

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 : 20180532		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF BRIDGET MALLOY KOSIEROWSKI											
Street Address: PO BOX 38											
City: CLARKS SUMMIT					State: PA		Zip Code: 18411				
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. X	AMENDMENT REPORT?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY					MO	DAY	YEAR	114	STH	DEM	35
					11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR				FOR OFFICE USE ONLY			
		5	19	2020	TO						
					MO	DAY	YEAR				
					6	22	2020				
A. Amount Brought Forward From Last Report					\$ 40,875.09						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 13,310.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 54,185.09						
D. Total Expenditures (From Schedule III)					\$ 1,160.58						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 53,024.51						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 47,000.00						

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 BRIDGET MALLOY KOSIEROWSKI	From: <u>5/19/2020</u> To: <u>6/22/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 385.00

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)	\$ 675.00
TOTAL for the Reporting Period (2)	\$ 675.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 5,850.00
All Other Contributions (Part D)	\$ 6,400.00
TOTAL for the Reporting Period (3)	\$ 12,250.00

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.)	\$ 13,310.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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	Reporting Period
FRIENDS OF BRIDGET MALLOY KOSIEROWSKI	From: <u>5/19/2020</u> To: <u>6/22/2020</u>

				DATE		AMOUNT	
Full Name of Contributor JOHN BRADY				MO	DAY	YEAR	\$ 75.00
Mailing Address 259 HERMITAGE ST				6	15	2020	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191271011					
Full Name of Contributor MICHELE HUGHES				MO	DAY	YEAR	\$ 250.00
Mailing Address 609 SKYLINE DR S				5	31	2020	
City SOUTH ABINGTON TOWNSHIP	State PA	Zip Code (Plus 4) 184119188					
Full Name of Contributor NOELLE LYON-KOVALESKI				MO	DAY	YEAR	\$ 100.00
Mailing Address 18 MANCHESTER DR				6	20	2020	
City WILKES BARRE	State PA	Zip Code (Plus 4) 187027315					
Full Name of Contributor PAUL C WOELKERS				MO	DAY	YEAR	\$ 100.00
Mailing Address 916 OLD LOGGER RD				6	20	2020	
City MOSCOW	State PA	Zip Code (Plus 4) 184448614					
Full Name of Contributor MICHAEL WYLIE				MO	DAY	YEAR	\$ 150.00
Mailing Address 205 FAIRVIEW RD				6	20	2020	
City CLARKS GREEN	State PA	Zip Code (Plus 4) 184111207					

PAGE TOTAL

\$ 675.00

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

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
FRIENDS OF BRIDGET MALLOY KOSIEROWSKI	From: <u>5/19/2020</u> To: <u>6/22/2020</u>

				DATE		AMOUNT	
Full Name of Contributing Committee FRIENDS OF MIKE SCHLOSSBERG				MO	DAY	YEAR	\$ 500.00
Mailing Address 944 N 19TH ST				6	22	2020	
City ALLENTOWN	State PA	Zip Code (Plus 4) 181043764					
Full Name of Contributing Committee GENESIS HEALTHCARE CORP STATE POLITICAL ACTION COMMITTEE				MO	DAY	YEAR	\$ 350.00
Mailing Address 101 E STATE ST				6	20	2020	
City KENNETT SQUARE	State PA	Zip Code (Plus 4) 193483109					
Full Name of Contributing Committee MAKING AMERICANS COUNT PAC (MAC PAC)				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1 PARK ROW STE 5				6	20	2020	
City PROVIDENCE	State RI	Zip Code (Plus 4) 029031235					
Full Name of Contributing Committee PA PODIATRY POLITICAL ACTION COMMITTEE				MO	DAY	YEAR	\$ 3,000.00
Mailing Address 757 POPLAR CHURCH RD				6	20	2020	
City CAMP HILL	State PA	Zip Code (Plus 4) 170112314					
Full Name of Contributing Committee PASNAP-PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1 FAYETTE ST STE 475				5	29	2020	
City CONSHOHOCKEN	State PA	Zip Code (Plus 4) 194284139					

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

PAGE TOTAL

\$ 5,850.00

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 BRIDGET MALLOY KOSIEROWSKI	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
RICHARD BUCKMAN				6	17	2020	\$ 1,000.00
Mailing Address 941 BRYN MAWR AVE							
City PENN VALLEY	State PA	Zip Code (Plus 4) 190721524					
Employer Name HEALTHFLEET AMBULANCE, INC.				Occupation SELF EMPLOYED			
Employer Mailing Address/Principal Place of Business 3820 N 2ND ST			City PHILADELPHIA		State PA	Zip Code (Plus 4) 191403334	
GREGORY FELLERMAN				6	16	2020	\$ 500.00
Mailing Address 409 LAKESIDE DR POLE 38							
City HARVEYS LAKE	State PA	Zip Code (Plus 4) 186183132					
Employer Name 1965				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 183 MARKET STSTE 200			City KINGSTON		State PA	Zip Code (Plus 4) 187045444	
DANIEL HAGGERTY				6	18	2020	\$ 500.00
Mailing Address 1610 N WASHINGTON AVE							
City SCRANTON	State PA	Zip Code (Plus 4) 185091957					
Employer Name PMJ GROUP LLC				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 200 ABINGTON EXECUTIVE PARKSTE 102			City CLARKS SUMMIT		State PA	Zip Code (Plus 4) 184112259	

Full Name of Contributor FLORA KARAM				MO	DAY	YEAR	\$ 1,000.00
Mailing Address PO BOX 284				6	21	2020	
City WAVERLY	State PA	Zip Code (Plus 4) 184710264					
Employer Name SELF				Occupation BUSINESS OWNER			
Employer Mailing Address/Principal Place of Business PO BOX 284			City WAVERLY		State PA	Zip Code (Plus 4) 184710284	

Full Name of Contributor EDWIN AND ROSEMARY MALLOY				MO	DAY	YEAR	\$ 2,400.00
Mailing Address 106 OVERLOOK RD				6	3	2020	
City WAVERLY TOWNSHIP	State PA	Zip Code (Plus 4) 184111142					
Employer Name INFORMATION REQUESTED				Occupation INFORMATION REQUESTED			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

Full Name of Contributor ZACHARY M SHANBERG				MO	DAY	YEAR	\$ 500.00
Mailing Address 300 N 24TH ST				6	20	2020	
City CAMP HILL	State PA	Zip Code (Plus 4) 170113605					
Employer Name INFORMATION REQUESTED				Occupation INFORMATION REQUESTED			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

Full Name of Contributor CHARLES J VOLPE				MO	DAY	YEAR	\$ 500.00
Mailing Address 336 OAKFORD RD				6	15	2020	
City WAVERLY TOWNSHIP	State PA	Zip Code (Plus 4) 184119275					
Employer Name INFORMATION REQUESTED				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business			City		State	Zip Code (Plus 4)	

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

PAGE TOTAL	
\$	6,400.00

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 From: To:
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			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 BRIDGET MALLOY KOSIEROWSKI		From: <u>5/19/2020</u> To: <u>6/22/2020</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 III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF BRIDGET MALLOY KOSIEROWSKI	From <u>5/19/2020</u> To: <u>6/22/2020</u>

				DATE	AMOUNT		
To Whom Paid CLASSIC CATERING				MO	DAY	YEAR	\$ 200.00
Mailing Address 890 PROVIDENCE RD				6	12	2020	
City SCRANTON	State PA	Zip Code (Plus 4) 185082546	Description of Expenditure FUNDRAISING CATERING				
To Whom Paid JULIE JORDAN PHOTOGRAPHY				MO	DAY	YEAR	\$ 159.00
Mailing Address 505 RIDGEVIEW CIR				5	20	2020	
City SOUTH ABINGTON TOWNSHIP	State PA	Zip Code (Plus 4) 184119377	Description of Expenditure CAMPAIGN PHOTOGRAPHY				
To Whom Paid NGP VAN				MO	DAY	YEAR	\$ 450.00
Mailing Address 1445 NEW YORK AVE NW STE 200				6	1	2020	
City WASHINGTON	State DC	Zip Code (Plus 4) 200052158	Description of Expenditure FEE FOR NGP VAN				
To Whom Paid PARAGON PAYMENT SOLUTIONS				MO	DAY	YEAR	\$ 351.58
Mailing Address 2141 E BROADWAY RD STE 202				6	2	2020	
City TEMPE	State AZ	Zip Code (Plus 4) 852821895	Description of Expenditure ONLINE CONTRIBUTIONS TOTAL CARD BRAND FEES				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL \$ 1,160.58

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				Reporting Period			
FRIENDS OF BRIDGET MALLOY KOSIEROWSKI				From: <u>5/19/2020</u> To: <u>6/22/2020</u>			

DATE				Outstanding Balance of Debt
Name of Creditor RACHEL GILDOR				\$ 40,000.00
Mailing Address 44010 HIGHWAY 82				
1	14	2019		
City ASPEN	State CO	Zip Code (Plus 4) 816112374	Description of Debt CAMPAIGN LOAN	

DATE				Outstanding Balance of Debt
Name of Creditor JOSEPH KOSIEROWSKI				\$ 7,000.00
Mailing Address 6 STARLIGHT DR				
11	18	2019		
City WAVERLY TOWNSHIP	State PA	Zip Code (Plus 4) 184111132	Description of Debt CAMPAIGN LOAN	

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 47,000.00
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