

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 : 2006008		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF FARNESE											
Street Address: PO BOX 22596											
City: PHILADELPHIA					State: PA		Zip Code: 19110				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
SENATOR IN THE GENERAL ASSEMBLY					MO	DAY	YEAR	1	STS	DEM	51
					11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		9	15	2020		10	19	2020			
A. Amount Brought Forward From Last Report					\$		53,895.18				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		5,827.17				
C. Total Funds Available (Sum Of Lines A and B)					\$		59,722.35				
D. Total Expenditures (From Schedule III)					\$		35,091.90				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		24,630.45				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		26,801.35				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF FARNESE	From: <u>9/15/2020</u> To: <u>10/19/2020</u>

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)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

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

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 3,327.17

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.)	\$ 5,827.17
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<div> <div> <div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div> 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. </div> </div> </div>							
Name of Filing Committee or Candidate				Reporting Period			
				From: _____ To: _____			
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL	
\$	0.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

PAGE TOTAL	
\$	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 FRIENDS OF FARNESE	Reporting Period From: <u>9/15/2020</u> To: <u>10/19/2020</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
COHEN & GRIGSBY, P.C. PAC				9	3	2020	
Mailing Address 625 LIBERTY AVE							
City PITTSBURGH		State PA	Zip Code (Plus 4) 152223120				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
CSX CORPORATION OF GOOD GOVERNMENT FUND				9	3	2020	
Mailing Address 45 E CITY AVE # 326							
City BALA CYNWYD		State PA	Zip Code (Plus 4) 190042421				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
DUANE MORRIS LLP GOVERNMENT COMMITTEE STATE & LOCAL FUND				7	15	2020	
Mailing Address 30 S 17TH ST							
City PHILADELPHIA		State PA	Zip Code (Plus 4) 191034001				

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

PAGE TOTAL
\$ 2,000.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)**

Name of Filing Committee or Candidate FRIENDS OF FARNESE	Reporting Period From: <u>9/15/2020</u> To: <u>10/19/2020</u>
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			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
DAVID DELIZZA	10	16	2020	\$ 500.00
Mailing Address 729 WHITMAN DR STE 300				
City BLACKWOOD	State NJ		Zip Code (Plus 4) 080121332	
Employer Name PENNONI ASSOCIATES INC.				Occupation PROFESSIONAL ENGINEER
Employer Mailing Address/Principal Place of Business 1900 MARKET STSTE 300		City PHILADELPHIA	State PA	Zip Code (Plus 4) 191033511

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

PAGE TOTAL
\$ 500.00

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate FRIENDS OF FARNESE	Reporting Period From: <u>9/15/2020</u> To: <u>10/19/2020</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 500.00
COMMITTEE TO ELECT JIM BREWSTER				10	8	2020	
Mailing Address 455 29TH ST							
City	MCKEESPORT	State	PA	Zip Code (Plus 4)		151327116	
Receipt Description CANCELLED CHECK							
Full Name				MO	DAY	YEAR	\$ 100.00
FATHERS AND SONS OF ST. MONICA'S				7	29	2020	
Mailing Address 2422 S 17TH ST							
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)		191454303	
Receipt Description CANCELLED CHECK							
Full Name				MO	DAY	YEAR	\$ 2,000.00
FRIENDS FOR JUDY SCHWANK				10	8	2020	
Mailing Address PO BOX 12424							
City	READING	State	PA	Zip Code (Plus 4)		196122424	
Receipt Description CANCELLED CHECK							
Full Name				MO	DAY	YEAR	\$ 500.00
FRIENDS OF ELIZABETH FIEDLER				10	8	2020	
Mailing Address PO BOX 2468							
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)		191470468	
Receipt Description CANCELLED CHECK							
Full Name				MO	DAY	YEAR	\$ 127.17
PAYCHEX				8	7	2020	
Mailing Address 911 PANORAMA TRL S							
City	ROCHESTER	State	NY	Zip Code (Plus 4)		146252311	
Receipt Description REFUND							

Full Name SCOTTISH RITE HOUSE			MO	DAY	YEAR	\$ 100.00
Mailing Address 1525 FITZWATER ST APT 606			10	8	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191462179				
Receipt Description CANCELLED CHECK						

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

PAGE TOTAL
\$ 3,327.17

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
FRIENDS OF FARNESE		From: <u>9/15/2020</u> To: <u>10/19/2020</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF FARNESE	From <u>9/15/2020</u> To: <u>10/19/2020</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
5TH WARD DEMOCRATIC COMMITTEE				
Mailing Address 123 S BROAD ST	7	13	2020	\$ 3,500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191091030	Description of Expenditure DONATION	
To Whom Paid	MO	DAY	YEAR	
CARDMEMBER SERVICE				
Mailing Address PO BOX 790408	6	25	2020	\$ 324.91
City SAINT LOUIS	State MO	Zip Code (Plus 4) 631790408	Description of Expenditure CREDIT CARD PAYMENT	
To Whom Paid	MO	DAY	YEAR	
CARDMEMBER SERVICE				
Mailing Address PO BOX 790408	8	3	2020	\$ 601.56
City SAINT LOUIS	State MO	Zip Code (Plus 4) 631790408	Description of Expenditure CREDIT CARD PAYMENT	
To Whom Paid	MO	DAY	YEAR	
CARDMEMBER SERVICE				
Mailing Address PO BOX 790408	8	28	2020	\$ 864.43
City SAINT LOUIS	State MO	Zip Code (Plus 4) 631790408	Description of Expenditure CREDIT CARD PAYMENT	
To Whom Paid	MO	DAY	YEAR	
CARDMEMBER SERVICE				
Mailing Address PO BOX 790408	9	29	2020	\$ 21.43
City SAINT LOUIS	State MO	Zip Code (Plus 4) 631790408	Description of Expenditure CREDIT CARD PAYMENT	
To Whom Paid	MO	DAY	YEAR	
COMMITTEE TO ELECT JIM BREWSTER				
Mailing Address 455 29TH ST	10	8	2020	\$ 1,000.00
City MCKEESPORT	State PA	Zip Code (Plus 4) 151327116	Description of Expenditure CONTRIBUTION	

To Whom Paid			MO	DAY	YEAR	\$ 100.00
FATHERS AND SONS OF ST. MONICA'S						
Mailing Address 2422 S 17TH ST			7	29	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191454303	Description of Expenditure DONATION			

To Whom Paid			MO	DAY	YEAR	\$ 2,000.00
FRIENDS FOR JUDY SCHWANK						
Mailing Address PO BOX 12424			7	22	2020	
City READING	State PA	Zip Code (Plus 4) 196122424	Description of Expenditure CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	\$ 2,000.00
FRIENDS FOR JUDY SCHWANK						
Mailing Address PO BOX 12424			10	8	2020	
City READING	State PA	Zip Code (Plus 4) 196122424	Description of Expenditure CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	\$ 2,500.00
FRIENDS OF PAM IOVINO						
Mailing Address PO BOX 14532			10	8	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 152340532	Description of Expenditure CONTRIBUTION			

To Whom Paid			MO	DAY	YEAR	\$ 375.00
MOTHER OF DIVINE GRACE SCHOOL						
Mailing Address 2612 E MONMOUTH ST			9	2	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191344811	Description of Expenditure DONATION			

To Whom Paid			MO	DAY	YEAR	\$ 795.00
NGP VAN, INC.						
Mailing Address PO BOX 392264			10	8	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 152519264	Description of Expenditure DATABASE			

To Whom Paid			MO	DAY	YEAR	\$ 213.81
PAYA						
Mailing Address 12120 SUNSET HILLS RD STE 500			7	2	2020	
City RESTON	State VA	Zip Code (Plus 4) 201905858	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 2.50
PAYA						
Mailing Address 12120 SUNSET HILLS RD STE 500			8	3	2020	
City RESTON	State VA	Zip Code (Plus 4) 201905858	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 9.50
PAYA						
Mailing Address 12120 SUNSET HILLS RD STE 500			9	10	2020	
City RESTON	State VA	Zip Code (Plus 4) 201905858	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 97.25
PAYA						
Mailing Address 12120 SUNSET HILLS RD STE 500			10	2	2020	
City RESTON	State VA	Zip Code (Plus 4) 201905858	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 475.75
PAYCHEX						
Mailing Address 911 PANORAMA TRL S			8	3	2020	
City ROCHESTER	State NY	Zip Code (Plus 4) 146252311	Description of Expenditure SERVICE FEE			

To Whom Paid			MO	DAY	YEAR	\$ 62.00
PAYCHEX						
Mailing Address 911 PANORAMA TRL S			8	10	2020	
City ROCHESTER	State NY	Zip Code (Plus 4) 146252311	Description of Expenditure SERVICE FEE			

To Whom Paid			MO	DAY	YEAR	\$ 50.00
PAYCHEX						
Mailing Address 911 PANORAMA TRL S			9	10	2020	
City ROCHESTER	State NY	Zip Code (Plus 4) 146252311	Description of Expenditure SERVICE FEE			

To Whom Paid			MO	DAY	YEAR	\$ 50.00
PAYCHEX						
Mailing Address 911 PANORAMA TRL S			10	13	2020	
City ROCHESTER	State NY	Zip Code (Plus 4) 146252311	Description of Expenditure SERVICE FEE			

To Whom Paid			MO	DAY	YEAR	\$ 12,116.32
RITTENHOUSE POLITICAL PARTNERS						
Mailing Address 121 S BROAD ST STE 400			6	26	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191074544	Description of Expenditure CONSULTING AND EXPENSES			

To Whom Paid			MO	DAY	YEAR	\$ 3,032.97
RITTENHOUSE POLITICAL PARTNERS						
Mailing Address 121 S BROAD ST STE 400			8	11	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191074544	Description of Expenditure CONSULTING AND EXPENSES			

To Whom Paid RITTENHOUSE POLITICAL PARTNERS			MO	DAY	YEAR	\$ 3,088.75
Mailing Address 121 S BROAD ST STE 400			10	2	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191074544	Description of Expenditure CONSULTING AND EXPENSES			

To Whom Paid SATURNALIANS NYA			MO	DAY	YEAR	\$ 250.00
Mailing Address 1811 S 2ND ST # 13			7	29	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191481915	Description of Expenditure DONATION			

To Whom Paid STRASSHEIM GRAPHIC DESIGN & PRESS CORP.			MO	DAY	YEAR	\$ 1,548.72
Mailing Address 1500 SPRING GARDEN ST STE 225			7	13	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191304600	Description of Expenditure PRINTING			

To Whom Paid TD BANK, N.A.			MO	DAY	YEAR	\$ 3.00
Mailing Address 1701 MARLTON PIKE E			6	30	2020	
City CHERRY HILL	State NJ	Zip Code (Plus 4) 080032390	Description of Expenditure BANK FEES			

To Whom Paid TD BANK, N.A.			MO	DAY	YEAR	\$ 3.00
Mailing Address 1701 MARLTON PIKE E			7	31	2020	
City CHERRY HILL	State NJ	Zip Code (Plus 4) 080032390	Description of Expenditure BANK FEES			

To Whom Paid TD BANK, N.A.			MO	DAY	YEAR	\$ 3.00
Mailing Address 1701 MARLTON PIKE E			8	31	2020	
City CHERRY HILL	State NJ	Zip Code (Plus 4) 080032390	Description of Expenditure BANK FEES			

To Whom Paid TD BANK, N.A.			MO	DAY	YEAR	\$ 3.00
Mailing Address 1701 MARLTON PIKE E			9	30	2020	
City CHERRY HILL	State NJ	Zip Code (Plus 4) 080032390	Description of Expenditure BANK FEES			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 35,091.90

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 FRIENDS OF FARNESE	Reporting Period From: <u>9/15/2020</u> To: <u>10/19/2020</u>
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				DATE		Outstanding Balance of Debt	
Name of Creditor FUMO FOR SENATE				MO	DAY	YEAR	\$ 25,000.00
Mailing Address 2220 GREEN ST				1	10	2017	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191303113		Description of Debt LOAN RECEIVED			
Name of Creditor KLEHR, HARRISON, HARVEY, BRANZBURG, LLP				MO	DAY	YEAR	\$ 1,801.35
Mailing Address 1835 MARKET ST				10	25	2018	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191032968		Description of Debt LEGAL FEES			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 26,801.35