#### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                       | on 2018  | 80169       |                        |         | Rep<br>File | oort       |                | CANDI        | DATE      |                     | СОМ        | <b>4ITTEE</b>          | ✓              | LOBE     | BYIST     |          |          |
|--|--|-------------|------------------------|---------|-------------|------------|----------------|--------------|-----------|---------------------|------------|------------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C                                     | Committee, Candi                               | date or L   | obbyist:               |         | FRIE        | ND         | S OF I         | DAVE DE      | LLOSC     | )                   |            |                        | •              |          |           |          |          |
| Street Address:                                      | PO BOX 232                                     |             |                        |         |             |            |                |              |           |                     |            |                        |                |          |           |          |          |
| City:  | NARBERTH                                       |             |                        |         |             |            |                | State:       | PA        |                     |            | <b>Zip Code:</b> 19072 |                |          |           |          |          |
| TYPE OF<br>REPORT                                    | 6TH TUESDAY<br>PRE-PRIMARY                     | 1.          | 2ND FRIDA'<br>PRIMARY  | Y PRE   | - 2         | 2.         | 30 DA<br>PRIMA |              | POST-     | AMENDMENT Y REPORT? |            |                        |                | Yes      | No        | •        | <b>/</b> |
| (place X to<br>the right of                          | 6TH TUESDAY<br>PRE-ELECTION                    | 4.          | 2ND FRIDA'<br>ELECTION | y pre   | <u>-</u> !  | 5.         | 30 DA<br>ELECT |              | OST-      | 6.                  |            | TERMINA<br>REPORT?     |                | Yes      | No        | •        | <b>/</b> |
| report type)   | ANNUAL REPORT                                  | 7.          | <b>Year</b> 2020       |         |             |            |                | IG METHO     |           |                     |            | PAPER                  |                | /        | DISKE     | TTE      |          |
| Name of Office S                                     | -<br>Sought by Candida                         | ate:        |                        |         |             |            |                | DATE O       | F ELE     | CTIO                | N          | District<br>Number     | Office<br>Code | Par      | ty Code   | Count    | ty       |
|  |  |             |                        |         |             |            |                | мо           | DAY       | YE                  | AR         |                        | 10000          | DEN      | 1         | -        |          |
|  |  |             |                        |         |             |            |                | 11           |           | 3                   | 2020       |                        | (SEE IN        | STRUCTIO | ONS FOR ( | ODES)    |          |
| Summary of Expenditures                              | Receipts and                                   | МО          | DAY                    | YEAR    | ł           |            | _              | МО           | DAY       | YE                  | EAR        | FO                     | R OFFI         | CE USE   | ONLY      |          |          |
|  |  |             | 5 19                   | 2       | 020         | Т          | <u> </u>       | 6            | -         | 22                  | 2020       |                        |                |          |           |          |          |
| A. Amount Bro  | ught Forward Fro                               | m Last R    | eport                  |         |             |            | \$             |              |           | 83,1                | 144.04     |                        |                |          |           |          |          |
| B. Total Moneta                                      | ary Contributions                              | And Rec     | eipts (From            | Sche    | dule        | <b>I</b> ) | \$             |              | 21,308.01 |                     |            |                        |                |          |           |          |          |
| C. Total Funds Available (Sum Of Lines A and B)      |  |             |                        |         |             |            | \$             |              |           | 104,4               | 152.05     |                        |                |          |           |          |          |
| D. Total Expenditures (From Schedule III)            |  |             |                        |         |             |            | \$             |              |           | 6                   | 50.00      |                        |                |          |           |          |          |
| E. Ending Cash Balance (Subtract Line D From Line C) |  |             |                        |         |             |            | \$             |              | 1         | 103,8               | 02.05      |                        |                |          |           |          |          |
| F. Value Of In-                                      | Kind Contribution                              | s Receiv    | ed (From Se            | chedu   | le II       | )          | \$             |              |           | 1,3                 | 61.25      |                        |                |          |           |          |          |
| G. Unpaid Debt                                       | s And Obligation                               | s (From S   | Schedule IV            | )       |             |            | \$             |              |           |                     | 0.00       |                        |                | 1        |           |          |          |
|  |  |             |                        | AFF     | IDA         | \VI        | T SE           | CTION        |           |                     |            |                        |                |          |           |          |          |
| PART I - If this is                                  | s a Committee rep                              | oort, trea  | surer sign l           | here.   | If thi      | is is      | a Can          | ididate re   | port, c   | andi                | date sig   | ın here.               |                |          |           |          |          |
| I swear (or affirm) correct and comple               | ) that this report, inc<br>ete.                | cluding the | e attached scl         | nedule  | s filed     | d on       | paper (        | or by electi | ronic m   | edium               | , are to t | he best o              | f my kno       | wledge   | and belie | ef , tru | ie.      |
| Sworn to and subs                                    | cribed before me th<br>day of                  | is          | 20                     |         |             |            |                |              |           | S                   | ignature   | of Perso               | n Submit       | ting Rep | ort       |          | -        |
|  | Signat   | ure         | _                      |         |             |            | -<br>-         |              |           |                     |            | Prin                   | ted Name       | e        |           |          | _        |
| My Commission Ex                                     | _  |             |                        |         |             |            |                | ,            |           |                     |            | Ema                    | il             |          |           |          | -        |
|  | мо   | D           | AY                     | YR      |             |            | _              |              | Are       | ea Cod              | le         | Daytim                 | e Teleph       | none Nu  | mber      |          |          |
| Part II- If this is                                  | a report of a can                              | didate's    | authorized             | Comn    | nitte       | e, C       | andida         | ate shall    | sign he   | ere.                |            |                        |                |          |           |          |          |
| I swear (or affirm)<br>No 320) as amende             | that to the best of ed.                        | my knowl    | edge and beli          | ef this | polit       | ical       | commi          | ittee has n  | ot viola  | ted an              | y provis   | ions of the            | e act of J     | une 3,19 | 937 (P.L  | . 1333   | ,        |
| Sworn to and subsc                                   | ribed before me this                           | <b>.</b>    |                        |         |             |            |                |              |           |                     | s          | ignature o             | of Candid      | ate      |           |          | -        |
|  | day of<br>———————————————————————————————————— |             |                        |         |             |            | _              |              |           |                     |            | Printe                 | d Name         |          |           |          | -        |
|  | Signature                                      |             |                        |         |             |            | -              |              |           |                     |            |                        |                |          |           |          | _        |
| My Commission Exp                                    | -  |             |                        |         |             |            |                |              |           |                     |            | Ema                    | il             |          |           |          |          |
|  | МО   | D           | AY                     | YR      | l           |            | •              |              | Area      | Code                |            | Da                     | 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 DAVE DELLOSO  | 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  | ) 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)   | \$        | 643.32          |              |           |  |  |  |  |
| TOTAL for the Reporting  | \$        | 643.32          |              |           |  |  |  |  |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |                 |              |           |  |  |  |  |
| Contributions Received From Political Committees (Part C)  |           |                 | \$           | 10,500.00 |  |  |  |  |
| All Other Contributions (Part D)   |           |                 | \$           | 11,808.01 |  |  |  |  |
| TOTAL for the Reporting  | Period    | (3)             | \$           | 22,308.01 |  |  |  |  |
| 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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |                 | \$           | 22,951.33 |  |  |  |  |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                                       | this Part to itemize only with an aggregate valu |                  |     |         |        |      |               |            |
|---------------------------------------|--|------------------|-----|---------|--------|------|---------------|------------|
| Name of Filing Committee or Candidate |  |                  | Re  | porting | Period |      |               |            |
|                                       |  |                  | Fre | om:     |        | То   | :             |            |
|                                       |  | <u> </u>         |     |         | DATE   |      |               | AMOUNT     |
| Full Name of Contributi               | ing Committee                                    |                  |     | МО      | DAY    | YEAR |               |            |
| Mailing Address                       |  |                  |     |         |        |      | \$            | 0.00       |
| City                                  | State  | Zip Code (Plus 4 | )   |         |        |      |               |            |
|                                       | •  | ·                |     |         | •      | •    | $\overline{}$ | DACE TOTAL |

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

| PAGE TOTAL |
|------------|
| \$<br>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 Candidate       | e                  |                                   | Rep  | eporting Period |        |                 |    |           |  |  |
|---|--------------------|-----------------------------------|------|-----------------|--------|-----------------|----|-----------|--|--|
| FRIENDS OF DAVE DELLOSO                     |                    |                                   | Froi | m:              | 5/19/2 | 2 <u>020</u> To | ): | 6/22/2020 |  |  |
|   |                    |                                   |      |                 | DATE   |                 |    | AMOUNT    |  |  |
| Full Name of Contributor ALEXANDRA WITTCHEN |                    |                                   |      | МО              | DAY    | YEAR            |    |           |  |  |
| Mailing Address 4107 SPRING GARD            | DEN ST             |                                   |      |                 |        |                 | \$ | 55.00     |  |  |
| City PHILA                                  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19104 |      | 6               | 18     | 2020            |    |           |  |  |
| Full Name of Contributor LIZ DUNFORD        |                    |                                   |      | МО              | DAY    | YEAR            |    |           |  |  |
| Mailing Address 518 PERSHING AVE            |                    |                                   |      |                 |        |                 | \$ | 100.00    |  |  |
| City COLLINGDALE                            | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19023 |      | 6               | 17     | 2020            |    |           |  |  |
| Full Name of Contributor SCOTT BENNETT      |                    |                                   |      | МО              | DAY    | YEAR            |    |           |  |  |
| Mailing Address 2301 WILTON DR              |                    |                                   |      |                 |        |                 | \$ | 166.66    |  |  |
| City WILTON MANORS                          | <b>State</b><br>FL | <b>Zip Code (Plus 4)</b> 33305    |      | 6               | 9      | 2020            |    |           |  |  |
| Full Name of Contributor CATHERINE BARNES   |                    |                                   |      | МО              | DAY    | YEAR            |    |           |  |  |
| Mailing Address 7121 LINCOLN DR             |                    |                                   |      | 7               | 14     | 2020            | \$ | 100.00    |  |  |
| <b>City</b> PHILA                           | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19119 |      | ,               | 14     | 2020            |    |           |  |  |
| Full Name of Contributor COLLEEN GUINEY     |                    |                                   |      | МО              | DAY    | YEAR            |    |           |  |  |
| Mailing Address 337 DICKINSON AV            |                    |                                   |      |                 |        |                 | \$ | 55.00     |  |  |
| City SWARTHMORE                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19081 |      | 6               | 20     | 2020            |    |           |  |  |

| Full Name of Contributor EMILY SUSSMAN | МО    | DAY               | YEAR |   |      |                  |
|--|-------|-------------------|------|---|------|------------------|
| Mailing Address 800 WEST CHESTER AVE   |       |                   |      |   |      | <b>\$</b> 166.66 |
| City WHITE PLAINS                      | State | Zip Code (Plus 4) | 6    | 3 | 2020 |                  |
|  | NY    | 10573             |      |   |      |                  |

**PAGE TOTAL \$** 643.32

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

#### **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 |        |      |          |                   |
|---|----------------------|-----------------------------------|------------|--------|--------|------|----------|-------------------|
| FRIENDS OF DAVE DELLOSO   |                      |                                   | From:      | 5/1    | 9/2020 | То:  | <u>(</u> | 5/22/202 <u>0</u> |
|   |                      |                                   |            | DA     | TE     |      |          | AMOUNT            |
| Full Name of Contributing Committee SHEET METAL WORKERS UNION LOCAL | _ 19                 |                                   |            | МО     | DAY    | YEAR |          |                   |
| Mailing Address 1301 S. COLUMBUS                                    | BLVD                 |                                   |            |        |        |      | \$       | 5,000.00          |
| City PHILA  | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b><br>19147 |            | 6      | 18     | 2020 |          |                   |
| Full Name of Contributing Committee TEAMSTERS LOCAL 205 PAC         |                      |                                   |            | МО     | DAY    | YEAR |          |                   |
| Mailing Address 1164 LONG RUN RD                                    |                      |                                   |            |        |        |      | \$       | 500.00            |
| City WHITE OAK  | <b>State</b><br>PA   | Zip Code<br>15131                 | (Plus 4)   |        |        |      |          |                   |
| Full Name of Contributing Committee TEAMSTERS JC 53 PAC DRIVE       |                      |                                   |            | МО     | DAY    | YEAR |          |                   |
| Mailing Address 3460 N. DELAWARE                                    | AVE #310             |                                   |            |        |        |      | \$       | 5,000.00          |
| City PHILA  | State<br>PA          | <b>Zip Code</b> 19134             | (Plus 4)   | 5      | 21     | 2020 | 0        |                   |
|   |                      | •                                 |            | •      |        |      |          | PAGE TOTAL        |
| Enter Grand Total of Part C on Schee                                | dule I, Detailed Sum | nmary Pa                          | ge, Sectio | n 3.   |        |      | \$       | 10,500.00         |

### 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 Committee or Candidate               |       |              | Rep                 | orting Pe             | riod          |               |                     |  |  |
|---|-------|--------------|---------------------|-----------------------|---------------|---------------|---------------------|--|--|
| FRIENDS OF DAVE DELLOSO                             |       |              | Froi                | m:                    | <u>5/19/2</u> | <u>020</u> To | o: <u>6/22/2020</u> |  |  |
|   |       |              |                     | D/                    | ATE           |               | AMOUNT              |  |  |
| Full Name of Contributor                            |       |              |                     | мо                    | DAY           | YEAR          |                     |  |  |
| WESTON MILLIKEN                                     |       |              |                     | MO                    | באו           | ILAK          |                     |  |  |
| Mailing 1140 SUNSET VALE A                          | AVE   |              |                     |                       |               |               | \$ 2,500.00         |  |  |
| City LOS ANGELES                                    | State | Zip Code (Pl | ıs 4)               | 6                     | 3             | 2020          |                     |  |  |
|   | CA    | CA 90069     |                     |                       |               |               |                     |  |  |
| Employer Name SELF                                  |       |              |                     | Occupat               | tion (        | CONSUL        | TANT                |  |  |
| Employer Mailing Address/Principal Place Business   | ce of | City         |                     |                       | State         |               | Zip Code (Plus 4)   |  |  |
| Business  |       |              |                     |                       |               |               |                     |  |  |
|   |       |              |                     |                       | <u>'</u>      | <u> </u>      | 1                   |  |  |
| Full Name of Contributor WESTON MILLIKEN            |       |              |                     | мо                    | DAY           | YEAR          |                     |  |  |
| Mailing   |       |              |                     |                       |               |               | 4                   |  |  |
| Address 1140 SUNSET VALE A                          | AVE   |              |                     |                       |               |               | \$ 5,833.33         |  |  |
| City LOS ANGELES                                    | State | Zip Code (Pl | ıs 4)               | 6                     | 3             | 2020          |                     |  |  |
|   | CA    | 90069        |                     |                       |               |               |                     |  |  |
| Employer Name SELF                                  |       |              |                     | Occupation CONSULTANT |               |               |                     |  |  |
| Employer Mailing Address/Principal Place Business   | ce of | City         |                     | State                 |               |               | Zip Code (Plus 4)   |  |  |
| Business  |       |              |                     |                       |               |               |                     |  |  |
| Full Name of Contributor                            |       | <u> </u>     |                     |                       |               | l '           | П                   |  |  |
| JON LICHTENSTEIN                                    |       |              |                     | МО                    | DAY           | YEAR          |                     |  |  |
| Mailing 1 CHATHAM PL<br>Address                     |       |              |                     |                       |               |               | \$ 500.00           |  |  |
| City WALLINGFORD                                    | State | Zip Code (Pl | ıs 4)               | 7                     | 26            | 2020          |                     |  |  |
|   | PA    | 19086        |                     |                       |               |               |                     |  |  |
| Employer Name DEL CTY                               |       |              | Occupation ATTORNEY |                       |               | EY            |                     |  |  |
| Employer Mailing Address/Principal Plac<br>Business | e of  | City         |                     | State Zi              |               |               | Zip Code (Plus 4)   |  |  |
| 201 W FRONT ST                                      |       | MEDIA        |                     | PA 19063              |               |               |                     |  |  |

| Full Name of Con<br>LAWRENCE HESS |                          |                     |     |                      | мо         | DAY      | YEAR   |                   |           |  |
|-----------------------------------|--------------------------|---------------------|-----|----------------------|------------|----------|--------|-------------------|-----------|--|
| Mailing<br>Address                | 6309 CYPRESS POINT       | RD                  |     |                      |            |          |        | \$                | 2,000.00  |  |
| City SAN DIE                      | GO                       | State               | Ziı | Code (Plus 4)        | 7          | 14       | 2020   | )                 |           |  |
|                                   |                          | CA                  | 92  | 120                  |            |          |        |                   |           |  |
| Employer Name NOT EMPLOYED        |                          |                     |     |                      | Occupat    | ion      |        |                   |           |  |
| Employer Mailing<br>Business      | Address/Principal Plac   | e of                |     | City                 |            | State    |        | Zip Code (Plus 4) |           |  |
|                                   |                          |                     |     |                      |            |          |        |                   |           |  |
| Full Name of Con                  | tributor                 |                     |     |                      | МО         | DAY      | YEAR   |                   |           |  |
| MARJORIE ROSW                     | /ELL                     |                     |     |                      | MO         | DAI      | ILAK   |                   |           |  |
| Mailing<br>Address                | 3443 GUILFORD TERF       | RACE                |     |                      |            |          |        | \$                | 974.68    |  |
| City                              |                          | State               | Zi  | Code (Plus 4)        | 6          | 11       | 2020   |                   |           |  |
| Employer Name                     | ROSWELL INTEGRAPH        | HICS                |     |                      | Occupat    | ion<br>V | VEB DE | VELOPER           |           |  |
| Employer Mailing<br>Business      | Address/Principal Plac   | e of                |     | City                 | •          | State    |        | Zip Code          | (Plus 4)  |  |
| 3343 GUILFORD TERR BALT           |                          |                     |     | DC                   |            | 21218    |        |                   |           |  |
| Enter Grand To                    | tal of Part C on Sche    | dule T. Detailed Si | umn | nary Page Section    | nn 3       |          |        | PA                | GE TOTAL  |  |
| The Grand 10                      | a. J. i a. c o oii ociic | and 1, betailed 3   |     | .a. y i age, section | <u>G</u> . |          |        | \$                | 11,808.01 |  |

### 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 | late               |                 | Report  | ing 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 Sci | nedule T. Detailed | d Summary Page. | Section | 4.        |     |      | I  | PAGE TOTAL |
|                                    | .caa.ca, Betanet   | a cammary rage, |         | •         |     |      | \$ | 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 Per   | iod                         |           |  |  |  |  |  |  |
|---|---|-----------------------------|-----------|--|--|--|--|--|--|
| FRIENDS OF DAVE DELLOSO   | From:   | <u>5/19/2020</u> <b>To:</b> | 6/22/2020 |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | 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 PAR  | TF)   |                             |           |  |  |  |  |  |  |
| 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)   | \$                          | 1,361.25  |  |  |  |  |  |  |
| 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, | •   | \$                          | 1,361.25  |  |  |  |  |  |  |

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candidate Ro |                     |                       | Reporting Period |               |        |           |            |  |
|--|---------------------|-----------------------|------------------|---------------|--------|-----------|------------|--|
|  | From:               |                       |                  |               |        |           |            |  |
|  |                     |                       |                  | DATE          |        |           | AMOUNT     |  |
| Full Name of Contributor                 |                     |                       | МО               | DAY           | YEAR   |           |            |  |
| Mailing Address                          |                     |                       |                  |               |        | <b>\$</b> | 0.00       |  |
| City                                     | State               | Zip Code (Plus 4)     |                  |               |        |           |            |  |
| Description of Contribution:             |                     |                       |                  |               |        |           |            |  |
| Enter Grand Total of Part F on S         | chedule II In-Kir   | nd Contributions Deta | iled Sum         | mary Pag      | ле Г   |           | PAGE TOTAL |  |
| Section 2.                               | incudic 11, 111 Kii | ia contributions beta | nea Sam          | illial y I as | ,<br>, |           | PAGE TOTAL |  |
|  |                     |                       |                  |               |        | \$        | 0.00       |  |

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

Name of Filing Committee or Candidate

FRIENDS OF DAVE DELLOSO

Reporting Period

From: 5/19/2020 To: 6/22/2020

|  |                 |         |                    |           | DATE      |  | AMOUNT                |
|--|-----------------|---------|--------------------|-----------|-----------|--|-----------------------|
| Full Name of Contributor PA DEMOCRATIC PARTY         |                 |         |                    | мо        | DAY       | YEAR   |                       |
| Mailing Address 229 STATE ST                         | Γ               |         |                    |           |           |  | \$ 1,361.25           |
| City HARRISBURG                                      | State           |         | Zip Code(Plus 4)   | 6 15 202  |           | 2020   |                       |
|  | PA              |         | 19101              |           |           |  |                       |
| Employer of Contributor                              | •               |         | •                  | Occupat   | tion      | •  |                       |
| Employer Mailing Address/Principal Place of Business |                 | City    | State              | Zip<br>4) | Code(Plus | Descri   | ption of Contribution |
| Enter Grand Total of Part G                          | on Schedule II. | In-Kind | Contributions Deta | iled      |           | <del>'                                    </del> | PAGE TOTAL            |
| Summary Page, Section 3.                             | <b></b>         |         |                    |           |           |  | 1,361.25              |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate |      | Reporting Period |     |           |  |  |
|---------------------------------------|------|------------------|-----|-----------|--|--|
| FRIENDS OF DAVE DELLOSO               | From | 5/19/2020        | То: | 6/22/2020 |  |  |
|                                       |      | DATE             |     | AMOUNT    |  |  |

|   |                       |                                   |                                       | DATE |      |        | AMOUNT     |
|---|-----------------------|-----------------------------------|---------------------------------------|------|------|--------|------------|
| To Whom Paid<br>USW LOCAL 10-1          |                       |                                   | мо                                    | DAY  | YEAR |        |            |
| Mailing Address 26 W WING               | DNA AVE               |                                   | 7                                     | 20   | 2020 | \$     | 500.00     |
| City NORWOOD                            | <b>State</b><br>PA    | <b>Zip Code (Plus 4)</b><br>19074 | Description of Expenditure RENT       |      |      |        |            |
| <b>To Whom Paid</b><br>DANIEL LINKMEYER |                       |                                   | МО                                    | DAY  | YEAR |        |            |
| Mailing Address 219 GRAYLING AVE #3     |                       | 7                                 | 3                                     | 2020 | \$   | 150.00 |            |
| City NARBERTH                           | <b>State</b><br>PA    | <b>Zip Code (Plus 4)</b><br>19072 | Description of Expenditure E-DAY WORK |      |      |        |            |
| Futou Count Total of Forman             | dia Daniel De         |                                   |                                       |      |      |        | PAGE TOTAL |
| Enter Grand Total of Expen              | aitures on Page 1, Re | port Cover Page, Item D           | •                                     |      |      | \$     | 650.00     |