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 201	70298				eport led B		CANDI	ANDIDATE COMMITTEE \(\square\) LOBBYIST								
Name of Filing C	Committee, Candi	date or L	obbyist:		FRI	IEND	S OF	SUMMER	LEE								
Street Address:	PO BOX 825	01															
City:	PITTSBURGH							State:	PA			Zip Cod	le: 15	218			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	1	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	Ē-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	•	\
report type)	ANNUAL REPORT	7. X	Year 2020					IG METHO				PAPER OIS			DISKE	TTE	
Name of Office S	Sought by Candida	ate:	•					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR		10000	DEM			
								11		3	2020	(SEE INSTRUCTIONS FO			ONS FOR (CODES)
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		11 24	2	020	T	0	12		31	2020						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			59,5	552.90						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dul	e I)	\$			2	234.85						
C. Total Funds Available (Sum Of Lines A and B) \$ 59,7						787.75											
D. Total Expenditures (From Schedule III) \$ 1,227.70																	
E. Ending Cash Balance (Subtract Line D From Line C)							\$			58,5	60.05						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	chedu	le I	Ξ)	\$				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 rep	oort, trea	surer sign l	nere.	If th	his is	a Can	ididate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached sch	nedule	s file	ed on	paper (or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge	and beli	ef , tru	ue.
Sworn to and subs	cribed before me th day of	is	20							S	Signature	of Perso	n Submit	ing Rep	ort		_
	Signat	ure					-					Prin	ted Name				_
My Commission Ex	cpires						_					Ema	il				_
	МО	D	AY	YR					Arc	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	ef this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subso	ribed before me this day of	5	20								s	ignature o	of Candida	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
, commission exp																	₋┃
	МО	D	AY	YR	1				Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -							
Name of Filing Committee or Candidate	Reporting	g Period					
FRIENDS OF SUMMER LEE	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)	\$	50.00			
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)							
Contributions Received From Political Committees (Part A)	Contributions Received From Political Committees (Part A)						
All Other Contributions (Part B)	\$	0.00					
TOTAL for the Reporting 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) Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting	J Period	(4)	\$	184.85			
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			\$	234.85			

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-				
Name of Filing Comm	nittee or Candidate		Reporting Period						
			From:			То	:		
		L			DATE			AMOUNT	
Full Name of Contribut	ing Committee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
	•	•				-		DAGE TOTAL	

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

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 Fining Committee of Camulate			Reporting Period From: To:					
			l		DATE			AMOUNT
Full Name of Contributor				МО	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.

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.)

			orting Pe	ilou			
		Fron	n:		То	:	
			D/	ATE		АМ	OUNT
			МО	DAY	YEAR		
ring ress State Zip Code (Plus 4						\$	0.00
State	Zip Code (Plus	s 4)					
			Occupation				
e of	City			State		Zip Code	(Plus 4)
ter Grand Total of Part C on Schedule I, Detailed Summary Page, Secti			on 3.				GE TOTAL 0.00
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City 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 Candidate			Report	ing Perio	od		
FRIENDS OF SUMMER LEE			From:		<u>11/24/202</u>	<u>:0</u> To:	12/31/2020
				D	ATE		AMOUNT
Full Name						\	
OLIVIA BENNET				МО	DAY	YEAR	
Mailing Address 707 MOUNT PLEASA	NT RD						\$ 150.00
City PITTSBURGH	State	Zip Code (Plus 4)	12	1	2020	
FITTSBURGIT	PA	1521425	14				
Receipt Description RETUNED CHEC	CK						
Full Name							
DANIEL MORAFF				МО	DAY	YEAR	
Mailing Address 82 DOVER ST							\$ 34.85
City SOMERVILLE	State	Zip Code (Plus 4)	12	1	2020	
231.211.222	MA	0214428	11				
Receipt Description RETURNED CHE	ECK	•		1			•
							DACE TOTAL

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

PAGE TOTAL \$184.85

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						
FRIENDS OF SUMMER LEE	From:	<u>11/24/2020</u> To:	12/31/2020					
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 Candid	Il Name of Contributor iling Address y State Zip Code (Plus 4)			Reporting Period				
			From:			To:		
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				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	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	late		Reporti	ng Period				
FRIENDS OF SUMMER LEE			From	11/24	<u>4/2020</u>	То:	12/31/2020	
				DATE			AMOUNT	
To Whom Paid ACTBLUE			мо	DAY	YEAR			
Mailing Address PO BOX 441146			12	3	2020	\$	2.13	
City WEST SOMERVILLE	State	Zip Code (Plus 4)	Descrir	tion of Exp	enditure			
WEST SOMERVILLE	MA	021440031	ONLINE PAYMENT PROCESSING FEE					
To Whom Paid GODADDY.COM	GODADDY.COM			DAY	YEAR			
Mailing Address 14455 N HAYDE	14433 N HATDEN RD 31E 100			28	2020	\$	79.99	
City SCOTTSDALE	SCOTTSDALE State Zip Code (Plus 4) AZ 852606993			otion of Exp				
To Whom Paid GOOGLE			мо	DAY	YEAR			
Mailing Address 1600 AMPHITHE	EATRE PKWY		12	3	2020	\$	38.52	
City MOUNTAIN VIEW	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
NOONNEN VIEW	CA	940431351		JNICATION				
To Whom Paid MAILCHIMP			мо	DAY	YEAR			
Mailing Address 675 PONCE DE	LEON AVE NE STE 500	00	12	1	2020	\$	44.93	
City ATLANTA State Zip Code (Plus 4) GA 303082172			1 -	ntion of Exp DATABASE				
To Whom Paid MAILCHIMP			МО	DAY	YEAR			
Mailing Address 675 PONCE DE I	675 PONCE DE LEON AVE NE STE 5000				2020	\$	44.93	

Zip Code (Plus 4)

303082172

Description of Expenditure

EMAIL DATABASE SOFTWARE

City

ATLANTA

State

GΑ

						PA	GE 12			
To Whom Paid NATIONBUILDER			МО	DAY	YEAR					
Mailing Address 520 S GRAN	ND AVE FL 2		12	2	2020	\$	35.90			
City LOS ANGELES	State CA	Zip Code (Plus 4) 900712600		ition of Exp IGN DATAI						
To Whom Paid ALEXANDER G NEAL			МО	DAY	YEAR					
Mailing Address 623 WHITN	EY AVE APT 6		12	29	2020	\$	587.50			
City PITTSBURGH	PA 152213352				Description of Expenditure POLITICAL CONSULTING					
To Whom Paid NGP VAN, INC	NGP VAN, INC				YEAR					
Mailing Address 48 GROVE ST STE 202			12	2	2020	\$	267.50			
City SOMERVILLE	State MA	Zip Code (Plus 4) 021442500		tion of Exp IGN DATA						
To Whom Paid US POSTAL SERVICE	·	·	мо	DAY	YEAR					
Mailing Address 1911 MONO	NGAHELA AVE		12	29	2020	\$	118.00			
City PITTSBURGH	State PA	Zip Code (Plus 4) 152183011	1	otion of Exp						
To Whom Paid VANTIV, LLC			МО	DAY	YEAR					
Mailing Address 8500 GOVERNORS HILL DR			12	9	2020	\$	8.30			
City SYMMES TWP	State Zip Code (Plus 4) OH 452491384			tion of Exp						
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D					AGE TOTAL			
						\$	1,227.70			