

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 :		20180481		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: Friends of Wendi Barish												
Street Address: PO Box 40224,615 Chestnut Street												
City: Philadelphia						State: PA			Zip Code: 19106			
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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	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
						MO	DAY	YEAR				
						11	3	2020				
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY			
						11	24	2020				TO
						12	31	2020				
A. Amount Brought Forward From Last Report						\$ 1,102.17						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 7,510.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 8,612.17						
D. Total Expenditures (From Schedule III)						\$ 5,450.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 3,162.17						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 90,000.00						

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 Wendi Barish	From: <u>11/24/2020</u> To: <u>12/31/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 160.00

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)	\$ 350.00
TOTAL for the Reporting Period (2)	\$ 350.00

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)	\$ 7,000.00
TOTAL for the Reporting Period (3)	\$ 7,000.00

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.)	\$ 7,510.00
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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;"> DATE AMOUNT </div>	

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

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 Wendi Barish	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>
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				DATE			AMOUNT		
Full Name of Contributor					MO	DAY	YEAR	\$	100.00
Sarah Blackman									
Mailing Address									
2 Notre Dame Rd					12	23	2020		
City		State		Zip Code (Plus 4)					
Bedford		MA		017302014					

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
Timothy Duffy							
Mailing Address 2116 Emily Cir				12	25	2020	
City Warrington	State PA	Zip Code (Plus 4) 189761572					

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

PAGE TOTAL
\$ 350.00

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:	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 C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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 Wendi Barish	Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Renee Snyder				12	23	2020	\$ 1,000.00
Mailing Address 153 Browns Pond Rd							
City Staatsburg	State NY	Zip Code (Plus 4) 125805663					
Employer Name (optional)				Occupation Musician			
Employer Mailing Address/Principal Place of Business 153 Browns Pond Rd			City Staatsburg		State NY	Zip Code (Plus 4) 125805663	
Joanne Deutchman				12	23	2020	\$ 1,000.00
Mailing Address 511 W Gravers Ln							
City Philadelphia	State PA	Zip Code (Plus 4) 191184132					
Employer Name Retired				Occupation Retired			
Employer Mailing Address/Principal Place of Business 511 W Gravers Ln			City Philadelphia		State PA	Zip Code (Plus 4) 191184132	
Wendi Barish				12	9	2020	\$ 5,000.00
Mailing Address 112 N 2nd St Apt 4A							
City Philadelphia	State PA	Zip Code (Plus 4) 191061961					
Employer Name PHA				Occupation Attorney			
Employer Mailing Address/Principal Place of Business 2013 Ridge Ave			City Philadelphia		State PA	Zip Code (Plus 4) 191214113	

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

PAGE TOTAL	
\$	7,000.00

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
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

				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 Wendi Barish		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 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 Wendi Barish	From <u>11/24/2020</u> To: <u>12/31/2020</u>

DATE				AMOUNT
To Whom Paid NGP-VAN	MO	DAY	YEAR	
Mailing Address PO Box 392264	12	7	2020	\$ 450.00
City Pittsburgh	State PA	Zip Code (Plus 4) 152519264	Description of Expenditure Software	
To Whom Paid Square Group Inc.	MO	DAY	YEAR	
Mailing Address PO Box 34608	12	17	2020	\$ 5,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 191014608	Description of Expenditure Consulting Fees	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 5,450.00

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 Wendi Barish				Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u>			
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				Outstanding Balance of Debt			
				DATE			
Name of Creditor Wendi Barish				MO	DAY	YEAR	\$ 85,000.00
Mailing Address 112 N 2nd St Apt 4A				5	9	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 191061961		Description of Debt Loan Received			

				Outstanding Balance of Debt			
				DATE			
Name of Creditor Wendi Barish				MO	DAY	YEAR	\$ 5,000.00
Mailing Address 112 N 2nd St Apt 4A				12	9	2020	
City Philadelphia	State PA	Zip Code (Plus 4) 191061961		Description of Debt Loan Received			

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 90,000.00	
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