

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: | | | | | | | | | | | | |
| City: WEST CHESTER | | | | | | State: PA | | Zip Code: 19382 | | | | |
| 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. | 30 DAY POST-ELECTION | 6. X | 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 | 19 | STS | DEM | 15 |
| | | | | | | 11 | 3 | 2020 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | | | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | | | |
| | | | | 10 | 20 | 2020 | TO | MO | DAY | YEAR | | |
| | | | | | | | | 11 | 23 | 2020 | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 7,567.84 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 12,460.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 20,027.84 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 13,866.42 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 6,161.42 | | | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | | \$ 42,461.98 | | | | | | |
| 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 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 CAROLYN COMITTA | From: <u>10/20/2020</u> To: <u>11/23/2020</u> |

| | |
|--|-----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 210.00 |

| | |
|--|-----------|
| 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) | \$ 750.00 |
| TOTAL for the Reporting Period (2) | \$ 750.00 |

| | |
|---|--------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 9,500.00 |
| All Other Contributions (Part D) | \$ 2,000.00 |
| TOTAL for the Reporting Period (3) | \$ 11,500.00 |

| | |
|--|---------|
| 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 12,460.00 |
|---|--------------|

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 Candidate | | | | Reporting Period | | | |
| | | | | From: | | To: | |
| <div style="display: flex; justify-content: space-between; width: 100%;"> DATE AMOUNT </div> | | | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | <div style="display: flex; align-items: center;"> \$ 0.00 </div> |
| Mailing Address | | | | | | | |
| City | State | Zip Code (Plus 4) | | | | | |

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

| |
|---|
| PAGE TOTAL |
| <div style="display: flex; align-items: center;"> \$ 0.00 </div> |

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 |
| FRIENDS OF CAROLYN COMMITTA | From: <u>10/20/2020</u> To: <u>11/23/2020</u> |

| | | | | DATE | | AMOUNT | |
|---|--------------|-------------|--------------------------------|----------|-----------|--------------|--------------|
| Full Name of Contributor MARC LIEBERMAN | | | | MO 10 | DAY 21 | YEAR 2020 | \$ 100.00 |
| Mailing Address | | | | | | | |
| City | WEST CHESTER | State PA | Zip Code (Plus 4) 193822922 | | | | |
| Full Name of Contributor STANLEY LIEBERMAN | | | | MO 10 | DAY 21 | YEAR 2020 | \$ 100.00 |
| Mailing Address | | | | | | | |
| City | WEST CHESTER | State PA | Zip Code (Plus 4) 193801762 | | | | |
| Full Name of Contributor DONALD F. MORABITO | | | | MO 11 | DAY 1 | YEAR 2020 | \$ 100.00 |
| Mailing Address | | | | | | | |
| City | HARRISBURG | State PA | Zip Code (Plus 4) 171114690 | | | | |
| Full Name of Contributor MARIAN MOSKOWITZ | | | | MO 10 | DAY 27 | YEAR 2020 | \$ 250.00 |
| Mailing Address | | | | | | | |
| City | MALVERN | State PA | Zip Code (Plus 4) 193559770 | | | | |
| Full Name of Contributor BRIAN AND JESSICA NAGLE | | | | MO 10 | DAY 23 | YEAR 2020 | \$ 200.00 |
| Mailing Address | | | | | | | |
| City | WEST CHESTER | State PA | Zip Code (Plus 4) 193823330 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 750.00 |

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 CAROLYN COMITTA | Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u> |
|--|--|

| | | | | DATE | | | AMOUNT | |
|--|---------------------|-------|----|------|-----|------|-------------|-------------------|
| Full Name of Contributing Committee KENNETT AREA DEMOCRATIC COMMITTEE | | | | MO | DAY | YEAR | \$ 1,500.00 | |
| Mailing Address | | | | 11 | 12 | 2020 | | |
| City | KENNETT SQUARE | State | PA | | | | | Zip Code (Plus 4) |
| Full Name of Contributing Committee PA FEDERATION OF DEMOCRATIC WOMEN STATE PAC | | | | MO | DAY | YEAR | \$ 500.00 | |
| Mailing Address | | | | 10 | 21 | 2020 | | |
| City | GREENFIELD TOWNSHIP | State | PA | | | | | Zip Code (Plus 4) |
| Full Name of Contributing Committee PENNSYLVANIA SEIU COPE | | | | MO | DAY | YEAR | \$ 2,500.00 | |
| Mailing Address | | | | 10 | 21 | 2020 | | |
| City | HARRISBURG | State | PA | | | | | Zip Code (Plus 4) |
| Full Name of Contributing Committee PLANNED PARENTHOOD PENNSYLVANIA PAC | | | | MO | DAY | YEAR | \$ 500.00 | |
| Mailing Address | | | | 10 | 24 | 2020 | | |
| City | HARRISBURG | State | PA | | | | | Zip Code (Plus 4) |
| Full Name of Contributing Committee PSEA-PACE | | | | MO | DAY | YEAR | \$ 2,500.00 | |
| Mailing Address | | | | 11 | 10 | 2020 | | |
| City | HARRISBURG | State | PA | | | | | Zip Code (Plus 4) |
| Full Name of Contributing Committee SANTARSIERO FOR STATE SENATE | | | | MO | DAY | YEAR | \$ 2,000.00 | |
| Mailing Address | | | | 10 | 21 | 2020 | | |
| City | NEWTOWN | State | PA | | | | | Zip Code (Plus 4) |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 9,500.00 |

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.)**

| | |
|--|--|
| Name of Filing Committee or Candidate FRIENDS OF CAROLYN COMITTA | Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u> |
|--|--|

| | | | | DATE | AMOUNT | | |
|--|----------|-----------------------------|------|------------|--------|------|-------------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | |
| BALLARD SPAHR LLP | | | | | | | \$ 1,000.00 |
| Mailing Address | | | | 10 | 30 | 2020 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 191037501 | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |

| Full Name of Contributor | | | | MO | DAY | YEAR | |
|--|----------|-----------------------------|------|--------------------------|-------|------|-------------------|
| STEFFI SWOPE | | | | | | | \$ 1,000.00 |
| Mailing Address | | | | 11 | 4 | 2020 | |
| City WEST CHESTER | State PA | Zip Code (Plus 4) 193802371 | | | | | |
| Employer Name SELF EMPLOYED | | | | Occupation SELF EMPLOYED | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 2,000.00 |

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 | Reporting Period From: To: |
|---------------------------------------|--|

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

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 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 Period | |
| FRIENDS OF CAROLYN COMITTA | | From: <u>10/20/2020</u> To: <u>11/23/2020</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 RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period | | (3) | \$ 42,461.98 |
| 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.) | | | \$ 42,461.98 |

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: |
|---------------------------------------|--|

| | | | 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 |
| FRIENDS OF CAROLYN COMITTA | From: <u>10/20/2020</u> To: <u>11/23/2020</u> |

| | | | | DATE | | AMOUNT | |
|---|-------------|-------------------------------|-------|-------------------|-----------|--|--------------|
| Full Name of Contributor PA MEDICAL PAC | | | | MO 11 | DAY 4 | YEAR 2020 | \$ 9,993.20 |
| Mailing Address | | | | | | | |
| City HARRISBURG | State PA | Zip Code(Plus 4) 171112754 | | | | | |
| Employer of Contributor N/A | | | | Occupation N/A | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code(Plus 4) | | Description of Contribution DIRECT CAMPAIGN MAIL | |
| Full Name of Contributor PENNSYLVANIA DEMOCRATIC PARTY | | | | MO 10 | DAY 20 | YEAR 2020 | \$ 14,069.18 |
| Mailing Address | | | | | | | |
| City HARRISBURG | State PA | Zip Code(Plus 4) 171011110 | | | | | |
| Employer of Contributor N/A | | | | Occupation N/A | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code(Plus 4) | | Description of Contribution DESIGN, PRODUCTION, MAIL HOUSE, POSTAGE | |
| Full Name of Contributor PENNSYLVANIA DEMOCRATIC PARTY | | | | MO 10 | DAY 21 | YEAR 2020 | \$ 16,069.18 |
| Mailing Address | | | | | | | |
| City HARRISBURG | State PA | Zip Code(Plus 4) 171011110 | | | | | |
| Employer of Contributor N/A | | | | Occupation N/A | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code(Plus 4) | | Description of Contribution DESIGN, PRODUCTION, MAIL HOUSE, POSTAGE | |
| Full Name of Contributor PENNSYLVANIA DEMOCRATIC PARTY | | | | MO 10 | DAY 24 | YEAR 2020 | \$ 549.80 |
| Mailing Address | | | | | | | |
| City HARRISBURG | State PA | Zip Code(Plus 4) 171011110 | | | | | |
| Employer of Contributor N/A | | | | Occupation N/A | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code(Plus 4) | | Description of Contribution DESIGN, PRODUCTION, MAIL HOUSE, POSTAGE | |

| | | | | | | |
|--|--------------------|--------------------------------------|-----------------------|-------------------------|--|-------------|
| Full Name of Contributor PENNSYLVANIA DEMOCRATIC PARTY | | | MO | DAY | YEAR | \$ 1,780.62 |
| Mailing Address | | | 10 | 30 | 2020 | |
| City HARRISBURG | State PA | Zip Code(Plus 4) 171011110 | | | | |
| Employer of Contributor N/A | | | Occupation N/A | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code(Plus 4) | Description of Contribution STAFF TIME | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | PAGE TOTAL 42,461.98 | |

SCHEDULE III

STATEMENT OF EXPENDITURES

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| FRIENDS OF CAROLYN COMITTA | From <u>10/20/2020</u> To: <u>11/23/2020</u> |

| | | | | DATE | AMOUNT | | | |
|--|-----------------|-------|----|-------------------|-----------|------|-------------|--|
| To Whom Paid ACTBLUE | | | | MO | DAY | YEAR | \$ 1.29 | |
| Mailing Address | | | | 11 | 4 | 2020 | | |
| City | WEST SOMERVILLE | State | MA | Zip Code (Plus 4) | 021440031 | | | Description of Expenditure MERCHANT CARD FEES |
| To Whom Paid ACTBLUE | | | | MO | DAY | YEAR | \$ 6.64 | |
| Mailing Address | | | | 11 | 10 | 2020 | | |
| City | WEST SOMERVILLE | State | MA | Zip Code (Plus 4) | 021440031 | | | Description of Expenditure MERCHANT CARD FEES |
| To Whom Paid BLUE NATION STRATEGIES | | | | MO | DAY | YEAR | \$ 600.00 | |
| Mailing Address | | | | 10 | 26 | 2020 | | |
| City | WASHINGTON | State | DC | Zip Code (Plus 4) | 200082624 | | | Description of Expenditure PHOTO SHOOT |
| To Whom Paid CITIZENS BANK | | | | MO | DAY | YEAR | \$ 30.00 | |
| Mailing Address | | | | 10 | 27 | 2020 | | |
| City | PAOLI | State | PA | Zip Code (Plus 4) | 193011518 | | | Description of Expenditure WIRE TRANSFER FEE |
| To Whom Paid CRIMSON PLANET MEDIA | | | | MO | DAY | YEAR | \$ 1,012.72 | |
| Mailing Address | | | | 10 | 29 | 2020 | | |
| City | WEST CHESTER | State | PA | Zip Code (Plus 4) | 193802261 | | | Description of Expenditure WEBSITE AND SOCIAL MEDIA MAINTENANCE |
| To Whom Paid CRIMSON PLANET MEDIA | | | | MO | DAY | YEAR | \$ 4,159.73 | |
| Mailing Address | | | | 11 | 16 | 2020 | | |
| City | WEST CHESTER | State | PA | Zip Code (Plus 4) | 193802261 | | | Description of Expenditure WEBSITE AND SOCIAL MEDIA MAINTENANCE |

| | | | | | | |
|---------------------------------------|--------------------|---------------------------------------|---|------------|-------------|-----------|
| To Whom Paid DIRECT CONNECT | | | MO | DAY | YEAR | \$ 187.03 |
| Mailing Address | | | 11 | 2 | 2020 | |
| City CHANTILLY | State VA | Zip Code (Plus 4) 201513229 | Description of Expenditure MERCHANT CARD FEES OCT. 2020 | | | |

| | | | | | | |
|--|--------------------|---------------------------------------|---|------------|-------------|-------------|
| To Whom Paid FRIENDS OF DAN WILLIAMS | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address | | | 11 | 13 | 2020 | |
| City THORNDALE | State PA | Zip Code (Plus 4) 193720162 | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|--|--------------------|---------------------------------------|---|------------|-------------|-------------|
| To Whom Paid FRIENDS OF PAM IOVINO | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address | | | 10 | 26 | 2020 | |
| City PITTSBURGH | State PA | Zip Code (Plus 4) 152340532 | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|--|--------------------|---------------------------------------|---|------------|-------------|-----------|
| To Whom Paid ALTHEA HUTCHINSON | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address | | | 11 | 3 | 2020 | |
| City WEST CHESTER | State PA | Zip Code (Plus 4) 193802275 | Description of Expenditure CONSULTING FEE | | | |

| | | | | | | |
|--------------------------------|--------------------|---------------------------------------|---|------------|-------------|-----------|
| To Whom Paid NGP VAN | | | MO | DAY | YEAR | \$ 450.00 |
| Mailing Address | | | 11 | 3 | 2020 | |
| City WASHINGTON | State DC | Zip Code (Plus 4) 200052158 | Description of Expenditure QRTL SERVICE FEE | | | |

| | | | | | | |
|--|--------------------|---------------------------------------|--|------------|-------------|-----------|
| To Whom Paid PAPER CRANE PRESS | | | MO | DAY | YEAR | \$ 169.01 |
| Mailing Address | | | 10 | 29 | 2020 | |
| City GLEN MILLS | State PA | Zip Code (Plus 4) 193421339 | Description of Expenditure POSTCARDS | | | |

| | | | | | | |
|---|--------------------|---------------------------------------|--|------------|-------------|-------------|
| To Whom Paid WIN CREATIVE LLC | | | MO | DAY | YEAR | \$ 5,000.00 |
| Mailing Address | | | 10 | 27 | 2020 | |
| City NEW YORK | State NY | Zip Code (Plus 4) 100134026 | Description of Expenditure DIGITAL ADVERTISING | | | |

| | | | | | | |
|--|--|--|--|--|--|-------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 13,866.42 |

