State	Zip Code (Plus 4)			
		PA	193354444			

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
JEFFREY MARCHANT			5	17	2018	
Mailing Address						
City		State	Zip Code (Plus 4)			

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
ANDREW MONGAR			5	17	2018	
Mailing Address						
City	WEST CHESTER	State	Zip Code (Plus 4)			
		PA	193801932			

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
RICHARD WHITEFORD			5	17	2018	
Mailing Address						
City	DOWNINGTOWN	State	Zip Code (Plus 4)			
		PA	193353151			

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
EVA WYLIE			5	17	2018	
Mailing Address						
City	WEST CHESTER	State	Zip Code (Plus 4)			
		PA	193802207			

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

PAGE TOTAL

\$ 1,550.00

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 FRIENDS OF CAROLYN COMITTA	Reporting Period From: <u>5/1/2018</u> To: <u>6/4/2018</u>
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DATE				AMOUNT
Full Name of Contributing Committee				
NORTHEAST REGIONAL COUNCIL OF CARP PEC PA				\$ 2,500.00
Mailing Address				
City	State	Zip Code (Plus 4)		
EDISON	NJ	088373627	5 17 2018	

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

PAGE TOTAL
\$ 2,500.00

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 FRIENDS OF CAROLYN COMITTA	Reporting Period From: <u>5/1/2018</u> To: <u>6/4/2018</u>
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				DATE	AMOUNT		
Full Name of Contributor SUSAN SUPONCIC				MO	DAY	YEAR	\$ 500.00
Mailing Address City WEST CHESTER State PA Zip Code (Plus 4) 193802347				5	17	2018	
Employer Name NAVIGANT CONSULTING INC				Occupation CONSULTANT			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
Full Name of Contributor MARGARET SCHOLL				MO	DAY	YEAR	\$ 500.00
Mailing Address City WEST CHESTER State PA Zip Code (Plus 4) 193801954				5	17	2018	
Employer Name NONE				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
Full Name of Contributor MARIAN MOSKOWITZ				MO	DAY	YEAR	\$ 1,000.00
Mailing Address City MALVERN State PA Zip Code (Plus 4) 193559770				6	2	2018	
Employer Name SELF EMPLOYED				Occupation REAL ESTATE DEVELOPER			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
Full Name of Contributor CELIA LANG				MO	DAY	YEAR	\$ 2,000.00
Mailing Address City WEST CHESTER State PA Zip Code (Plus 4) 193802234				5	17	2018	
Employer Name NONE				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)

Full Name of Contributor TIMOTHY BLAIR			MO	DAY	YEAR	\$ 250.00
Mailing Address			6	1	2018	
City WEST CHESTER	State PA	Zip Code (Plus 4) 193806503				
Employer Name RETIRED			Occupation RETIRED			
Employer Mailing Address/Principal Place of Business		City	State		Zip Code (Plus 4)	

Full Name of Contributor TIMOTHY BLAIR			MO	DAY	YEAR	\$ 250.00
Mailing Address			5	17	2018	
City WEST CHESTER	State PA	Zip Code (Plus 4) 193806503				
Employer Name RETIRED			Occupation RETIRED			
Employer Mailing Address/Principal Place of Business		City	State		Zip Code (Plus 4)	

Full Name of Contributor HOWARD HARRIS			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			6	3	2018	
City RIVIERA BEACH	State FL	Zip Code (Plus 4) 334042679				
Employer Name CARYLON CORP			Occupation EXECUTIVE			
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
\$ 5,500.00

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	Reporting Period From: To:
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			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		Reporting Period	
FRIENDS OF CAROLYN COMITTA		From: <u>5/1/2018</u> To: <u>6/4/2018</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
FRIENDS OF CAROLYN COMITTA	From <u>5/1/2018</u> To: <u>6/4/2018</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
CAPITOL PROMOTIONS				
Mailing Address	5	21	2018	\$ 773.80
City GLENSIDE	State PA	Zip Code (Plus 4) 190380231	Description of Expenditure YARD SIGNS	
To Whom Paid	MO	DAY	YEAR	
CHESTER COUNTY DEMOCRATIC COMMITTEE				
Mailing Address	5	11	2018	\$ 100.00
City WEST CHESTER	State PA	Zip Code (Plus 4) 193823224	Description of Expenditure PRIDEFEST SPONSORSHIP	
To Whom Paid	MO	DAY	YEAR	
CHESTER COUNTY DEMOCRATIC COMMITTEE				
Mailing Address	5	20	2018	\$ 125.00
City WEST CHESTER	State PA	Zip Code (Plus 4) 193823224	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
DIRECT CONNECT				
Mailing Address	5	2	2018	\$ 88.86
City CHANTILLY	State VA	Zip Code (Plus 4) 201513229	Description of Expenditure MERCHANT CARD FEES FOR APRIL 2018	
To Whom Paid	MO	DAY	YEAR	
NGP VAN				
Mailing Address	5	30	2018	\$ 450.00
City WASHINGTON	State DC	Zip Code (Plus 4) 200052158	Description of Expenditure QRTL SERVICE FEE 6/1/18 TO 8/31/18	
To Whom Paid	MO	DAY	YEAR	
THE PIVOT GROUP INC.				
Mailing Address	5	1	2018	\$ 2,300.00
City WASHINGTON	State DC	Zip Code (Plus 4) 200073708	Description of Expenditure PALM CARDS	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 3,837.66

