#### **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	20060	800			Rep File			CAN	DIE	DATE		COMM	MITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	committee,	, Candida	te or Lo	bbyist:	-	FRIE	ND:	S OF	FARNE	SE				•					
Street Address:	РО ВС	X 22596	j																
City:	PHILA	DELPHIA	ı						State:		PA			Zip Cod	<b>le:</b> 19	110			
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		P	OST-	3.		AMENDM REPORT?		Yes	N	)	<b>\</b>
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRIDA ELECTION	Y PRE	- 5	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes	N	)	<b>√</b>
report type)	ANNUAL I	REPORT	7.	<b>Year</b> 2021					NG MET CHECK					PAPER		<b>\</b>	DISK	TTE	
Name of Office S	ought by	Candidate	e:						DATE	OI	F ELE	СТІО	N	District Number	Office Code	Pai	ty Code	Cour	
CENIATOR IN T	IE CENED	AL ACCE	MDLV						МО		DAY	YE	AR		STS	DEI	М	51	
SENATOR IN TH	HE GENER	AL ASSE	MBLY							11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		and	МО	DAY	YEAR				МО		DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	irom:			1 1	. 20	021	Т	<u> </u>		3		29	2021						
A. Amount Bro	ught Forw	ard From	Last R	eport				\$				7,3	315.39						
B. Total Moneta	ary Contril	outions A	nd Rec	eipts (Fron	n Sche	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$				7,3	315.39								
D. Total Expend	ditures (Fi	om Sche	dule II	I)				\$				1,1	.40.67						
E. Ending Cash	Balance (	Subtract	Line D	From Line	C)			\$				6,1	74.72						
F. Value Of In-	Kind Conti	ibutions	Receive	ed (From S	chedu	le II)	)	\$					0.00						
G. Unpaid Debt	s And Obl	igations (	(From S	chedule IV	/)			\$				26,8	801.35						
					AFF	IDA	VI	ΓSE	CTIO	N									
PART I - If this is		•	•	-															
I swear (or affirm) correct and comple		eport, inclu	iding the	attached sc	hedules	filed	l on	paper	or by ele	ectr	onic m	edium	, are to t	he best o	f my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed befo	re me this		20						-		s	ignature	of Perso	n Submitt	ing Re	oort		_
		Signature						-		-				Prin	ted Name				_
My Commission Ex	cpires	Signatur	-							-				Ema	il				-
	N	10	D/	ΛΥ	YR			-		-	Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report o	of a candi	idate's	authorized	Comm	nitte	e, C	andid	ate sha	all s	ign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and beli	ief this	politi	ical	comm	ittee ha	s no	ot viola	ted an	y provis	ions of the	e act of Ju	ıne 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before	e me this											s	ignature o	of Candida	ite			-
	day of —— –							-						Drinto	d Name				-
	Si	gnature						-		_				Finite	- Hallic				_
My Commission Exp										-				Ema	il				_
	_	МО	DA	ΛΥ	YR			•			Area	Code		Da	ytime Te	elephoi	ne Numi	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -							
Name of Filing Committee or Candidate	Reporting	g Period					
FRIENDS OF FARNESE	From:	1/1/202	<u>1</u> To:	3/29/2021			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	g Period	(1)	\$	0.00			
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)	All Other Contributions (Part B)						
TOTAL for the Reporting	y Period	(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	J Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting	g Period	(4)	\$	0.00			
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			\$	0.00			

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
		From: To:				:		
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

### 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		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	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.)

			_			To:  E AMOUNT		
			Fror	n:		To	):	
				D.	ATE		A	MOUNT
				мо	DAY	YEAR		
							\$	0.00
State	Zi	p Code (Plus	s <b>4</b> )					
·	·			Occupa	tion			
al Place of		City			State		Zip Cod	le (Plus 4)
Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.				PAGE TOTAL 0.00
	al Place of	al Place of	al Place of City	State Zip Code (Plus 4)  al Place of City	State Zip Code (Plus 4) Occupa	State Zip Code (Plus 4)  Occupation  Oliver State	State Zip Code (Plus 4)  Occupation  Olympia Place of City State  Schedule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4)  Occupation  Olivy  State Zip Code  Occupation  State Zip Code

## 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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 Perio	d	
FRIENDS OF FARNESE	From:	<u>1/1/2021</u> <b>To:</b>	3/29/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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	RT 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	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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 Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	) Period		
FRIENDS OF FARNESE	From	<u>1/1/2021</u>	То:	3/29/2021
		DATE		AMOUNT

				DATE			AMOUNT
To Whom Paid KENYATTA JOHNSON LEGAL DEFENSE F	FUND		мо	DAY	YEAR		
Mailing Address 2401 PENNSYLVANI	A AVE STE 1C41		2	25	2021	\$	500.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191307722	<b>Descrip</b> DONAT	otion of Exp	penditure		
To Whom Paid MARIA MCLAUGHLIN FOR SUPREME CO	URT		МО	DAY	YEAR		
Mailing Address PO BOX 15943			2	24	2021	\$	500.00
City PHILADELPHIA PA Zip Code (Plus 4) PA 191030943			<b>Descrip</b> DONAT	otion of Exp	penditure		
To Whom Paid PAYA			МО	DAY	YEAR		
Mailing Address 12120 SUNSET HILL	S RD STE 500		1	4	2021	\$	2.50
City RESTON	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 201905858	<b>Descrip</b> CREDIT				
<b>To Whom Paid</b> PAYA			МО	DAY	YEAR		
Mailing Address 12120 SUNSET HILL	S RD STE 500		2	1	2021	\$	2.50
City RESTON	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 201905858	<b>Descrip</b> FEE	otion of Exp	penditure		
To Whom Paid PAYA			МО	DAY	YEAR		
Mailing Address 12120 SUNSET HILLS RD STE 500		3	1	2021	\$	2.50	
City         RESTON         State         Zip Code (Plus 4)           VA         201905858			<b>Descrip</b> FEE	otion of Exp	penditure		

To Whom Paid TD BANK, N.A.				DAY	YEAR			
Mailing Address 1701 MARLTON PIKE E			1	29	2021	\$	3.00	
City CHERRY HILL	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 080032390	Description of Expenditure FEE					
To Whom Paid TD BANK, N.A.			МО	DAY	YEAR			
Mailing Address 1701 MARLTON PIKE E			2	26	2021	\$	3.00	
City CHERRY HILL	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 080032390	Description of Expenditure FEE					
To Whom Paid UNITED STATES TREASURY			МО	DAY	YEAR			
Mailing Address 1500 PENNS	SYLVANIA AVE NW		2	4	2021	\$	127.17	
City WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 202200001	Description of Expenditure TAXES					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							<b>PAGE TOTAL</b> 1,140.67	

## 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				Reporting Period					
FRIENDS OF FARNESE			From:		<u>1/1/2021</u>	То:		3/29/2021	
					DATE			Outstanding Balance of Debt	
Name of Creditor FUMO FOR SENATE				МО	DAY	YEAR			
Mailing Address 2220 GREEN ST					10	2017	4	25,000.00	
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Pl</b>	•	Description of Debt LOAN RECEIVED					
					DATE			Outstanding Balance of Debt	
Name of Creditor KLEHR, HARRISON, HARVEY, BRANZBL	JRG, LLP			МО	DATE	YEAR			
	JRG, LLP			<b>MO</b>		<b>YEAR</b> 2018	4	Balance of Debt	
KLEHR, HARRISON, HARVEY, BRANZBU	JRG, LLP State PA	<b>Zip Code (Pl</b> 191032968	•	10	DAY 25	2018	4	Balance of Debt	
Mailing Address 1835 MARKET ST	<b>State</b> PA	191032968		10  Descrip  LEGAL	DAY 25	2018	ą.	Balance of Debt	