Campaign Finance Report

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

Filer Identificati Number :	ion	20180	0169			Repo Filed	-		CANDI	DATE		COM	MITTEE	✓	LOB	BYIST		
Name of Filing C	Committe	e, Candida	ate or Lc	bbyist:			-		VE FRIEI	NDS OF							_	
Street Address:	2136	5 HIGHLAN					<u> </u>	_										
City:	MOR	TON							State:	PA			Zip Co	de: 19	070-1	.221		
TYPE OF REPORT	6TH TUES PRE-PRIM			2ND FRIDA` PRIMARY	Y PRE	- 2.) DA' RIMA		POST-	3.		AMENDN REPORT		Yes	V	0]
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA' ELECTION	Y PRE	5.) DA' ECT		POST-	6.		TERMIN REPORT		Yes	N	0	\checkmark
report type)	ANNUAL	. REPORT	7. X	Year 2018					G METHO				PAPER			DISK	ETTE	\checkmark
Name of Office S	⊥ Sought by	/ Candidat	ie:						DATE O	F ELEC	CTIO	N	District Number	Office Code	Pa	ty Code	Cou Cod	
									мо	DAY	YE	AR	162	STH	DE	м		
REPRESENTATI	IVE IN IF	1E GENER	AL ASSE	-MRLI					11		6	2018		(SEE INS	TRUCTI	ONS FOR	CODE	S)
Summary of		s and	мо	DAY	YEAR	2		- [мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	, 	
Expenditures	s from:		1	.1 27	2	018	то		12	3	1	2018						
A. Amount Bro	ught For	ward From	1 Last Re	port				\$			5,5	76.98]					
B. Total Monet	ary Contr	ibutions A	And Rece	pipts (From	Sche	dule I)		\$				0.00						
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$			5,5	76.98						
D. Total Expen	ditures (I	From Sche	dule III)				\$			2,0	70.13]					
E. Ending Cash	Balance	(Subtract	Line D I	From Line (C)			\$			3,5	06.85]					
F. Value Of In-	Kind Con	tributions	Receive	d (From Se	chedu	le II)		\$			3,6	92.30						
G. Unpaid Debt	ts And Ob	oligations	(From S	chedule IV)			\$			4	75.81						
					AFF	IDAV	ITS	SEC	CTION									
PART I - If this is		•	•	-						• •		-					·· • •	
I swear (or affirm) correct and comple		report, inclu	uding the	attached scr	nedules	s filed oi	n pap)er o	or by electi	ronic me	dium,	are to 1	the best o	of my know	/ledge	and be	lief , t	rue
Sworn to and subs	scribed bef day of	ore me this		20			_				Si	ignature	e of Perso	n Submitt	ing Re	port		_
		Signatur	re				_						Prin	ited Name				-
My Commission Ex	xpires		-										Ema	il				_
		мо	DA	Y	YR					Are	a Cod	e	Daytin	ne Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's a	uthorized	Comn	nittee,	Can	dida	ate shall :	sign he	re.							
I swear (or affirm) No 320) as amendo	ed.		ıy knowle	dge and beli	ef this	politica	l cor	mmit	ttee has n	ot violat	ed any	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	33,
Sworn to and subso	cribed befo day of	re me this		20								s	ignature	of Candida	te			_
													Printe	ed Name				—
My Commission Exp		Signature					_						Ema	il				—
	-	мо	DA	Y	YR	1	_			Area (Code		D	aytime Te	lepho	ne Num	ber	-

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DELLOSO, DAVE FRIENDS OF	From:	<u>11/27/201</u>	<u>.8</u> To:	<u>12/31/2018</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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.

Name of Filing Committee or Candidat	e		Reporti					
			From:			То		
		·			DATE			AMOUNT
Full Name of Contributing Committee			мо		DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.					\$	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 Reporting Period								
			Fror	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address	_	_					\$	0.00
City	State	Zip Code (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part A on	Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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:	То:				
				DA	TE		A	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	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					
			Froi	n:		Т):	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE 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			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	r
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	4.			\$		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 Perio	od	
DELLOSO, DAVE FRIENDS OF	From:	<u>11/27/2018</u> то:	<u>12/31/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	3,692.30
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	3,692.30

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:						-		
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	e,		PAGE TOTA	<u>، ۱</u>		
						\$		0.00

PAGE 10

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

Name of Filing Committee or Candidate			Rer	porting F	Period		
DELLOSO, DAVE FRIENDS OF			Fro	m:	<u>11/27/201</u>	<u>8</u> To:	<u>12/31/2018</u>
					DATE		AMOUNT
Full Name of Contributor Pennsylvania House Democratic Campa	aign Committee (HDCC)		мо	DAY	YEAR	
Mailing Address 225 State St				11	29	2018	\$ 1,846.15
City Harrisburg	State PA	Zip Code(Plus 4) 171011129					
Employer of Contributor N/A Occupation N/A							
Employer Mailing Address/Principal Place of Business City		State	e Zip	Code(Plus 4)	Descrip Staff	ption of Contribution	
Full Name of Contributor Pennsylvania House Democratic Campa	aign Committee (HDCC)		мо	DAY	YEAR	
Mailing Address 225 State St				11	29	2018	\$ 1,846.15
City Harrisburg	State PA	Zip Code(Plus 4) 171011129					
Employer of Contributor N/A		_		Occupa	ation N/	′Α	
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descrip Staff	ption of Contribution
Enter Grand Total of Part G on Sche Summary Page, Section 3.	≟dule II, In-Kin	d Contributions Do	etaile	ed.			PAGE TOTAL 3,692.30

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
DELLOSO, DAVE FRIENDS OF			From	<u>11/2</u>	7/2018	То:	<u>12/31/2018</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
Jim Carpenter			no	2.11	,				
Mailing Address Information Request	ed		11	30	2018	\$	200.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	РА		Stipend						
To Whom Paid			мо	DAY	YEAR				
Delaware County dems									
Mailing Address 104 Gayley St			12	2	2018	\$	120.00		
City Media	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	190633413	Donation						
To Whom Paid Franklin Mint Federal Credit Union			мо	DAY	YEAR				
Mailing Address 5 Hillman Dr Ste 100)		12	3	2018	\$	15.71		
City Chadds Ford	State	Zip Code (Plus 4)	Descrip	i tion of Exp	enditure				
	PA	193179752	Fees						
To Whom Paid Google Suite			мо	DAY	YEAR				
Mailing Address 1600 Amphitheatre	Pkwy		12	2	2018	\$	53.00		
City Mountain View	State	Zip Code (Plus 4)	Descrip	L tion of Exp	enditure	1			
	СА	940431351	Utilities						
To Whom Paid NGP VAN, Inc.			мо	DAY	YEAR				
Mailing Address 1445 New York Ave	NW Ste 200		12	2	2018	\$	960.00		
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
	DC	200052158	Vendor	Fees					
To Whom Paid Lou Saul		мо	DAY	YEAR					
Mailing Address Information Request	Mailing Address Information Requested		11	27	2018	\$	200.00		
City State Zip Code (Plus 4)			4) Description of Expenditure						
	PA		Stipend						

							12	
To Whom Paid			мо	DAY	YEAR			
Todd Smith			MO					
Mailing Address Information	on Requested		11	30	2018	\$	50.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA		Stipend					
To Whom Paid			мо	DAY	YEAR			
Spasso Italian Grill			MO		TEAK			
Mailing Address 1 W State	e St		12	1	2018	\$	16.00	
City Media	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	190633310	Event e	xpenses				
To Whom Paid			мо	DAY	YEAR			
Spasso Italian Grill								
Mailing Address 1 W State	e St		12	1	2018	\$	22.50	
City Media	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	190633310	Event e	xpenses				
To Whom Paid			мо	DAY	YEAR			
Spasso Italian Grill								
Mailing Address 1 W State	e St		12	1	2018	\$	432.92	
City Media	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
PA 190633310				Event expenses				
							PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	2,070.13	

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							
DELLOSO, DAVE FRIENDS OF			From:	<u>11</u>	<u>11/27/2018</u> To:			<u>12/31/2018</u>		
				DATE				Outstanding Balance of Debt		
Name of Creditor				мо	DAY	YEAR				
Dave Delosso										
Mailing Address 2136 Highland Ave				10	13	2018	8 \$		87.82	
ty Morton State Zip Code (Plus 4)			Description of Debt							
	PA 190701221			Event Costs - Catering and Beverages						
Name of Creditor Dave Delosso				мо	DAY	YEAR				
Mailing Address 2136 Highland Ave				10	13	2018	8 \$		48.80	
ty Morton State Zip Code (Plus 4)				Description of Debt						
PA 190701221				Campaign Meeting - Folcroft Diner						
Name of Creditor Dave Delosso				мо	DAY	YEAR				
Mailing Address 2136 Highland Ave			10	13	2018	s \$		321.15		
City Morton State Zip Code (Plus 4) PA 190701221				Description of Debt						
				Office Supplies - Costco						
Name of Creditor Dave Delosso				мо	DAY	YEAR				
Mailing Address 2136 Highland Ave				10	13	2018	8 \$		18.04	
City Morton State Zip Code (Plus 4)					Description of Debt					
PA 190701221 Office Supplies - Home						lome D	epot			
								PAGE T	OTAL	
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	rt Cover Pa	ge, Item	G.			\$		475.81	