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	40157			Repo Filed			ANDI	DATE		COM	MITTEE	'	LOBE	1131	
Name of Filing C	ommittee, Candi	date or L	obbyist:	•	FRIEN	IDS OF	JOE	TOR	SELLA		•					
Street Address:	PO BOX 626															
City:	FLOURTOWN						Sta	te:	PA			Zip Co	de: 19	9031		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		AY 1ARY	F	POST-	3.		AMENDN REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 E	AY CTION		POST-	6.		TERMIN. REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2021				NG M					PAPER			DISKE	ГТЕ
Name of Office S	ought by Candida	ate:					DA	TE O	F ELE	CTIO	N	District Number	Office Code	Part	ty Code	County Code
STATE TREASU	RER						МО		DAY	YE	AR		TRE	DEM		46
STATE TREASO	KLIK							11		2	2021		(SEE IN	STRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	l		МО		DAY	YI	EAR	FC	OR OFFI	CE USE	ONLY	
Expenditures	from:		3 30	20	021	то		5		3	2021					
A. Amount Bro	ught Forward Fro	m Last F	Report			9	-			76,9	965.58					
B. Total Monet	ary Contributions	And Red	eipts (Fron	n Sche	dule I) !	\$				0.00					
C. Total Funds	Available (Sum C	f Lines <i>F</i>	and B)				\$			76,9	965.58					
D. Total Expend	ditures (From Scl	nedule I	II)			!	\$			48,7	780.56					
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)		;	\$			28,1	85.02					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$				0.00					
G. Unpaid Debt	s And Obligation	s (From	Schedule IV	/)			\$				0.00			1		
						/IT SI										
	that this report, in	-	_								_		of my kno	wledge a	nd belie	ef , true
correct and comple	cribed before me th	is									·	- f D	- Cb	B		
	day of		_ 20							3	ngnature	e of Perso	n Submit	инд кер	ort	
	Signat	ure				_						Prin	ited Nam	е		
My Commission Ex	· —					_						Ema	il			
	МО		AY	YR						ea Coc	le	Daytin	ne Telepi	none Nur	nber	
Part II- If this is	•				•				_							4000
No 320) as amende		•	eage and bei	ier this	politic	ai comi	nittee	nas n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	137 (P.L.	1333,
Sworn to and subsc	day of	•	20								S	ignature (of Candid	ate		
						_						Printe	ed Name			
My Commission Exp	Signature ires					-						Ema	nil			<u> </u>
	мо	D	AY	YR		_			Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
FRIENDS OF JOE TORSELLA	From:	3/30/202	<u>1</u> To:	<u>5/3/2021</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) 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)			\$	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) 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 only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE 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		Rep	oorting P	eriod			
			Fro	m:		To	o :	
					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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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				
		Fron	n:		То	:	
			D/	ATE		АМО	UNT
			МО	DAY	YEAR		
						\$	0.00
State	Zip Code (Plus	s 4)					
			Occupat	ion			
e of	City			State		Zip Code (Plus 4)
lule I, Detailed Su	ımmary Page,	Section	on 3.		4		E 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 Octobroad Octobro	State Zip Code (Plus 4) Occupation Occupation Olivy State State Output Date Occupation Output Output	DATE AMO MO DAY YEAR \$ State Zip Code (Plus 4) Occupation Occupation PAG

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	od	
FRIENDS OF JOE TORSELLA	From:	3/30/2021 To:	<u>5/3/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	ate		Reporting	g 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 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				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
FRIENDS OF JOE TORSELLA	From	3/30/2021	То:	<u>5/3/2021</u>

AMOUNT
54.51
1,500.00
6,000.00
6,000.00
1,000.00

						PAC	∍E 12
To Whom Paid GOOGLE APPS			мо	DAY	YEAR		
Mailing Address 1600 AMPHITHEATRE PKWY			1	6	2021	\$	57.68
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure WEB & Description of Expenditure				
To Whom Paid KENNEDY PRINTING COMPANY, INC.			мо	DAY	YEAR		
Mailing Address 5534 BALTIMORE AVE			1	19	2021	\$	8,738.05
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191433195	Description of Expenditure PRINTING SERVICES: GIFT				
To Whom Paid KENNEDY PRINTING COMPANY, INC.			МО	DAY	YEAR		
Mailing Address 5534 BALTIMORE AVE			2	19	2021	\$	1,114.10
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191433195	Description of Expenditure THANK YOU NOTES TO STATE COMMITTEE MEMBERS				
To Whom Paid NGP VAN INC			МО	DAY	YEAR		
Mailing Address 1445 NEW YORK AVE NW STE 200			1	11	2021	\$	300.00
City WASHINGTON	State DC	Zip Code (Plus 4) 200052158	Description of Expenditure SOFTWARE SUBSCRIPTION				
To Whom Paid NGP VAN INC			МО	DAY	YEAR		
Mailing Address 1445 NEW YORK AVE NW STE 200			2	19	2021	\$	1,800.00
City WASHINGTON	State DC	Zip Code (Plus 4) 200052158	Description of Expenditure SOFTWARE SUBSCRIPTION				
To Whom Paid PNC BANK			мо	DAY	YEAR		
Mailing Address 1801 MARKET ST LBBY H			1	4	2021	\$	47.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191031602	Description of Expenditure SERVICE CHARGE				

						PAC	∍E 13
To Whom Paid SAMANTHA SEMANEK RENNINGER			МО	DAY	YEAR		
Mailing Address 926 IRVING ST			1	11	2021	\$	5,055.29
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191075718	Description of Expenditure CONSULTING, MILEAGE, REIMBURSEMENT: ZO SUBSCRIPTION				
To Whom Paid SAMANTHA SEMANEK RENNINGER			МО	DAY	YEAR		
Mailing Address 926 IRVING ST			2	4	2021	\$	237.74
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191075718	Description of Expenditure REIMBURSEMENT: TAX SOFTWARE (INTUIT) AND STAMPS				
To Whom Paid SALTHILL COMMUNICATIONS	·		МО	DAY	YEAR		
Mailing Address PO BOX 28374			2	1	2021	\$	625.00
City RICHMOND	State VA	Zip Code (Plus 4) 232280374	Description of Expenditure COMMUNCATIONS ASSISTANCE				
To Whom Paid SALTHILL COMMUNICATIONS	•		мо	DAY	YEAR		
Mailing Address PO BOX 28374			3	1	2021	\$	2,500.00
City RICHMOND	State VA	Zip Code (Plus 4) 232280374	Description of Expenditure CONSULTING				
To Whom Paid SALTHILL COMMUNICATIONS			мо	DAY	YEAR		
Mailing Address PO BOX 28374			4	20	2021	\$	2,500.00
City RICHMOND	State VA	Zip Code (Plus 4) 232280374	Description of Expenditure CONSULTING				
To Whom Paid SALTHILL COMMUNICATIONS			МО	DAY	YEAR		
Mailing Address PO BOX 28374			4	21	2021	\$	1,250.00
City RICHMOND	State VA	Zip Code (Plus 4) 232280374	Description of Expenditure CONSULTING				

To Whom Paid STET COMMUNICATIONS			мо	DAY	YEAR		
Mailing Address 1330 13TH ST NW # 3			1	4	2021	\$	10,000.00
City WASHINGTON	State DC	Zip Code (Plus 4) 200054419	Description of Expenditure COMMUNICATIONS				
To Whom Paid VANTIV			мо	DAY	YEAR		
Mailing Address 8500 GOVERNORS HILL DR			1	11	2021	\$	1.19
City SYMMES TWP	State OH	Zip Code (Plus 4) 452491384	Description of Expenditure MERCHANT FEE				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
Enter Grand Potal of Expenditures on Fage 1, Report cover Page, Item D.				\$	48,780.56		