

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b> 20160170		<b>Report Filed By :</b>		<b>CANDIDATE</b>	<b>COMMITTEE</b> <input checked="" type="checkbox"/>	<b>LOBBYIST</b>				
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF CAROLYN COMITTA										
<b>Street Address:</b> 115 S. BRANDYWINE ST.										
<b>City:</b> WEST CHESTER			<b>State:</b> PA		<b>Zip Code:</b> 19382					
<b>TYPE OF REPORT</b>  (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	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>		
<b>Name of Office Sought by Candidate:</b>				<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
SENATOR IN THE GENERAL ASSEMBLY				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	19	STS	DEM	15
				11	2	2021	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>	
		10	19	2021		11	22	2021		
<b>A. Amount Brought Forward From Last Report</b>				\$		3,088.84				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>				\$		6,525.00				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>				\$		9,613.84				
<b>D. Total Expenditures (From Schedule III)</b>				\$		758.70				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>				\$		8,855.14				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>				\$		0.00				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>				\$		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  
 My Commission Expires \_\_\_\_\_  
 MO DAY YR

\_\_\_\_\_  
 Signature of Person Submitting Report  
 \_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
 Email  
 \_\_\_\_\_  
 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  
 My Commission Expires \_\_\_\_\_  
 MO DAY YR

\_\_\_\_\_  
 Signature of Candidate  
 \_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
 Email  
 \_\_\_\_\_  
 Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF CAROLYN COMITTA	From: <u>10/19/2021</u> To: <u>11/22/2021</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 175.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 175.00

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

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> <span style="float: right;"><b>To:</b></span>
<b>DATE</b> <span style="float: right;"><b>AMOUNT</b></span>	

Full Name of Contributing Committee	MO	DAY	YEAR	
<b>Mailing Address</b>				\$ 0.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		

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

<b>PAGE TOTAL</b>
\$ 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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF CAROLYN COMITTA	From: <u>10/19/2021</u> To: <u>11/22/2021</u>

				DATE	AMOUNT		
Full Name of Contributor	MO	DAY	YEAR				
CATHERINE PALMQUIST							
<b>Mailing Address</b> 800 APPLE HILL DR				10	22	2021	\$ 75.00
<b>City</b> WEST CHESTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 193802011					

Full Name of Contributor	MO	DAY	YEAR				
DEBBIE FELL							
<b>Mailing Address</b> 1462 CHESTNUT CT				10	22	2021	\$ 100.00
<b>City</b> WEST CHESTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 193802112					

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

<b>PAGE TOTAL</b>
\$ 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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF CAROLYN COMITTA	<b>From:</b> <u>10/19/2021</u> <b>To:</b> <u>11/22/2021</u>

				DATE	AMOUNT		
Full Name of Contributing Committee	MO	DAY	YEAR				
CITIZENS FOR HUGHES				10	22	2021	\$ 1,000.00
<b>Mailing Address</b> 4950 PARKSIDE AVE # 106							
<b>City</b> PHILADELPHIA <b>State</b> PA <b>Zip Code (Plus 4)</b> 191314700							
PA ASSN OF DEER FARMERS PAC				10	22	2021	\$ 300.00
<b>Mailing Address</b> 200 N 3RD ST STE 1500							
<b>City</b> HARRISBURG <b>State</b> PA <b>Zip Code (Plus 4)</b> 171011590							
PA CAMPGROUND OWNERS PAC				10	22	2021	\$ 300.00
<b>Mailing Address</b> 200 N 3RD ST STE 1500							
<b>City</b> HARRISBURG <b>State</b> PA <b>Zip Code (Plus 4)</b> 171011590							
PA MANUFACTURED HOUSING ASSOC. PAC ACCT.				10	22	2021	\$ 300.00
<b>Mailing Address</b> 315 LIMEKILN RD							
<b>City</b> NEW CUMBERLAND <b>State</b> PA <b>Zip Code (Plus 4)</b> 170702425							
PA OPHTHALMOLOGY PAC				10	22	2021	\$ 500.00
<b>Mailing Address</b> 200 N 3RD ST STE 1500							
<b>City</b> HARRISBURG <b>State</b> PA <b>Zip Code (Plus 4)</b> 171011590							

<b>Full Name of Contributing Committee</b> PA TRIAL LAWYERS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 212 N 3RD ST STE 203			10	22	2021	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011505				
<b>Full Name of Contributing Committee</b> PSEA-PACE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2,500.00
<b>Mailing Address</b> 400 N 3RD ST P.O. BOX 1724			10	22	2021	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011385				
<b>Full Name of Contributing Committee</b> SIERRA CLUB -- PA CHAPTER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 450.00
<b>Mailing Address</b> 225 MARKET ST STE 501			10	22	2021	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171012126				

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

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 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.

<b>PAGE TOTAL</b>
\$ 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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

				DATE	AMOUNT
Full Name	MO	DAY	YEAR		
<b>Mailing Address</b>				\$	0.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>			
<b>Receipt Description</b>					

**Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.**

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF CAROLYN COMITTA	<b>Reporting Period</b>  From: <u>10/19/2021</u> To: <u>11/22/2021</u>
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00
<b>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.)</b>	\$ 0.00

**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OF \$50.01 TO \$250.00**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> <span style="float: right;"><b>To:</b></span>

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
<b>Mailing Address</b>				\$ 0.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		
<b>Description of Contribution:</b>				
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>				<b>PAGE TOTAL</b> \$ 0.00

**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

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

**SCHEDULE III**  
**STATEMENT OF EXPENDITURES**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
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	10	25	2021	\$	20.00
<b>Mailing Address</b> 39 LEOPARD RD					
<b>City</b> PAOLI	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 193011518	<b>Description of Expenditure</b> RETURNED CHECK FEE		
<b>To Whom Paid</b> DEMOCRATIC WOMEN OF CHESTER COUNTY	11	12	2021	\$	250.00
<b>Mailing Address</b> 1504 PENNSYLVANIA AVE					
<b>City</b> PAOLI	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 193012021	<b>Description of Expenditure</b> EVENT SPONSORSHIP		
<b>To Whom Paid</b> DIRECT CONNECT	11	2	2021	\$	22.50
<b>Mailing Address</b> 3901 CENTERVIEW DR STE W					
<b>City</b> CHANTILLY	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 201513229	<b>Description of Expenditure</b> MERCHANT CARD FEES OCT. 2021		
<b>To Whom Paid</b> NGP VAN	11	22	2021	\$	466.20
<b>Mailing Address</b> 1445 NEW YORK AVE NW STE 200					
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 200052158	<b>Description of Expenditure</b> DATABASE FEE		
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>					<b>PAGE TOTAL</b> \$ 758.70

