

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:												
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	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	TERMINATION REPORT?	Yes	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	Party Code	County Code
SENATOR IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	19	STS	DEM	15
						11	2	2021	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	19	2021		11	22	2021				
A. Amount Brought Forward From Last Report						\$		3,088.84				
B. Total Monetary Contributions And Receipts (From Schedule I)						\$		6,525.00				
C. Total Funds Available (Sum Of Lines A and B)						\$		9,613.84				
D. Total Expenditures (From Schedule III)						\$		758.70				
E. Ending Cash Balance (Subtract Line D From Line C)						\$		8,855.14				
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>10/19/2021</u> To: <u>11/22/2021</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)	\$ 175.00
TOTAL for the Reporting Period (2)	\$ 175.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 6,350.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 6,350.00

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.)	\$ 6,525.00
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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	Reporting Period
	From: To:

DATE	AMOUNT
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Full Name of Contributing Committee	MO	DAY	YEAR	\$0.00
Mailing Address				
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 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 FRIENDS OF CAROLYN COMITTA	Reporting Period From: <u>10/19/2021</u> To: <u>11/22/2021</u>
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DATE	AMOUNT
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Full Name of Contributor				MO	DAY	YEAR	\$ 75.00
CATHERINE PALMQUIST							
Mailing Address				10	22	2021	
City	WEST CHESTER	State	Zip Code (Plus 4)				
		PA	193802011				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
DEBBIE FELL						
Mailing Address						
City	WEST CHESTER	State	10	22	2021	
		PA				
		Zip Code (Plus 4)				
		193802112				

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

PAGE TOTAL
\$ 175.00

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 FRIENDS OF CAROLYN COMITTA	Reporting Period From: <u>10/19/2021</u> To: <u>11/22/2021</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
CITIZENS FOR HUGHES				10	22	2021	
Mailing Address							
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)		191314700	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 300.00
PA ASSN OF DEER FARMERS PAC				10	22	2021	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		171011590	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 300.00
PA CAMPGROUND OWNERS PAC				10	22	2021	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		171011590	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 300.00
PA MANUFACTURED HOUSING ASSOC. PAC ACCT.				10	22	2021	
Mailing Address							
City	NEW CUMBERLAND	State	PA	Zip Code (Plus 4)		170702425	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
PA OPHTHALMOLOGY PAC				10	22	2021	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		171011590	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
PA TRIAL LAWYERS				10	22	2021	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		171011505	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 2,500.00
PSEA-PACE			10	22	2021	
Mailing Address						
City	HARRISBURG	State	PA	Zip Code (Plus 4)	171011385	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 450.00
SIERRA CLUB -- PA CHAPTER						
Mailing Address			10	22	2021	
City	HARRISBURG	State PA				Zip Code (Plus 4) 171012126

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

PAGE TOTAL
\$ 6,350.00

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:
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			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
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>10/19/2021</u> To: <u>11/22/2021</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>10/19/2021</u> To: <u>11/22/2021</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
CITIZENS BANK				
Mailing Address	10	25	2021	\$ 20.00
City PAOLI	State PA	Zip Code (Plus 4) 193011518	Description of Expenditure RETURNED CHECK FEE	
To Whom Paid	MO	DAY	YEAR	
DEMOCRATIC WOMEN OF CHESTER COUNTY				
Mailing Address	11	12	2021	\$ 250.00
City PAOLI	State PA	Zip Code (Plus 4) 193012021	Description of Expenditure EVENT SPONSORSHIP	
To Whom Paid	MO	DAY	YEAR	
DIRECT CONNECT				
Mailing Address	11	2	2021	\$ 22.50
City CHANTILLY	State VA	Zip Code (Plus 4) 201513229	Description of Expenditure MERCHANT CARD FEES OCT. 2021	
To Whom Paid	MO	DAY	YEAR	
NGP VAN				
Mailing Address	11	22	2021	\$ 466.20
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
				\$ 758.70

