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 :	on 201	60170			Repor Filed		CAND	NDIDATE COMMITTEE \(\square \) LOBBYIST								
Name of Filing C	ommittee, Candi	date or L	obbyist:	F	RIENE	S OF	CAROLY	N COM	ITTA							
Street Address:	115 S. BRAN	DYWINE	ST.													
City:	WEST CHEST	ER					State:	PA			Zip Cod	ie: 19	380			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PI PRIMARY	RE-	2.	30 D. PRIM		POST-	3. X		AMENDM REPORT		Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PELECTION	RE-	- 5.	30 D.	AY TION	POST-	6.		TERMINA REPORT		Yes	No		/
report type)	ANNUAL REPOR	7.	Year 2020				NG METH CHECK C				PAPER		/	DISKE	TTE	
Name of Office S	ought by Candid	ate:	-				DATE (OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
							МО	DAY	YE	AR	19	STS	DEN	1	15	
SENATOR IN TH	HE GENERAL ASS	SEMBLY					1:	1	3	2020		(SEE IN	STRUCTIO	ONS FOR (ODES))
	Receipts and	МО	DAY YE	AR			МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		5 19	20	20	ГО	(5	22	2020						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$;		38,6	28.64						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hed	lule I)	\$	5		23,0	080.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 61,708.64																
D. Total Expenditures (From Schedule III) \$ 58,503.79																
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)			\$	5		3,2	04.85]					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dule	e II)	\$	5			0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$	5			0.00						
			Al	FI	[DAV]	IT SE	CTION									
PART I - If this is	a Committee re	ort, trea	surer sign here	e. I1	f this i	s a Ca	ndidate r	eport,	candi	date sig	jn here.					
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	attached schedu	les	filed or	paper	or by elec	tronic m	edium	, are to t	the best o	f my knov	wledge	and belie	ef , tru	ue.
Sworn to and subs	cribed before me th day of	is	20						S	ignature	of Perso	n Submit	ting Rep	ort		_
	Signat	ure				_					Prin	ted Name	e			_
My Commission Ex	rpires					_					Ema	il				
	МО	D	AY Y	/R				Ar	ea Cod	le	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized Cor	nmi	ittee, (Candid	late shall	l sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and belief t	his p	politica	comn	nittee has	not viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		•								s	ignature o	of Candida	ate			-
	day of ————————————————————————————————————					_					Printe	d Name				-
	Signature					_										_
My Commission Exp	ires										Ema					
	мо	D	AY	YR		_		Area	Code		D	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF CAROLYN COMITTA	From:	<u>5/19/202</u>	<u>:0</u> To:	6/22/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J Period	(1)	\$	80.00
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)	\$	1,000.00		
TOTAL for the Reporting	(2)	\$	1,000.00	
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	18,500.00
All Other Contributions (Part D)			\$	3,500.00
TOTAL for the Reporting	J Period	(3)	\$	22,000.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	23,080.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
			From:			То	:	
					DATE			AMOUNT
Full Name of Contributin	g Committee		М	0	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

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 Candidat	Name of Filing Committee or Candidate			Reporting Period					
FRIENDS OF CAROLYN COMITTA			Fro	m:	<u>5/19/2</u>	2020 To):	6/22/2020	
					DATE			AMOUNT	
Full Name of Contributor FRIENDS OF TINA DAVIS				МО	DAY	YEAR			
Mailing Address 102 KINGFIELD RD							\$	250.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191154011		5	20	2020			
Full Name of Contributor SUE GOLD				МО	DAY	YEAR			
Mailing Address 705 OWEN RD							\$	100.00	
City WEST CHESTER	State PA	Zip Code (Plus 4) 193804326		5	26	2020			
Full Name of Contributor MARY MCCLOSKEY				МО	DAY	YEAR			
Mailing Address 1727 CLOCK TOWE	R DR						\$	100.00	
City WEST CHESTER	State PA	Zip Code (Plus 4) 193806473		6	8	2020			
Full Name of Contributor FRIENDS OF JOE CIRESI N/A				МО	DAY	YEAR			
Mailing Address 4011 ASHBROOK D	R						\$	250.00	
City ROYERSFORD	State PA	Zip Code (Plus 4) 194681626		5	26	2020			
Full Name of Contributor CHRISTOPHER PIELLI				МО	DAY	YEAR			
Mailing Address 1233 WOODED WA	Υ						\$	100.00	
City WEST CHESTER	State PA	Zip Code (Plus 4) 193804070		5	27	2020			

Full Name of Contributor DIANE SNYDER	IANE SNYDER				YEAR		
Mailing Address 1181 KING RD						\$ 1	00.00
City WEST CHESTER	WEST CHESTER State PA 193801426		5	20	2020		
Full Name of Contributor SUSAN TIERNAN	<u>.</u>		МО	DAY	YEAR		
	DR	<u> </u>	MO 5	DAY 23	YEAR 2020	\$ 1	00.00

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

PAGE TOTAL \$ 1,000.00

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	ame of Filing Committee or Candidate			Period				
FRIENDS OF CAROLYN COMITTA			From:	<u>5/1</u>	9/2020	То:	<u>6/2</u>	2/2020
				DA	TE		АМС	DUNT
Full Name of Contributing Committee AFSCME COUNCIL 13				МО	DAY	YEAR		
Mailing Address 4031 EXECUTIVE PA	RK DR						\$	2,500.00
City HARRISBURG	State PA	Zip Code 171111	(Plus 4) 507	5	23	2020		
Full Name of Contributing Committee APSCUF/CAP PA					DAY	YEAR		
Mailing Address 319 N FRONT ST City HARRISBURG	State PA	Zip Code 171011	e (Plus 4) 203	5	21	2020	\$	500.00
Full Name of Contributing Committee CITIZENS FOR HUGHES				МО	DAY	YEAR		
Mailing Address 4950 PARKSIDE AVE	# 106						\$	2,000.00
City PHILADELPHIA	State PA	Zip Code 191314	e (Plus 4) 700	6	12	2020		
Full Name of Contributing Committee FRIENDS TO ELECT CHRISTINE TARTAC	GLIONE			МО	DAY	YEAR		
Mailing Address 126 HAINES AVE							\$	500.00
City ELKINS PARK	State PA	Zip Code 190272	(Plus 4)	5	21	2020		
Full Name of Contributing Committee LABORERS DISTRICT COUNCIL				МО	DAY	YEAR		
Mailing Address 665 N BROAD ST							\$	10,000.00
City PHILADELPHIA	State PA	Zip Code	(Plus 4)	6	1	2020		

Full Name of Contributing Committee PASNAP PAC				DAY	YEAR	
Mailing Address 1 FAYETTE ST STE 475						\$ 500.00
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 194284139	5	23	2020	
Full Name of Contributing Committee PLUMBERS UNION LOCAL 690 ELECTION POLITICAL ACTION FUND						
_		ACTION FUND	МО	DAY	YEAR	
_	TION POLITICAL	ACTION FUND	MO	DAY	YEAR 2020	\$ 2,500.00

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

PAGE TOTAL \$ 18,500.00

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 Co	ommittee or Candidate			Rep	orting Pe	riod		
FRIENDS OF CA	AROLYN COMITTA			Fror	m:	<u>5/19/2</u>	<u>020</u> To	e: <u>6/22/2020</u>
				•	DA	ATE		AMOUNT
Full Name of Con SARA HARRIS	ntributor				МО	DAY	YEAR	
Mailing Address	4600 N OCEAN DR							\$ 500.00
City RIVIERA	BEACH	State	Zip Code (Plu	s 4)	5	21	2020	
		FL	334042679					
Employer Name	RETIRED				Occupat	tion F)	
Employer Mailing Address/Principal Place of Business City					State		Zip Code (Plus 4)	
Full Name of Con KARLA JURVETS					МО	DAY	YEAR	
Mailing Address	350 2ND ST STE 4							\$ 2,500.00
City LOS ALT	OS	State	Zip Code (Plu	s 4)	5	23	2020	
		CA	940223602					
Employer Name	SELF				Occupation PHYSICIAN			
Employer Mailing Business	Address/Principal Pla	ce of	City		1	State		Zip Code (Plus 4)
Dusiness								
Full Name of Con	ntributor					DAY	VEAD	
JIM SARGENT					МО	DAY	YEAR	
Mailing Address	321 S WALNUT ST							\$ 500.00
City WEST CH	HESTER	State	Zip Code (Plu	s 4)	5	26	2020	
		PA	193823774					
Employer Name	LAMB MCERLANE PC				Occupat	tion A	ATTORN	EY
Employer Mailing Business	Address/Principal Pla	ce of	City			State		Zip Code (Plus 4)
24 E MARKET ST	Γ		WEST CI	HESTER	l	PA		193823151

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

PAGE TOTAL

\$ 3,500.00

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 Candid	ate		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		·				•	•	
Enter Grand Total of Part E on Sch	edule T. Detaile	d Summary Page.	Section	4.				PAGE TOTAL
	caulo 1, Detaile.	a Janimary ruge,		••			\$	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 Pe	riod						
FRIENDS OF CAROLYN COMITTA	From:	<u>5/19/2020</u> To:	6/22/2020					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)								
TOTAL for the Reporting Pe	eriod (2)	\$	0.00					
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)								
TOTAL for the Reporting Pe	eriod (3)	\$	0.00					
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,	•	\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candida	ate		Reporting	g Period			
			From:			To:	
				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 So	chedule II In-Vir	nd Contributions Deta	iled Sum	mary Pag			DACE TOTAL
Section 2.	iledule 11, 111-Kii	id Contributions Deta	neu Sum	illial y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Reporting F	Period				
					From:		То:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(Plus	4)						
Employer of Contributor					Occupa	tion				
Employer Mailing Address/Principal Place of Business City State					Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	iled				PAGE TOTAL	
Summary Page, Section 3.									0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
FRIENDS OF CAROLYN COMITTA	From	5/19/2020	То:	6/22/2020	

		DATE				AMOUNT	
		мо	DAY	YEAR			
IW APT 701		5	20	2020	\$	32,418.66	
State DC	Zip Code (Plus 4) 200082624	Description of Expenditure MAILERS					
		МО	DAY	YEAR			
		5	20	2020	\$	30.00	
State PA	Zip Code (Plus 4) 193011518	Description of Expenditure WIRE TRANSFER FEE					
		мо	DAY	YEAR			
		6	1	2020	\$	30.00	
State PA	Zip Code (Plus 4) 193011518	Description of Expenditure WIRE TRANSFER FEE					
		МО	DAY	YEAR			
Mailing Address 104 S LYNWOOD LN			29	2020	\$	1,050.00	
State PA	Zip Code (Plus 4) 193413055	Description of Expenditure CONSULTING FEE					
		МО	DAY	YEAR			
Mailing Address 524 W MARSHALL ST APT F			28	2020	\$	736.36	
State PA	Zip Code (Plus 4) 193802261	Description of Expenditure DIGITAL AND WEBSITE UPKEEP					
	State PA State PA State PA State State PA State State PA	State Zip Code (Plus 4) 200082624	State	MO	MO	MO	

To Whom Paid			_		_		
CRIMSON PLANET MEDIA	мо	DAY	YEAR				
Mailing Address 524 W MARSHALL ST APT F	6	17	2020	\$		1,984.05	
City WEST CHESTER State PA 193802261	Descrip	Description of Expenditure WEBSITE AND SOCIAL MEDIA MAINTENANCE					
To Whom Paid EMILY EYSTER	МО	DAY	YEAR				
Mailing Address 5715 MEADOWBROOK DR	6	18	2020	\$		10,000.00	
City HARRISBURG State Zip Code (Plus 4) PA 171123138	Descrip	Description of Expenditure CONSULTING FEE					
To Whom Paid JAMIE WC LORGUS	МО	DAY	YEAR				
Mailing Address 500 W UNION ST	6 1 2020 \$				372.00		
		Description of Expenditure CONSULTING FEE					
City WEST CHESTER State PA 193823333	Descrip						
WEST CHESTER	Descrip						
To Whom Paid	CONSU	ILTING FEE		\$		372.00	
To Whom Paid JAMIE WC LORGUS	MO 6	DAY	YEAR 2020	\$		372.00	
To Whom Paid JAMIE WC LORGUS Mailing Address 500 W UNION ST City WEST CHESTER PA 193823333 To Whom Paid JAMIE WC LORGUS State Zip Code (Plus 4)	MO 6	DAY 5 otion of Exp	YEAR 2020	\$		372.00	
To Whom Paid JAMIE WC LORGUS Mailing Address 500 W UNION ST City WEST CHESTER State PA 193823333 To Whom Paid	MO 6 Description	DAY 5 ption of Exp	YEAR 2020 penditure	\$		372.00 672.00	
To Whom Paid JAMIE WC LORGUS Mailing Address 500 W UNION ST City WEST CHESTER State PA 193823333 To Whom Paid JAMIE WC LORGUS	MO 6 Description MO 6 Description MO 6 Description MO 6	DAY 5 Otion of Exp LTING FEE	YEAR 2020 Denditure YEAR 2020 Denditure	\$			
To Whom Paid JAMIE WC LORGUS Mailing Address 500 W UNION ST City WEST CHESTER State PA 193823333 To Whom Paid JAMIE WC LORGUS Mailing Address 500 W UNION ST City WEST CHESTER State 2ip Code (Plus 4) 1938233333	MO 6 Description MO 6 Description MO 6 Description MO 6	DAY 5 otion of Exp DAY 18 otion of Exp	YEAR 2020 Denditure YEAR 2020 Denditure	\$			
To Whom Paid JAMIE WC LORGUS Mailing Address 500 W UNION ST City WEST CHESTER State PA 193823333 To Whom Paid JAMIE WC LORGUS Mailing Address 500 W UNION ST City WEST CHESTER State PA 193823333 To Whom Paid JAMIE WC LORGUS Mailing Address 500 W UNION ST City WEST CHESTER State PA 193823333 To Whom Paid	MO 6 Description MO 6 Description MO CONSU	DAY 5 otion of Exp LTING FEE DAY 18 otion of Exp	YEAR 2020 Denditure YEAR 2020 Denditure	\$			

To Whom Paid THE SEXTON GROUP			МО	DAY	YEAR		
Mailing Address 405 W SUPERIOR ST STE 703			6	5	2020	\$	788.72
City CHICAGO	State IL	Zip Code (Plus 4) 606548784	Description of Expenditure ROBOCALLS				
To Whom Paid WIN CREATIVE LLC			МО	DAY	YEAR		
Mailing Address 59 FRANKLIN ST APT 306			6	1	2020	\$	10,000.00
City NEW YORK	State NY	Zip Code (Plus 4) 100134026	I -	otion of Exp			
Enter Grand Total of Expend	itures on Page 1. Re	nort Cover Page. Item D.					PAGE TOTAL
	25 on 1 ago 2/ No	, , , , , , , , , , , , , , , , , , ,	-			\$	58,503.79