

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: 115 S. BRANDYWINE ST.												
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
---	--------------

<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>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributing Committee				MO	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.						<div>PAGE TOTAL</div> <div>\$ 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 FRIENDS OF CAROLYN COMITTA	Reporting Period From: <u>10/20/2020</u> To: <u>11/23/2020</u>
--	--

DATE	AMOUNT
-------------	---------------

Full Name of Contributor BRIAN AND JESSICA NAGLE			MO	DAY	YEAR	\$ 200.00
Mailing Address 429 W UNION ST			10	23	2020	
City WEST CHESTER	State PA	Zip Code (Plus 4) 193823330				

Full Name of Contributor MARIAN MOSKOWITZ				MO	DAY	YEAR	\$ 250.00
Mailing Address 1890 ROSE COTTAGE LN				10	27	2020	
City MALVERN		State PA	Zip Code (Plus 4) 193559770				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
DONALD F. MORABITO							
Mailing Address 895 SUNNY HILL LN				11	1	2020	
City	HARRISBURG	State	Zip Code (Plus 4)				
		PA	171114690				

Full Name of Contributor			MO	DAY	YEAR	\$	100.00
STANLEY LIEBERMAN							
Mailing Address			10	21	2020		
371 HARTFORD SQ							
City	WEST CHESTER	State	Zip Code (Plus 4)				
		PA	193801762				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
MARC LIEBERMAN						
Mailing Address			10	21	2020	
27 S DARLINGTON ST						
City	WEST CHESTER	State				
		PA				
		Zip Code (Plus 4)				
		193822922				

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	MO	DAY	YEAR	
KENNETT AREA DEMOCRATIC COMMITTEE				
Mailing Address 472 E SOUTH ST				
City KENNETT SQUARE	11	12	2020	\$ 1,500.00
State PA				
Zip Code (Plus 4) 193483648				
Full Name of Contributing Committee	MO	DAY	YEAR	
PA FEDERATION OF DEMOCRATIC WOMEN STATE PAC				
Mailing Address 127R BATES PATCH ROAD				
City GREENFIELD TOWNSHIP	10	21	2020	\$ 500.00
State PA				
Zip Code (Plus 4) 184073705				
Full Name of Contributing Committee	MO	DAY	YEAR	
PENNSYLVANIA SEIU COPE				
Mailing Address 1500 N 2ND ST STE 11				
City HARRISBURG	10	21	2020	\$ 2,500.00
State PA				
Zip Code (Plus 4) 171022527				
Full Name of Contributing Committee	MO	DAY	YEAR	
PLANNED PARENTHOOD PENNSYLVANIA PAC				
Mailing Address PO BOX 11572				
City HARRISBURG	10	24	2020	\$ 500.00
State PA				
Zip Code (Plus 4) 171081572				
Full Name of Contributing Committee	MO	DAY	YEAR	
PSEA-PACE				
Mailing Address 400 N 3RD ST P.O. BOX 1724				
City HARRISBURG	11	10	2020	\$ 2,500.00
State PA				
Zip Code (Plus 4) 171011385				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 2,000.00
SANTARSIERO FOR STATE SENATE						
Mailing Address PO BOX 671			10	21	2020	
City NEWTOWN	State PA	Zip Code (Plus 4) 189400671				

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 BALLARD SPAHR LLP				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1735 MARKET ST 51ST FL.				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 STEFFI SWOPE				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 200 W ASHBRIDGE ST				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				
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	DAY	YEAR	\$ 9,993.20
Mailing Address 777 E PARK DR PO BOX 8820				11	4	2020	
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	DAY	YEAR	\$ 14,069.18
Mailing Address 229 STATE ST				10	20	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 DESIGN, PRODUCTION, MAIL HOUSE, POSTAGE	

Full Name of Contributor PENNSYLVANIA DEMOCRATIC PARTY				MO	DAY	YEAR	\$ 16,069.18
Mailing Address 229 STATE ST				10	21	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 DESIGN, PRODUCTION, MAIL HOUSE, POSTAGE	

Full Name of Contributor PENNSYLVANIA DEMOCRATIC PARTY				MO	DAY	YEAR	\$ 549.80
Mailing Address 229 STATE ST				10	24	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 DESIGN, PRODUCTION, MAIL HOUSE, POSTAGE		

Full Name of Contributor PENNSYLVANIA DEMOCRATIC PARTY				MO	DAY	YEAR	\$ 1,780.62
Mailing Address 229 STATE ST				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 PO BOX 441146			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 PO BOX 441146			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 2701 CALVERT ST NW APT 701			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 39 LEOPARD RD			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 524 W MARSHALL ST APT F			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 524 W MARSHALL ST APT F			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 3901 CENTERVIEW DR STE W			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 PO BOX 72162			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 PO BOX 14532			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 435 N NEW ST			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 1445 NEW YORK AVE NW STE 200			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	
Mailing Address 801 CONCORD RD			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	
Mailing Address 59 FRANKLIN ST APT 306			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

