

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	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	TO	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
 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

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	

Full Name of Contributing Committee	MO	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 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	Reporting Period
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	
DEBBIE FELL						
Mailing Address 1462 CHESTNUT CT					\$ 100.00	
City WEST CHESTER	State	Zip Code (Plus 4)	10	22		2021
	PA	193802112				
Full Name of Contributor			MO	DAY	YEAR	
CATHERINE PALMQUIST						
Mailing Address 800 APPLE HILL DR					\$ 75.00	
City WEST CHESTER	State	Zip Code (Plus 4)	10	22		2021
	PA	193802011				

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

PAGE TOTAL
\$ 175.00

Full Name of Contributing Committee PSEA-PACE			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 400 N 3RD ST P.O. BOX 1724			10	22	2021	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011385				

Full Name of Contributing Committee SIERRA CLUB -- PA CHAPTER			MO	DAY	YEAR	\$ 450.00
Mailing Address 225 MARKET ST STE 501			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:

	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: _____

			DATE	AMOUNT	
Full Name	MO	DAY	YEAR	\$	
Mailing Address					0.00
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 FRIENDS OF CAROLYN COMITTA	Reporting Period 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 RECEIVED - 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: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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: _____
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				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	10	25	2021	\$	20.00
Mailing Address 39 LEOPARD RD					
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	11	12	2021	\$	250.00
Mailing Address 1504 PENNSYLVANIA AVE					
City PAOLI					
State PA					
Zip Code (Plus 4) 193012021					
Description of Expenditure					
EVENT SPONSORSHIP					
To Whom Paid	MO	DAY	YEAR		
DIRECT CONNECT	11	2	2021	\$	22.50
Mailing Address 3901 CENTERVIEW DR STE W					
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	11	22	2021	\$	466.20
Mailing Address 1445 NEW YORK AVE NW STE 200					
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

