### **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 20120	0373			Rep File			CAI	NDI	DATE		COM	AITTEE	<b>✓</b> [	LOE	BYIS	Т	
Name of Filing C	ommittee, Candida	ate or Lo	obbyist:	•	Frier	nds	of Ma	ry Jo	Dal	еу		1		·				
Street Address:																		
City:	Conshohocken							State	e:	PA			Zip Co	<b>de:</b> 19	9428			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		Р	POST-	3. <b>X</b>		AMENDM REPORT		Yes		No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	5.	30 DA		Р	OST-	6.		TERMIN/ REPORT		Yes		No	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2021					NG ME					PAPER		<b>V</b>	DIS	KETTE	
Name of Office S	ought by Candidat	e:	•		•			DAT	ΕO	F ELE	СТІС	N	District Number	Office Code	Pa	rty Co	de Co	
								МО		DAY		AR 2021						
		140	la av	lv= . n					11	l	2	2021	<u> </u>	<u> </u>			OR CODE	ES)
Summary of Expenditures	Receipts and from:	МО	<b>DAY</b> 5 4	YEAR		_	0	МО		DAY		EAR	FC	R OFFI	CE US	E ON	LY	
		<u> </u>		20	021		1		6		7	2021	ļ					
	ught Forward From ary Contributions A		-	n Scho	ماييام	Τ\	\$					589.00 125.00						
	Available (Sum Of		• `	- Series		-,	\$ \$					314.00						
	ditures (From Sche						\$					752.10	1					
	Balance (Subtract			C)			\$					61.90	1					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II	)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	<b>/</b> )			\$					0.00						
				AFF	IDA	VI	ΓSE	CTIC	N									
PART I - If this is	a Committee repo	ort, trea	surer sign	here. 1	[f thi	is is	a Car	ndidat	e re	port, c	andi	date sig	gn here.					
I swear (or affirm) correct and comple	that this report, incluete.	uding the	attached sc	hedules	filed	l on	paper	or by e	lecti	ronic m	edium	, are to t	the best o	f my knov	wledge	and I	pelief ,	true
Sworn to and subs	cribed before me this day of		20								S	Signature	of Perso	n Submit	ting Re	port		
	Signatur	e					-						Prin	ted Name	•			_
My Commission Ex	xpires						_		•				Ema	il				
	МО	D	AY	YR						Are	ea Coo	le	Daytim	e Teleph	one N	umbe		_
	a report of a cand					•				_					_			
No 320) as amende		y knowle	edge and beli	ief this	polit	ical	comm	ittee h	as n	ot viola	ted ar	y provis	ions of th	e act of J	une 3,	1937 (	P.L. 13	33,
SWOTH TO AND SUDSC	ribed before me this day of		20									S	ignature (	of Candida	ate			
	_						- -						Printe	d Name				_
My Commission Exp	Signature ires												Ema	il				-
	мо	D	AY	YR			•			Area	Code		D	aytime T	elepho	ne Nu	mber	$-\mid$

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period					
Friends of Mary Jo Daley	From:	<u>5/4/202</u>	<u>1</u> To:	6/7/2021		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor						
TOTAL for the Reporting	J Period	(1)	\$	25.00		
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)						
Contributions Received From Political Committees (Part A)			\$	3,350.00		
All Other Contributions (Part B)			\$	750.00		
TOTAL for the Reporting	y Period	(2)	\$	4,100.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)						
Contributions Received From Political Committees (Part C)			\$	4,000.00		
All Other Contributions (Part D)			\$	0.00		
TOTAL for the Reporting	J Period	(3)	\$	4,000.00		
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)						
TOTAL for the Reporting	j 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			\$	8,125.00		

#### **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			Rep	porting F	Period			
Friends of Mary Jo Daley			Fro	om:	<u>5/4/2</u>	<u>2021</u> To	:	6/7/2021
					DATE			AMOUNT
Full Name of Contributing Committee Philadelphia Association of Retail Drugg	niete			мо	DAY	YEAR		
Mailing Address	jists						۱.	250.00
City Philadelphia	State	Zip Code (Plus	4)	5	3	2021	\$	230.00
Timadelpina	PA	191154374	.,					
Full Name of Contributing Committee	L		$\neg$	мо	DAY	YEAR		
Pennsylvania Automotive Association P	AC			М	DAI	ILAK		
Mailing Address		_		5	3	2021	\$	250.00
<b>City</b> Harrisburg	State	Zip Code (Plus	4)					
	PA	171022298						
Full Name of Contributing Committee				мо	DAY	YEAR		
PAW-PAC/PA American Water PAC  Mailing Address			_				١.	250.00
	Chaha	Zin Codo (Dive	4)	5	3	1 2021	\$	250.00
City Hershey	State PA	<b>Zip Code (Plus</b> 4 170332400	4)					
							_	
Full Name of Contributing Committee				мо	DAY	YEAR		
PA Psychological Association PAC				мо	DAY	YEAR		
PA Psychological Association PAC  Mailing Address				<b>мо</b> 5	DAY 2		\$	100.00
PA Psychological Association PAC	State	Zip Code (Plus	4)				\$	100.00
PA Psychological Association PAC  Mailing Address	<b>State</b> PA	<b>Zip Code (Plus</b> 171121788	4)				\$	100.00
PA Psychological Association PAC  Mailing Address	1		4)	5	2	4 2021	\$	100.00
PA Psychological Association PAC  Mailing Address  City Harrisburg	1		4)				\$	100.00
PA Psychological Association PAC  Mailing Address  City Harrisburg  Full Name of Contributing Committee	1		4)	<b>мо</b>	DAY 2	4 2021 YEAR	\$	250.00
PA Psychological Association PAC  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Optometric	1	171121788  Zip Code (Plus		5	2	4 2021 YEAR		
PA Psychological Association PAC  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Optometric  Mailing Address	PA	171121788		<b>мо</b>	DAY 2	4 2021 YEAR		
PA Psychological Association PAC  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Optometric  Mailing Address	PA State	171121788  Zip Code (Plus		<b>мо</b> 5	DAY 1	YEAR 2021		
PA Psychological Association PAC  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Optometric  Mailing Address  City Harrisburg	PA State	171121788  Zip Code (Plus		<b>мо</b>	DAY 2	4 2021 YEAR		
PA Psychological Association PAC  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Optometric  Mailing Address  City Harrisburg  Full Name of Contributing Committee	PA State	171121788  Zip Code (Plus		мо 5 мо	DAY 1	YEAR 2021 YEAR YEAR		
PA Psychological Association PAC  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Optometric  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Campground Owners PAC	PA State	171121788  Zip Code (Plus	4)	<b>мо</b> 5	DAY 1	YEAR 2021 YEAR YEAR	\$	250.00
PA Psychological Association PAC  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Optometric  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Campground Owners PAC  Mailing Address	State PA	771121788  Zip Code (Plus 4 171011141	4)	мо 5 мо	DAY 1	YEAR 2021 YEAR YEAR	\$	250.00
PA Psychological Association PAC  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Optometric  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Campground Owners PAC  Mailing Address	State PA State	Zip Code (Plus 4) 171011141	4)	мо 5 мо 5	DAY 1 DAY 2	YEAR 2021 YEAR 2021 YEAR 4 2021	\$	250.00
PA Psychological Association PAC  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Optometric  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Campground Owners PAC  Mailing Address  City Harrisburg	State PA State	Zip Code (Plus 4) 171011141	4)	мо 5 мо	DAY 1	YEAR 2021 YEAR YEAR	\$	250.00
PA Psychological Association PAC  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Optometric  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Campground Owners PAC  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Campground Owners PAC  Mailing Address  City Harrisburg	State PA State	Zip Code (Plus 4) 171011141	4)	мо 5 мо мо	DAY 1 DAY 2	YEAR 2021 YEAR 2021 YEAR 4 2021 YEAR	\$	250.00
PA Psychological Association PAC  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Optometric  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Campground Owners PAC  Mailing Address  City Harrisburg  Full Name of Contributing Committee PA Campground Owners PAC  Mailing Address  City Harrisburg	State PA State	Zip Code (Plus 4) 171011141	4)	мо 5 мо 5	DAY 1 DAY 2	YEAR 2021 YEAR 2021 YEAR 4 2021	\$	250.00 250.00

							PAGE 4
Full N	ame of Contributing Committee			мо	DAY	YEAR	
Indep	endence Blue Cross			МО	DAT	TEAR	
Mailin	g Address			5	31	2021	<b>\$</b> 250.00
City	Harrisburg	State	Zip Code (Plus 4)		31	2021	
		PA	171011111				
Full N	ame of Contributing Committee			мо	DAY	YEAR	
Highn	nark Health PAC			MO	DAT	TEAR	
Mailin	g Address			5	31	2021	<b>\$</b> 250.00
City	Camp Hill	State	Zip Code (Plus 4)				
		PA	170111702				
Full N	ame of Contributing Committee	•	•	мо	DAY	YEAR	
	lee Partners State PAC				27.1.		
	g Address	Т	1	5	25	2021	<b>\$</b> 250.00
City	Harrisburg	State	Zip Code (Plus 4)				
		PA	171080291				
Full N	ame of Contributing Committee					VEAD	
DISPA	AC (Distributors Political Action Co	ommittee)		МО	DAY	YEAR	
Mailin	g Address			5	31	2021	<b>\$</b> 250.00
City	Philadelphia	State	Zip Code (Plus 4)	]	31	2021	
		PA	191024121				
Full N	ame of Contributing Committee			мо	DAY	YEAR	
Dento	ons, Cohen & Grigsby PC PA	2		МО	DAT	TEAR	
Mailin	g Address			5	15	2021	<b>\$</b> 250.00
City	Pittsburgh	State	Zip Code (Plus 4)				
		PA	152223120				
Full N	ame of Contributing Committee		•	мо	DAY	YEAR	
CPA P	PAC			1.1.5	JA!	LAK	
	g Address	T	,	5	31	2021	<b>\$</b> 250.00
City	Harrisburg	State	Zip Code (Plus 4)				
		PA	171011163				
Full N	ame of Contributing Committee			мо	DAY	YEAR	
Assoc	iation of Pennsylvania State Colle	ge and University Fac	culties/CAP-PA	140	DAI	ILAK	
Mailin	g Address			5	31	2021	<b>\$</b> 250.00
City	Harrisburg	State	Zip Code (Plus 4)				
		PA	171011203				

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

**PAGE TOTAL** 3,350.00

### 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 C	ame of Filing Committee or Candidate					
Friends of Mary Jo Daley			From:	<u>5/4/</u> 2	2021 <b>T</b> o	6/7/2021
		I		DATE		AMOUNT
Full Name of Contributor			МО	DAY	YEAR	
Buchanan Ingersoll & mp; Roon	ney, PC			2711		
Mailing Address						\$ 250.00
<b>City</b> Pittsburgh	State	Zip Code (Plus 4)	5	6	2021	
	PA	152194413				
Full Name of Contributor			МО	DAY	YEAR	
Ronald Henry			140	DAI	ILAK	
Mailing Address						<b>\$</b> 250.00
<b>City</b> Bryn Mawr	State	Zip Code (Plus 4)	5	31	2021	
	PA	190102939				
Full Name of Contributor			МО	DAY	YEAR	
Jeanne Sorg			MO	DAT	TEAR	
Mailing Address					İ	<b>\$</b> 250.00
<b>City</b> Ambler	State	Zip Code (Plus 4)	5	10	2021	
	PA	190025823				

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

**PAGE TOTAL \$** 750.00

#### **PART C**

### **Contributions Received From Political Committees**

Name of Filing Committee or Candidate

**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.

**Reporting Period** 

Friends of Mary Jo Daley			From:	<u>5/</u>	<u>/4/2021</u>	То:		6/7/2021
				DA	TE		-	AMOUNT
Full Name of Contributing Committee AFSCME State Council 13				мо	DAY	YEAR	\$	1,000.00
Mailing Address				5	20	2021	'	1,000.00
City Harrisburg	State	Zip Cod	e (Plus 4)	]		2021		
	PA	171111	507					
Full Name of Contributing Committee				МО	DAY	YEAR		
Pennsylvania Horsebreeder's Association	n PAC				2711		\$	500.00
Mailing Address				5	22	2021		
City Kennett Square	State	Zip Cod	e (Plus 4)					
	PA	193482	400					
Full Name of Contributing Committee				МО	DAY	YEAR		
Pennsylvania Restaurant and Lodging A	ssociation			1-10	DA!	ILAK	\$	500.00
Mailing Address				5	6	2021		
City Harrisburg	State	Zip Cod	e (Plus 4)					
	PA	171011	024					
Full Name of Contributing Committee				МО	DAY	YEAR		
Pennsylvania Trial Lawyers/LAWPAC							\$	500.00
Mailing Address	_			5	31	2021		
City Harrisburg	State	Zip Cod	e (Plus 4)					
	PA	171011	505					
Full Name of Contributing Committee				МО	DAY	YEAR		
PFT Committee to Support Public Educa	tion						\$	1,000.00
Mailing Address	_			5	31	2021		
City Philadelphia	State	Zip Cod	e (Plus 4)					
	PA	191034	902					
Full Name of Contributing Committee				МО	DAY	YEAR		
Political Labor Action Now, PLAN					5711	1 L/III	<b>\$</b>	500.00
Mailing Address				5	31	2021		
City Harrisburg	State	Zip Cod	e (Plus 4)					
	PA	171023	119					

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

**PAGE TOTAL \$** 4,000.00

## 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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fron	n:		To	):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00

## 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 Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (I	Plus 4)				
Receipt Description	•	•			•		
Futor Count Total of Boot	Fan Cabadula I Batailad	Commence Dance	Castian	4			PAGE TOTAL
Enter Grand Total of Part	c on schedule 1, Detailed	Summary Page,	Section	4.			\$ 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 Mary Jo Daley	From:	<u>5/4/2021</u> <b>To:</b>	<u>6/7/2021</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	Reporting Period						
			From:			To:	
		-		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address	_					<b>7</b> \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	-	•	•		•	
Enter Grand Total of Part F on S	chedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	V	State	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	Contributions De	etaile	ed				PAGE TO	TAL
Summary Page, Section 3.	,									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	riod		
Friends of Mary Jo Daley	From	5/4/2021	То:	<u>6/7/2021</u>

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Ann Rose Bakery			MO	DAI	ILAK		
Mailing Address			5	27	2021	\$	42.64
<b>City</b> Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	171011401	Event E	xpense			
To Whom Paid			мо	DAY	YEAR		
Friends of Antonetta Stan	cu		MO	DAT	TEAR		
Mailing Address			6	7	2021	\$	500.00
<b>City</b> Furlong	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	189251227	Campai	gn Contrib	ution		
To Whom Paid			мо	DAY	YEAR		
Google Inc			МО	DAI	ILAK		
Mailing Address			5	7	2021	\$	12.72
City Mountain View	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	CA	940431351					
To Whom Paid			мо	DAY	YEAR		
Google Inc			1-10		ILAK		
Mailing Address			6	7	2021	\$	12.72
City Mountain View	State	Zip Code (Plus 4)	Description of Expenditure				
	CA	940431351					
To Whom Paid			мо	DAY	YEAR		
NGP VAN			1-10				
Mailing Address			6	3	2021	\$	155.40
<b>City</b> Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	DC	200055006	Campai	gn Softwaı	re		
To Whom Paid			МО	DAY	YEAR		
Princeton Strategies, LLC			МО		ILAK		
Mailing Address			5	24	2021	\$	2,000.00
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı	
	PA	191023505	Campai	gn consult	ing		

To Wh	om Paid			МО	DAY		YEAR	
Sage Payment Solutions			МО	DAT		TEAK		
Mailin	g Address			6		3	2021	\$ 28.62
City	Reston	State	Zip Code (Plus 4)	Descript	tion of E	хре	enditure	
		VA	201905858	bank ch	arges			
								PAGE TOTAL
ter	Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D	-				\$
nter	Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D					\$
inter	Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D					\$
inter	Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D					\$
Enter	Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D					\$ 2,752.10
Enter	Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D					\$
Enter	Grand Total of Expe	nditures on Page 1, R	eport Cover Page, Item D					\$