

# 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: 115 S. BRANDYWINE ST.                                       |                          |                   |                         |                                |   |   |                              |             |                     |                                     |
| City: WEST CHESTER  |                          |                   | State: PA               |                                | Zip Code: 19382                               |   |                              |             |                     |                                     |
| TYPE OF REPORT<br><br>(place X to the right of report type)                 | 6TH TUESDAY PRE-PRIMARY  | 1.                | 2ND FRIDAY PRE-PRIMARY  | 2.                             | 30 DAY POST-PRIMARY                           | 3. <input checked="" type="checkbox"/>    | 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<br>( ) 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                           | TO  | 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  
 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

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                   |
| FRIENDS OF CAROLYN COMITTA                   | From: <u>5/1/2018</u> To: <u>6/4/2018</u> |

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

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

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

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

|   |              |
|---|--------------|
| <b>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.)</b> | \$ 10,700.00 |
|---|--------------|

**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.**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br>FRIENDS OF CAROLYN COMITTA | <b>Reporting Period</b><br>From: <u>5/1/2018</u> To: <u>6/4/2018</u> |
| <b>DATE</b>  |  |
| <b>AMOUNT</b>  |  |

|   |           |            |             |           |
|---|-----------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b><br>LAWPAC                      | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b> 212 N 3RD ST STE 203                               | 5         | 17         | 2018        |           |
| <b>City</b> HARRISBURG <b>State</b> PA <b>Zip Code (Plus 4)</b> 171011505 |           |            |             |           |

|   |           |            |             |           |
|---|-----------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b><br>MALADY & WOOTEN PAC         | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b> 604 N 3RD ST                                       | 5         | 17         | 2018        |           |
| <b>City</b> HARRISBURG <b>State</b> PA <b>Zip Code (Plus 4)</b> 171011114 |           |            |             |           |

|   |           |            |             |           |
|---|-----------|------------|-------------|-----------|
| <b>Full Name of Contributing Committee</b><br>PENNVIRONMENT ACTION FUND     | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 200.00 |
| <b>Mailing Address</b> 1420 WALNUT ST STE 650                               | 5         | 17         | 2018        |           |
| <b>City</b> PHILADELPHIA <b>State</b> PA <b>Zip Code (Plus 4)</b> 191024017 |           |            |             |           |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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)**

|  |   |
|--|---|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                                 |
| FRIENDS OF CAROLYN COMITTA                   | <b>From:</b> <u>5/1/2018</u> <b>To:</b> <u>6/4/2018</u> |

|   |                 |                                    |  | DATE      | AMOUNT     |             |           |
|---|-----------------|------------------------------------|--|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b>             |                 |                                    |  | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 200.00 |
| ROBERT LOHRMANN AND JOHN LILLEY             |                 |                                    |  | 5         | 17         | 2018        |           |
| <b>Mailing Address</b> 644 SUGARS BRIDGE RD |                 |                                    |  |           |            |             |           |
| <b>City</b> WEST CHESTER                    | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 193801665 |  |           |            |             |           |
| <b>Full Name of Contributor</b>             |                 |                                    |  | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| GAIL J COPPOLA                              |                 |                                    |  | 6         | 2          | 2018        |           |
| <b>Mailing Address</b> 730 PRICE ST         |                 |                                    |  |           |            |             |           |
| <b>City</b> WEST CHESTER                    | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 193822185 |  |           |            |             |           |
| <b>Full Name of Contributor</b>             |                 |                                    |  | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| JOHN HELLMANN                               |                 |                                    |  | 5         | 17         | 2018        |           |
| <b>Mailing Address</b> 419 PENN LN          |                 |                                    |  |           |            |             |           |
| <b>City</b> WEST CHESTER                    | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 193825676 |  |           |            |             |           |
| <b>Full Name of Contributor</b>             |                 |                                    |  | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 200.00 |
| FRANCES HILL                                |                 |                                    |  | 5         | 17         | 2018        |           |
| <b>Mailing Address</b> 604 DEAN ST          |                 |                                    |  |           |            |             |           |
| <b>City</b> WEST CHESTER                    | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 193823301 |  |           |            |             |           |
| <b>Full Name of Contributor</b>             |                 |                                    |  | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| DAWN P L'HEUREUX                            |                 |                                    |  | 5         | 17         | 2018        |           |
| <b>Mailing Address</b> 323 S CHURCH ST      |                 |                                    |  |           |            |             |           |
| <b>City</b> WEST CHESTER                    | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 193823312 |  |           |            |             |           |

|  |                    |                                       |           |            |             |           |
|--|--------------------|---------------------------------------|-----------|------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>CATHERINE B LAKOFF      |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b> 1505 WOODLAND RD                    |                    |                                       | 5         | 17         | 2018        |           |
| <b>City</b> WEST CHESTER                                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>193827835 |           |            |             |           |
| <b>Full Name of Contributor</b><br>ANNALIE KORENGEL LORGUS |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| <b>Mailing Address</b> 500 W UNION ST                      |                    |                                       | 5         | 17         | 2018        |           |
| <b>City</b> WEST CHESTER                                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>193823333 |           |            |             |           |
| <b>Full Name of Contributor</b><br>ALEXA MANNING           |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| <b>Mailing Address</b> 805 GRAYSTONE LN                    |                    |                                       | 6         | 3          | 2018        |           |
| <b>City</b> DOWNINGTOWN                                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>193354444 |           |            |             |           |
| <b>Full Name of Contributor</b><br>JEFFREY MARCHANT        |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| <b>Mailing Address</b>                                     |                    |                                       | 5         | 17         | 2018        |           |
| <b>City</b>  | <b>State</b>       | <b>Zip Code (Plus 4)</b>              |           |            |             |           |
| <b>Full Name of Contributor</b><br>ANDREW MONGAR           |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| <b>Mailing Address</b> 515 HIGHLAND RD                     |                    |                                       | 5         | 17         | 2018        |           |
| <b>City</b> WEST CHESTER                                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>193801932 |           |            |             |           |
| <b>Full Name of Contributor</b><br>RICHARD WHITEFORD       |                    |                                       | <b>MO</b> | <b>DAY</b> | <b>YEAR</b> | \$ 100.00 |
| <b>Mailing Address</b> 908 COVINGTON DR                    |                    |                                       | 5         | 17         | 2018        |           |
| <b>City</b> DOWNINGTOWN                                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>193353151 |           |            |             |           |

| Full Name of Contributor           |          |                             | MO | DAY | YEAR | \$ |        |
|------------------------------------|----------|-----------------------------|----|-----|------|----|--------|
| EVA WYLIE                          |          |                             | 5  | 17  | 2018 |    | 100.00 |
| Mailing Address 401 W LAFAYETTE ST |          |                             |    |     |      |    |        |
| City WEST CHESTER                  | State PA | Zip Code (Plus 4) 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.

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br>FRIENDS OF CAROLYN COMITTA | <b>Reporting Period</b><br>From: <u>5/1/2018</u> To: <u>6/4/2018</u> |
|--|--|

|   | DATE               |                                       | AMOUNT      |
|---|--------------------|---------------------------------------|-------------|
| <b>Full Name of Contributing Committee</b><br>NORTHEAST REGIONAL COUNCIL OF CARP PEC PA | <b>MO</b>          | <b>DAY</b>                            | <b>YEAR</b> |
| <b>Mailing Address</b> 91 FIELDCREST AVE STE 18A  | 5                  | 17                                    | 2018        |
| <b>City</b> EDISON  | <b>State</b><br>NJ | <b>Zip Code (Plus 4)</b><br>088373627 |             |
|   |                    |                                       | \$ 2,500.00 |

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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.)**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b><br>FRIENDS OF CAROLYN COMITTA | <b>Reporting Period</b><br>From: <u>5/1/2018</u> To: <u>6/4/2018</u> |
|--|--|

|   |             |     |              | DATE                     | AMOUNT |                              |                                       |
|---|-------------|-----|--------------|--------------------------|--------|------------------------------|---------------------------------------|
| Full Name of Contributor                                    | MO          | DAY | YEAR         |                          |        |                              |                                       |
| SUSAN SUPONCIC  |             |     |              |                          |        |                              |                                       |
| <b>Mailing Address</b> 208 E VIRGINIA AVE                   | 5           | 17  | 2018         | \$                       | 500.00 |                              |                                       |
| <b>City</b> WEST CHESTER                                    |             |     |              |                          |        | <b>State</b><br>PA           | <b>Zip Code (Plus 4)</b><br>193802347 |
| <b>Employer Name</b> NAVIGANT CONSULTING INC                |             |     |              |                          |        | <b>Occupation</b> CONSULTANT |                                       |
| <b>Employer Mailing Address/Principal Place of Business</b> | <b>City</b> |     | <b>State</b> | <b>Zip Code (Plus 4)</b> |        |                              |                                       |

| Full Name of Contributor                                    | MO          | DAY | YEAR         |                          |        |                           |                                       |
|---|-------------|-----|--------------|--------------------------|--------|---------------------------|---------------------------------------|
| MARGARET SCHOLL   |             |     |              |                          |        |                           |                                       |
| <b>Mailing Address</b> 895 COPES LN                         | 5           | 17  | 2018         | \$                       | 500.00 |                           |                                       |
| <b>City</b> WEST CHESTER                                    |             |     |              |                          |        | <b>State</b><br>PA        | <b>Zip Code (Plus 4)</b><br>193801954 |
| <b>Employer Name</b> NONE                                   |             |     |              |                          |        | <b>Occupation</b> RETIRED |                                       |
| <b>Employer Mailing Address/Principal Place of Business</b> | <b>City</b> |     | <b>State</b> | <b>Zip Code (Plus 4)</b> |        |                           |                                       |

| Full Name of Contributor                                    | MO          | DAY | YEAR         |                          |          |   |                                       |
|---|-------------|-----|--------------|--------------------------|----------|---|---------------------------------------|
| MARIAN MOSKOWITZ  |             |     |              |                          |          |   |                                       |
| <b>Mailing Address</b> 1890 ROSE COTTAGE LN                 | 6           | 2   | 2018         | \$                       | 1,000.00 |   |                                       |
| <b>City</b> MALVERN   |             |     |              |                          |          | <b>State</b><br>PA                      | <b>Zip Code (Plus 4)</b><br>193559770 |
| <b>Employer Name</b> SELF EMPLOYED                          |             |     |              |                          |          | <b>Occupation</b> REAL ESTATE DEVELOPER |                                       |
| <b>Employer Mailing Address/Principal Place of Business</b> | <b>City</b> |     | <b>State</b> | <b>Zip Code (Plus 4)</b> |          |   |                                       |



|   |                    |                                       |                           |                          |             |             |
|---|--------------------|---------------------------------------|---------------------------|--------------------------|-------------|-------------|
| <b>Full Name of Contributor</b><br>CELIA LANG               |                    |                                       | <b>MO</b>                 | <b>DAY</b>               | <b>YEAR</b> | \$ 2,000.00 |
| <b>Mailing Address</b> 325 W ASHBRIDGE ST                   |                    |                                       | 5                         | 17                       | 2018        |             |
| <b>City</b> WEST CHESTER                                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>193802234 |                           |                          |             |             |
| <b>Employer Name</b> NONE                                   |                    |                                       | <b>Occupation</b> RETIRED |                          |             |             |
| <b>Employer Mailing Address/Principal Place of Business</b> |                    | <b>City</b>                           | <b>State</b>              | <b>Zip Code (Plus 4)</b> |             |             |

|   |                    |                                       |                             |                          |             |             |
|---|--------------------|---------------------------------------|-----------------------------|--------------------------|-------------|-------------|
| <b>Full Name of Contributor</b><br>HOWARD HARRIS            |                    |                                       | <b>MO</b>                   | <b>DAY</b>               | <b>YEAR</b> | \$ 1,000.00 |
| <b>Mailing Address</b> 4600 N OCEAN DR 607 TH               |                    |                                       | 6                           | 3                        | 2018        |             |
| <b>City</b> RIVIERA BEACH                                   | <b>State</b><br>FL | <b>Zip Code (Plus 4)</b><br>334042679 |                             |                          |             |             |
| <b>Employer Name</b> CARYLON CORP                           |                    |                                       | <b>Occupation</b> EXECUTIVE |                          |             |             |
| <b>Employer Mailing Address/Principal Place of Business</b> |                    | <b>City</b>                           | <b>State</b>                | <b>Zip Code (Plus 4)</b> |             |             |

|   |                    |                                       |                           |                          |             |           |
|---|--------------------|---------------------------------------|---------------------------|--------------------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>TIMOTHY BLAIR            |                    |                                       | <b>MO</b>                 | <b>DAY</b>               | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b> 137 HEDGEROW LN                      |                    |                                       | 6                         | 1                        | 2018        |           |
| <b>City</b> WEST CHESTER                                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>193806503 |                           |                          |             |           |
| <b>Employer Name</b> RETIRED                                |                    |                                       | <b>Occupation</b> RETIRED |                          |             |           |
| <b>Employer Mailing Address/Principal Place of Business</b> |                    | <b>City</b>                           | <b>State</b>              | <b>Zip Code (Plus 4)</b> |             |           |

|   |                    |                                       |                           |                          |             |           |
|---|--------------------|---------------------------------------|---------------------------|--------------------------|-------------|-----------|
| <b>Full Name of Contributor</b><br>TIMOTHY BLAIR            |                    |                                       | <b>MO</b>                 | <b>DAY</b>               | <b>YEAR</b> | \$ 250.00 |
| <b>Mailing Address</b> 137 HEDGEROW LN                      |                    |                                       | 5                         | 17                       | 2018        |           |
| <b>City</b> WEST CHESTER                                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>193806503 |                           |                          |             |           |
| <b>Employer Name</b> RETIRED                                |                    |                                       | <b>Occupation</b> RETIRED |                          |             |           |
| <b>Employer Mailing Address/Principal Place of Business</b> |                    | <b>City</b>                           | <b>State</b>              | <b>Zip Code (Plus 4)</b> |             |           |

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

|                   |          |
|-------------------|----------|
| <b>PAGE TOTAL</b> |          |
| \$                | 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.**

|  |                                     |
|--|-------------------------------------|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>             |
|  | <b>From:</b> _____ <b>To:</b> _____ |

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

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

|                   |
|-------------------|
| <b>PAGE TOTAL</b> |
| \$ 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**

|   |  |
|---|--|
| <b>Name of Filing Committee or Candidate</b><br><br>FRIENDS OF CAROLYN COMITTA  | <b>Reporting Period</b><br><br>From: <u>5/1/2018</u> To: <u>6/4/2018</u> |
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>  |  |
| TOTAL for the Reporting Period (1)  | \$ 0.00  |
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>   |  |
| TOTAL for the Reporting Period (2)  | \$ 0.00  |
| <b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>   |  |
| TOTAL for the Reporting Period (3)  | \$ 0.00  |
| <b>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.)</b> | \$ 0.00  |

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

|  |                                     |
|--|-------------------------------------|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>             |
|  | <b>From:</b> _____ <b>To:</b> _____ |

|  |              |                          | DATE | AMOUNT                       |
|--|--------------|--------------------------|------|------------------------------|
| Full Name of Contributor   | MO           | DAY                      | YEAR |                              |
| <b>Mailing Address</b>   |              |                          |      | \$ 0.00                      |
| <b>City</b>  | <b>State</b> | <b>Zip Code (Plus 4)</b> |      |                              |
| <b>Description of Contribution:</b>  |              |                          |      |                              |
| <b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b> |              |                          |      | <b>PAGE TOTAL</b><br>\$ 0.00 |

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

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b><br><br>From: _____ To: _____ |
|--|--|

|  |              |                         |                         | DATE                               | AMOUNT                    |
|--|--------------|-------------------------|-------------------------|------------------------------------|---------------------------|
| Full Name of Contributor   | MO           | DAY                     | YEAR                    |                                    |                           |
| <b>Mailing Address</b>   |              |                         |                         | \$                                 | 0.00                      |
| <b>City</b>  | <b>State</b> | <b>Zip Code(Plus 4)</b> |                         |                                    |                           |
| <b>Employer of Contributor</b>   |              |                         | <b>Occupation</b>       |                                    |                           |
| <b>Employer Mailing Address/Principal Place of Business</b>  | <b>City</b>  | <b>State</b>            | <b>Zip Code(Plus 4)</b> | <b>Description of Contribution</b> |                           |
| <b>Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.</b> |              |                         |                         |                                    | <b>PAGE TOTAL</b><br>0.00 |

**SCHEDULE III**  
**STATEMENT OF EXPENDITURES**

|  |  |
|--|--|
| <b>Name of Filing Committee or Candidate</b> | <b>Reporting Period</b>                  |
| 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                                      | 5               | 21                                 | 2018   | \$ 773.80 |
| <b>Mailing Address</b> PO BOX 231                       |                 |                                    |  |           |
| <b>City</b> GLENSIDE                                    | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 190380231 | <b>Description of Expenditure</b> YARD SIGNS                         |           |
| <b>To Whom Paid</b> CHESTER COUNTY DEMOCRATIC COMMITTEE | 5               | 11                                 | 2018   | \$ 100.00 |
| <b>Mailing Address</b> 37 S HIGH ST                     |                 |                                    |  |           |
| <b>City</b> WEST CHESTER                                | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 193823224 | <b>Description of Expenditure</b> PRIDEFEST SPONSORSHIP              |           |
| <b>To Whom Paid</b> CHESTER COUNTY DEMOCRATIC COMMITTEE | 5               | 20                                 | 2018   | \$ 125.00 |
| <b>Mailing Address</b> 37 S HIGH ST                     |                 |                                    |  |           |
| <b>City</b> WEST CHESTER                                | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 193823224 | <b>Description of Expenditure</b> CONTRIBUTION                       |           |
| <b>To Whom Paid</b> DIRECT CONNECT                      | 5               | 2                                  | 2018   | \$ 88.86  |
| <b>Mailing Address</b> 3901 CENTERVIEW DR STE W         |                 |                                    |  |           |
| <b>City</b> CHANTILLY                                   | <b>State</b> VA | <b>Zip Code (Plus 4)</b> 201513229 | <b>Description of Expenditure</b> MERCHANT CARD FEES FOR APRIL 2018  |           |
| <b>To Whom Paid</b> NGP VAN                             | 5               | 30                                 | 2018   | \$ 450.00 |
| <b>Mailing Address</b> 1445 NEW YORK AVE NW STE 200     |                 |                                    |  |           |
| <b>City</b> WASHINGTON                                  | <b>State</b> DC | <b>Zip Code (Plus 4)</b> 200052158 | <b>Description of Expenditure</b> QRTL SERVICE FEE 6/1/18 TO 8/31/18 |           |

|  |                    |                                       |   |            |             |                                  |
|--|--------------------|---------------------------------------|---|------------|-------------|----------------------------------|
| <b>To Whom Paid</b><br>THE PIVOT GROUP INC.                                    |                    |                                       | <b>MO</b>                                       | <b>DAY</b> | <b>YEAR</b> | \$ 2,300.00                      |
| <b>Mailing Address</b> 1101 30TH ST NW STE 315                                 |                    |                                       | 5   | 1          | 2018        |                                  |
| <b>City</b> WASHINGTON   | <b>State</b><br>DC | <b>Zip Code (Plus 4)</b><br>200073708 | <b>Description of Expenditure</b><br>PALM CARDS |            |             |                                  |
| <b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b> |                    |                                       |   |            |             | <b>PAGE TOTAL</b><br>\$ 3,837.66 |



