

# Campaign Finance Report

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

<b>Filer Identification Number :</b> 2006008		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>			
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF FARNESE											
<b>Street Address:</b>											
<b>City:</b> PHILADELPHIA				<b>State:</b> PA		<b>Zip Code:</b> 19110					
<b>TYPE OF REPORT</b>  (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	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>			
<b>Name of Office Sought by Candidate:</b>					<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
SENATOR IN THE GENERAL ASSEMBLY					<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	1	STS	DEM	51
					11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>		
		10	20	2020		11	23	2020			
<b>A. Amount Brought Forward From Last Report</b>					\$		24,630.45				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>					\$		10,275.59				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>					\$		34,906.04				
<b>D. Total Expenditures (From Schedule III)</b>					\$		3,611.67				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>					\$		31,294.37				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>					\$		0.00				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>					\$		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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF FARNESE	From: <u>10/20/2020</u> To: <u>11/23/2020</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 500.00
<b>All Other Contributions (Part D)</b>	\$ 9,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 9,500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 775.59

<b>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.)</b>	\$ 10,275.59
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## 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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF FARNESE	<b>From:</b> <u>10/20/2020</u> <b>To:</b> <u>11/23/2020</u>

				DATE	AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR
PA PUBLIC EDUCATION PAC						
Mailing Address						
City	MECHANICSBURG	State	PA	10	28	2020
		Zip Code (Plus 4)	170501873			
						\$ 500.00

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

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF FARNESE	<b>Reporting Period</b>  From: <u>10/20/2020</u> To: <u>11/23/2020</u>
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				DATE	AMOUNT		
<b>Full Name of Contributor</b> ANDREA L VOLPE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,500.00
<b>Mailing Address</b> City CINNAMINSON State NJ Zip Code (Plus 4) 080774535				10	28	2020	
<b>Employer Name</b> INFORMATION REQUESTED				<b>Occupation</b> INFORMATION REQUESTED			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>
<b>Full Name of Contributor</b> JASON A. NUSBAUM				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 5,000.00
<b>Mailing Address</b> City PHILADELPHIA State PA Zip Code (Plus 4) 191032525				11	3	2020	
<b>Employer Name</b> CITYLIVING PHILLY				<b>Occupation</b> OWNER			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b> PHILADELPHIA		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191032525
<b>Full Name of Contributor</b> LARRY GOLD				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2,500.00
<b>Mailing Address</b> City HUNTINGDON VALLEY State PA Zip Code (Plus 4) 190062219				11	19	2020	
<b>Employer Name</b> INFORMATION REQUESTED				<b>Occupation</b> INFORMATION REQUESTED			
<b>Employer Mailing Address/Principal Place of Business</b>				<b>City</b>		<b>State</b>	<b>Zip Code (Plus 4)</b>

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

<b>PAGE TOTAL</b>
\$ 9,000.00

**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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF FARNESE	<b>Reporting Period</b>  From: <u>10/20/2020</u> To: <u>11/23/2020</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 775.59
AIA, LLC							
Mailing Address							
City		MECHANICSBURG	State	10	28	2020	
		PA	Zip Code (Plus 4)				
			170554922				
Receipt Description INSURANCE PREMIUM REFUND							

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

<b>PAGE TOTAL</b>
\$ 775.59

## 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF FARNESE		From: <u>10/20/2020</u> To: <u>11/23/2020</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF FARNESE	From <u>10/20/2020</u> To: <u>11/23/2020</u>

				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$ 1,000.00
FRIENDS OF JULIE SLOMSKI				10	28	2020	
Mailing Address				10	28	2020	\$ 1,000.00
City	ERIE	State	PA	Zip Code (Plus 4)	165092922		
				CONTRIBUTION			
To Whom Paid				MO	DAY	YEAR	\$ 1,000.00
KANE FOR SENATE				10	28	2020	
Mailing Address				10	28	2020	\$ 1,000.00
City	HAVERTOWN	State	PA	Zip Code (Plus 4)	19083		
				CONTRIBUTION			
To Whom Paid				MO	DAY	YEAR	\$ 28.67
PAYA				11	2	2020	
Mailing Address				11	2	2020	\$ 28.67
City	RESTON	State	VA	Zip Code (Plus 4)	201905858		
				CREDIT CARD PROCESSING FEES			
To Whom Paid				MO	DAY	YEAR	\$ 50.00
PAYCHEX				11	10	2020	
Mailing Address				11	10	2020	\$ 50.00
City	ROCHESTER	State	NY	Zip Code (Plus 4)	146252311		
				SERVICE FEE			
To Whom Paid				MO	DAY	YEAR	\$ 1,500.00
RITTENHOUSE POLITICAL PARTNERS				11	18	2020	
Mailing Address				11	18	2020	\$ 1,500.00
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)	191074544		
				CONSULTING			
To Whom Paid				MO	DAY	YEAR	\$ 3.00
TD BANK, N.A.				10	28	2020	
Mailing Address				10	28	2020	\$ 3.00
City	CHERRY HILL	State	NJ	Zip Code (Plus 4)	080032390		
				BANK FEE			

<b>To Whom Paid</b> TD BANK, N.A.			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 30.00
<b>Mailing Address</b>			10	28	2020	
<b>City</b> CHERRY HILL	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 080032390	<b>Description of Expenditure</b> BANK FEE			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> <b>\$</b> 3,611.67

**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

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF FARNESE	<b>Reporting Period</b>  From: <u>10/20/2020</u> To: <u>11/23/2020</u>
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				DATE		Outstanding Balance of Debt	
Name of Creditor FUMO FOR SENATE				MO	DAY	YEAR	\$ 25,000.00
Mailing Address				1	10	2017	
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)	Description of Debt		
				191303113	LOAN RECEIVED		
Name of Creditor KLEHR, HARRISON, HARVEY, BRANZBURG, LLP				MO	DAY	YEAR	\$ 1,801.35
Mailing Address				10	25	2018	
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)	Description of Debt		
				191032968	LEGAL FEES		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL
							\$ 26,801.35