Campaign Finance Report

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

Filer Identificati Number :	on 20:	50334				eport led B		CANDI	CANDIDATE COMMITTEE / LOBBYIST							
Name of Filing C	Committee, Cand	idate or L	obbyist:		CIR	RESI,	JOE I	FRIENDS	OF							
Street Address:	120 CONNC	R DRIVE														
City:	LIMERICK							State:	PA			Zip Cod	ie: 19	9468		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	1	2.	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	-	5.	30 DA ELECT		POST-	6.		TERMINATION Yes REPORT?				~
report type)	ANNUAL REPOR	T 7. X	Year 2020					NG METHO							DISKE	ГТЕ
Name of Office S	ought by Candid	late:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR	146	STH	DEM	1	46
REPRESENTATI	VE IN THE GEN	ERAL ASS	SEMBLY					11		3	2020		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YI	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		11 24	2	020	T	0	12		31	2020					
A. Amount Bro	ught Forward Fr	om Last R	eport				\$			18,6	577.78					
B. Total Moneta	ary Contribution	s And Rec	eipts (From	Sche	dul	e I)	\$				78.86	1				
C. Total Funds Available (Sum Of Lines A and B) \$ 18,756.64																
D. Total Expenditures (From Schedule III) \$ 991.98																
E. Ending Cash	Balance (Subtra	ct Line D	From Line (C)			\$			17,7	64.66					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From So	chedu	le I	I)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00					
				AFF	ID	AVI	T SE	CTION								
PART I - If this is	s a Committee re	port, trea	surer sign l	nere.	If th	his is	a Can	ndidate r	eport, o	candi	date sig	jn here.				
I swear (or affirm) correct and comple		cluding the	e attached sch	nedule	s file	ed on	paper (or by elect	ronic m	edium	, are to t	the best o	f my knov	wledge a	and belie	f , true
Sworn to and subs	cribed before me t day of	nis	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Signa	ture					-					Prin	ted Name	•		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Are	ea Coc	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		my knowl	edge and beli	ef this	pol	litical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me th day of	is	20								s	ignature (of Candida	ate		
							-					Printe	d Name			
My Commission 5	Signatur	e					-					Ema	il			
My Commission Exp	ures						_									
	МО	D	AY	YR	1		-		Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -									
Name of Filing Committee or Candidate	Reporting	g Period							
CIRESI, JOE FRIENDS OF	From:	11/24/202	<u>0</u> To:	12/31/2020					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor									
TOTAL for the Reporting) Period	(1)	\$	75.00					
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	(2)	\$	0.00						
3. Contributions Received Over \$250.00 (From Part C and Part D)									
Contributions Received From Political Committees (Part C)			\$	0.00					
All Other Contributions (Part D)			\$	0.00					
TOTAL for the Reporting) Period	(3)	\$	0.00					
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)									
TOTAL for the Reporting	J Period	(4)	\$	3.86					
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			\$	78.86					

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize on with an aggregate val							
Name of Filing Comm	ittee or Candidate		Reporting Period					
			From: To			o:		
					DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•					-	Г	PAGE TOTAL

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

PAGE TOTAL \$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			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

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			Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary Pa	age, Sectio	n 3.			\$	0.00

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	Name of Contributor ling lress State Zip Code			Reporting Period						
				Fror	n:		То):		
					D	ATE		A	MOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State	Zi	p Code (Plus	4)						
Employer Name	•	•			Occupa	tion		•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Cod	le (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	O.00	

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		Report	ing Perio	d			
CIRESI, JOE FRIENDS OF			From:		11/24/202	<u>0</u> To:	12/31/	<u>2020</u>
_				D	ATE		AMOUN	т
Full Name					- 4 1/	V=45		
Phoenixville Federal Bank & T	Trust			МО	DAY	YEAR		
Mailing Address 70 N Lewi	is Road						\$	2.40
City Royersford	State	Zip Code (I	Plus 4)	11	25	2020		
7.5.5.5	PA	19468						
Receipt Description inter	est earned							
Full Name						V=15		
Phoenixville Federal Bank & T	Trust			МО	DAY	YEAR		
Mailing Address 70 North	Lewis Road						\$	1.46
City Royersford	State	Zip Code (I	Plus 4)	12	24	2020		
,	PA	19468						
Receipt Description inter	est earned	1		ı				
							DAGE TO	

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

\$ 3.86

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							
CIRESI, JOE FRIENDS OF	From:	<u>11/24/2020</u> To:	<u>12/31/2020</u>						
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	T F)								
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)	\$	0.00						
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,		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting				
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candi	date				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			1			Occupa	tion	<u> </u>	1	
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descr	iption (of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	te		Reporti	ng Period				
CIRESI, JOE FRIENDS OF			From	11/24	4/2020	То:	12/31/2020	
				AMOUNT				
To Whom Paid Facebook			мо	DAY	YEAR			
Mailing Address 1601 Willow Road			11	27	2020	\$	6.55	
City Menlo Park State CA Sip Code (Plus 4) 94025				otion of Exp	penditure			
To Whom Paid Google LLC				DAY	YEAR			
Mailing Address 1600 Amphitheatre Parkway			11	30	2020	\$	461.66	
City Mountain View	State CA	Zip Code (Plus 4) 64043	Description of Expenditure promotional					
To Whom Paid Google LLC			мо	DAY	YEAR			
Mailing Address 1600 Amphitheatr	e Parkway		12	1	2020	\$	12.72	
City Mountain View	State CA	Zip Code (Plus 4) 64043	Descrip service	otion of Exp	penditure			
To Whom Paid NGP Van			МО	DAY	YEAR			
Mailing Address 655 15th St NW#650			12	2	2020	\$	159.00	
City Washington State Zip Code (Plus 4) DC 20005			1	otion of Exploservice				
o Whom Paid			МО	DAY	YEAR			

12

fees

Description of Expenditure

Zip Code (Plus 4)

02144

2020

Mailing Address

Somerville

City

PO Box 441146

State

MA

1.88

						TAGE 12
To Whom Paid Vantiv eCommerce Funds			МО	DAY	YEAR	
Mailing Address 800 Govern	ors Hill Drive		12	9	2020	\$ 6.15
City Symmes Township	State MA	Zip Code (Plus 4) 45249	Descrip fees	tion of Exp	penditure	
To Whom Paid Marie Anderson	Marie Anderson				YEAR	
Mailing Address 1512 S. Beaver Hill Rd State Zin Code (Plus 4)				7	2020	\$ 326.27
City Chester Springs State Zip Code (Plus 4) PA 19425				otion of Exp	penditure	
To Whom Paid Pressable			МО	DAY	YEAR	
Mailing Address 110 E. Hous	ston St		12	10	2020	\$ 16.00
City San Antonio	State TX	Zip Code (Plus 4) 78205	Descrip web ho	otion of Exposting	penditure	
To Whom Paid PayPal			МО	DAY	YEAR	
Mailing Address 2221 First S	Street		12	10	2020	\$ 1.75
City San Jose	State CA	Zip Code (Plus 4) 95131	Description of Expenditur fees			
Enter Grand Total of Expend	litures on Page 1. Re	nort Cover Page Item D	1			PAGE TOTAL
Enter Stand Total of Expent	aitui es on Fage 1, Re	port cover rage, item b	•			\$ 991.98