

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 : 20160170		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF CAROLYN COMITTA								
Street Address: 115 S. BRANDYWINE ST.								
City: WEST CHESTER				State: PA		Zip Code: 19382		
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.	AMENDMENT REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4. X	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 2021	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code
SENATOR IN THE GENERAL ASSEMBLY				MO DAY YEAR			19	STS
				11 2 2021				DEM 15
							(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO		FOR OFFICE USE ONLY	
		6	8	2021	9 13 2021			
A. Amount Brought Forward From Last Report				\$ 1,867.92				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 3,500.00				
C. Total Funds Available (Sum Of Lines A and B)				\$ 5,367.92				
D. Total Expenditures (From Schedule III)				\$ 2,129.83				
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 3,238.09				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 0.00				

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 CAROLYN COMITTA	From: <u>6/8/2021</u> To: <u>9/13/2021</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)	\$ 3,500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 3,500.00

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.)	\$ 3,500.00
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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 FRIENDS OF CAROLYN COMITTA	Reporting Period From: <u>6/8/2021</u> To: <u>9/13/2021</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
WASTE MANAGEMENT EMPLOYEES BETTER GOVERNMENT FUND				6	25	2021	
Mailing Address							
City	State	Zip Code (Plus 4)					
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
PA TRIAL LAWYERS				8	12	2021	
Mailing Address 212 N 3RD ST STE 203							
City HARRISBURG	State PA	Zip Code (Plus 4) 171011505					
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
PA ASSN OF DEER FARMERS PAC				7	19	2021	
Mailing Address 200 N 3RD ST STE 1500							
City HARRISBURG	State PA	Zip Code (Plus 4) 171011590					
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
INDEPENDENCE BLUE CROSS (IBC) PAC				8	12	2021	
Mailing Address 1901 MARKET ST							
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191031480					
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
COHEN AND GRIGSBY PC PAC				8	12	2021	
Mailing Address 625 LIBERTY AVE							
City PITTSBURGH	State PA	Zip Code (Plus 4) 152223120					
Full Name of Contributing Committee				MO	DAY	YEAR	\$1,000.00
APSCUF/CAP PA				6	25	2021	
Mailing Address 319 N FRONT ST							
City HARRISBURG	State PA	Zip Code (Plus 4) 171011203					

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

PAGE TOTAL

\$ 3,500.00

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	Reporting Period
	From: To:

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
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
\$ 0.00

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 CAROLYN COMITTA		From: <u>6/8/2021</u> To: <u>9/13/2021</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 RECIEVED - 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 II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF CAROLYN COMITTA	From <u>6/8/2021</u> To: <u>9/13/2021</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
CHESTER COUNTY CHARITABLE FUND				
Mailing Address	8	17	2021	\$ 250.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
			COLOR RUN SPONSORSHIP	
To Whom Paid	MO	DAY	YEAR	
CHESTER COUNTY YOUNG DEMOCRATS				
Mailing Address PO BOX 2222	8	11	2021	\$ 100.00
City WEST CHESTER	State PA	Zip Code (Plus 4) 193800098	Description of Expenditure	
			MINI-GOLF SPONSORSHIP	
To Whom Paid	MO	DAY	YEAR	
CITIZENS BANK				
Mailing Address 39 LEOPARD RD	7	26	2021	\$ 20.00
City PAOLI	State PA	Zip Code (Plus 4) 193011518	Description of Expenditure	
			RETURNED CHECK FEE	
To Whom Paid	MO	DAY	YEAR	
CONSERVATION VOTERS OF PENNSYLVANIA ACTION FUND				
Mailing Address PO BOX 2125	9	10	2021	\$ 150.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191030125	Description of Expenditure	
			GALA SPONSORSHIP	
To Whom Paid	MO	DAY	YEAR	
CRIMSON PLANET MEDIA				
Mailing Address 524 W MARSHALL ST APT F	6	21	2021	\$ 530.00
City WEST CHESTER	State PA	Zip Code (Plus 4) 193802261	Description of Expenditure	
			DIGITAL	
To Whom Paid	MO	DAY	YEAR	
DIRECT CONNECT				
Mailing Address 3901 CENTERVIEW DR STE W	7	2	2021	\$ 22.50
City CHANTILLY	State VA	Zip Code (Plus 4) 201513229	Description of Expenditure	
			MERCHANT CARD FEES JUNE 2021	

To Whom Paid DIRECT CONNECT			MO	DAY	YEAR	\$ 22.50
Mailing Address 3901 CENTERVIEW DR STE W			8	2	2021	
City CHANTILLY	State VA	Zip Code (Plus 4) 201513229	Description of Expenditure MERCHANT CARD FEES JULY 2021			

To Whom Paid DIRECT CONNECT			MO	DAY	YEAR	\$ 22.50
Mailing Address 3901 CENTERVIEW DR STE W			9	2	2021	
City CHANTILLY	State VA	Zip Code (Plus 4) 201513229	Description of Expenditure MERCHANT CARD FEES AUG. 2021			

To Whom Paid FRIENDS OF MADELEINE DEAN COMMITTEE			MO	DAY	YEAR	\$ 500.00
Mailing Address 795 GLEN RD			7	7	2021	
City JENKINTOWN	State PA	Zip Code (Plus 4) 190461528	Description of Expenditure CONTRIBUTION			

To Whom Paid NCEL			MO	DAY	YEAR	\$ 46.13
Mailing Address			7	29	2021	
City	State	Zip Code (Plus 4)	Description of Expenditure CONTRIBUTION			

To Whom Paid NGP VAN			MO	DAY	YEAR	\$ 466.20
Mailing Address 1445 NEW YORK AVE NW STE 200			8	11	2021	
City WASHINGTON	State DC	Zip Code (Plus 4) 200052158	Description of Expenditure DATABASE FEE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 2,129.83

