#### **Campaign Finance Report**

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

| Filer Identificati<br>Number :  | on 2018   | 0082        |                        |         | Rep<br>File |       |                | CAND               | IDATE  |        | СОМ        | 1ITTEE             | <b>✓</b>       | LOBE          | SYIST     |                |
|---|---|-------------|------------------------|---------|-------------|-------|----------------|--------------------|--|--------|------------|--------------------|----------------|---------------|-----------|----------------|
| Name of Filing C  | Committee, Candid                                     | ate or Lo   | obbyist:               |         | DOY         | ΊΕ,   | MIKE           | FRIEND             | S TO E   | LECT   |            |                    |                |               |           |                |
| Street Address:   | 12619 DUNKS   | FERRY       | RD                     |         |             |       |                |                    |  |        |            |                    |                |               |           |                |
| City:   | PHILADELPHI/  | 4           |                        |         |             |       |                | State:             | PA   |        |            | Zip Cod            | de: 19         | 9154          |           |                |
| TYPE OF<br>REPORT   | 6TH TUESDAY<br>PRE-PRIMARY                            | 1.          | 2ND FRIDAY<br>PRIMARY  | Y PRE   | - 2         | 2.    | 30 DA<br>PRIMA |                    | POST-  | 3.     |            | AMENDM<br>REPORT?  |                | Yes           | No        | <b>~</b>       |
| (place X to<br>the right of   | 6TH TUESDAY<br>PRE-ELECTION                           | 4.          | 2ND FRIDAY<br>ELECTION | y pre   | Ē- 5        | 5.    | 30 DA          |                    | POST-  | 6.     |            | TERMINA<br>REPORT? |                | Yes           | No        | <b>\</b>       |
| report type)  | ANNUAL REPORT   | 7. <b>X</b> | <b>Year</b> 2021       |         |             |       |                | NG METH<br>CHECK C |  |        |            | PAPER              |                | $\overline{}$ | DISKE     | TTE            |
| Name of Office S  | -<br>Sought by Candida                                | te:         | -                      |         |             |       |                | DATE (             | )F ELE   | CTIC   | N          | District<br>Number | Office<br>Code | Par           | ty Code   | County<br>Code |
|   |   |             |                        |         |             |       |                | МО                 | DAY  | YI     | AR         | Number             | Toolic         |               |           | Couc           |
|   |   |             |                        |         |             |       |                | 11                 |  | 2      | 2021       |                    | (SEE IN        | ISTRUCTIO     | ONS FOR C | ODES)          |
|   | Receipts and  | МО          | DAY                    | YEAR    | 2           |       |                | МО                 | DAY  | YI     | EAR        | FO                 | R OFFI         | CE USE        | ONLY      |                |
| Expenditures  | enditures from: 1 1 2021 <b>TO</b> 12 31 202          |             |                        |         |             |       |                |                    | 2021   |        |            |                    |                |               |           |                |
| A. Amount Bro   | . Amount Brought Forward From Last Report \$ 12,204.6 |             |                        |         |             |       |                |                    | 204.65   |        |            |                    |                |               |           |                |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.0 |   |             |                        |         |             |       |                |                    | 0.00   |        |            |                    |                |               |           |                |
| C. Total Funds Available (Sum Of Lines A and B)                       |   |             |                        |         |             |       | \$             |                    |  | 12,2   | 204.65     |                    |                |               |           |                |
| D. Total Expen  | ditures (From Sch                                     | edule II    | I)                     |         |             |       | \$             |                    |  | 12,2   | 204.65     |                    |                |               |           |                |
| E. Ending Cash  | Balance (Subtract                                     | t Line D    | From Line (            | C)      |             |       | \$             |                    |  |        | 0.00       |                    |                |               |           |                |
| F. Value Of In-   | Kind Contributions                                    | Receive     | ed (From So            | chedu   | le II       | )     | \$             |                    |  |        | 0.00       |                    |                |               |           |                |
| G. Unpaid Debt  | s And Obligations                                     | (From S     | Schedule IV            | )       |             |       | \$             |                    |  |        | 0.00       |                    |                | •             |           |                |
|   |   |             |                        | AFF     | IDA         | VI    | T SE           | CTION              |  |        |            |                    |                |               |           |                |
| PART I - If this is   | s a Committee rep                                     | ort, trea   | surer sign l           | here.   | If thi      | is is | a Car          | ndidate r          | eport,   | candi  | date sig   | ın here.           |                |               |           |                |
| I swear (or affirm) correct and complete                              | ) that this report, incl<br>ete.                      | uding the   | attached sch           | nedule  | s filed     | d on  | paper          | or by elec         | tronic m   | edium  | , are to t | he best o          | f my kno       | wledge a      | and belie | ef , true      |
| Sworn to and subs   | cribed before me this<br>day of                       | •           | 20                     |         |             |       |                |                    |  | S      | Signature  | of Perso           | n Submit       | ting Rep      | ort       |                |
|   |   |             | -                      |         |             |       | <u>-</u>       |                    |  |        |            | Prin               | ted Name       | e             |           |                |
| My Commission Ex  | Signatu<br>pires                                      | re          |                        |         |             |       |                |                    |  |        |            | Ema                | il             |               |           |                |
|   | мо  | D           | AY                     | YR      |             |       | -              |                    | Ar   | ea Cod | le         |                    | e Telepi       | none Nu       | mber      |                |
| Part II- If this is   | a report of a cand                                    | lidate's    | authorized             | Comn    | nitte       | e, C  | andid          | ate shall          | sign h   | ere.   |            |                    |                |               |           |                |
| I swear (or affirm)<br>No 320) as amende                              |   | ny knowle   | edge and beli          | ef this | polit       | ical  | comm           | ittee has          | has not violated any provisions of the act of June 3,1937 (P.L. 1333 |        |            |                    |                |               | 1333,     |                |
| Sworn to and subsc  | ribed before me this                                  |             |                        |         |             |       |                |                    |  |        | s          | ignature o         | of Candid      | ate           |           |                |
|   | day of  |             | _ 20                   |         |             |       | _              |                    |  |        |            |                    |                |               |           |                |
|   | C:  |             |                        |         |             |       | -              |                    |  |        |            | Printe             | d Name         |               |           |                |
| My Commission Exp   | Signature<br>ires                                     |             |                        |         |             |       |                |                    |  |        |            | Ema                | il             |               |           |                |
|   | МО  | D           | AY                     | YR      | l           |       | -              |                    | Area   | Code   |            | Da                 | aytime T       | elephon       | e Numbe   | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |         |              |            |
|--|-----------|---------|--------------|------------|
| Name of Filing Committee or Candidate  | Reporting | Period  |              |            |
| DOYLE, MIKE FRIENDS TO ELECT   | From:     | 1/1/202 | <u>1</u> To: | 12/31/2021 |
| 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)  |           |         | \$           | 0.00       |
| All Other Contributions (Part D)   |           |         | \$           | 0.00       |
| TOTAL for the Reporting  | Period    | (3)     | \$           | 0.00       |
| 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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |         | \$           | 0.00       |

#### **PART A**

### CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| Name of Filing Comm    | nittee or Candidate |                   | Reporti | ng Period |      |    |        |
|------------------------|---------------------|-------------------|---------|-----------|------|----|--------|
|                        |                     |                   | From:   |           | То   | :  |        |
|                        |                     | I                 |         | DATE      |      |    | AMOUNT |
| Full Name of Contribut | ing Committee       |                   | МО      | 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 |
|------------|
| \$<br>0.00 |

## 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 Fining Committee of Canadate |       |                   |   | Reporting Period From: To: |      |      |          |       |  |
|--------------------------------------|-------|-------------------|---|----------------------------|------|------|----------|-------|--|
|                                      |       |                   |   |                            | DATE |      | AN       | 4OUNT |  |
| Full Name of Contributor             |       |                   |   | МО                         | DAY  | YEAR |          |       |  |
| Mailing Address                      |       |                   |   |                            |      |      | \$<br>\$ | 0.00  |  |
| City                                 | State | Zip Code (Plus 4) | 1 |                            |      |      |          |       |  |

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

**PAGE TOTAL \$**0.00

#### **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 |                       |          | Reporting   | Period |     |      |    |            |
|---------------------------------------|-----------------------|----------|-------------|--------|-----|------|----|------------|
|                                       |                       |          | From:       |        |     | То:  |    |            |
|                                       |                       |          |             | DA     | TE  |      | А  | MOUNT      |
| Full Name of Contributing Committee   |                       |          |             | мо     | DAY | YEAR |    |            |
| Mailing Address                       |                       |          |             |        |     |      | \$ | 0.00       |
| City                                  | State                 | Zip Cod  | e (Plus 4)  |        |     |      |    |            |
|                                       |                       |          |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on Scho   | edule I, Detailed Sun | nmary Pa | age, Sectio | n 3.   |     |      | \$ | 0.00       |

### 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              | ne of Filing Committee or Candidate |          |              | Rep        | orting Pe | riod  |      |       |           |                 |
|--|-------------------------------------|----------|--------------|------------|-----------|-------|------|-------|-----------|-----------------|
|  |                                     |          |              | Fror       | n:        |       | To   | o:    |           |                 |
|  |                                     |          |              |            | D         | ATE   |      |       | AMOUNT    |                 |
| Full Name of Contributor                           |                                     |          |              |            | мо        | DAY   | YEAR |       |           |                 |
| Mailing<br>Address                                 |                                     |          |              |            |           |       |      | \$    |           | 0.00            |
| City   | State                               | Zi       | p Code (Plus | <b>4</b> ) |           |       |      |       |           |                 |
| Employer Name                                      |                                     | •        |              |            | Occupa    | tion  | •    | •     |           |                 |
| Employer Mailing Address/Principal Pla<br>Business | ce of                               |          | City         |            |           | State |      | Zip C | ode (Plus | 4)              |
| Enter Grand Total of Part C on Scho                | edule I, Detail                     | led Sumr | mary Page,   | Section    | on 3.     |       |      | \$    | PAGE TO   | <b>TAL</b> 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  | ting Perio | bd  |      |     |          |
|-------------------------------|--------------------------|------------------|---------|------------|-----|------|-----|----------|
|                               |                          |                  | From:   |            |     | To:  |     |          |
|                               |                          |                  |         | D          | ATE |      | AM  | OUNT     |
| Full Name                     |                          |                  |         | МО         | DAY | YEAR |     |          |
| Mailing Address               |                          |                  |         |            |     |      | \$  | 0.00     |
| City                          | State                    | Zip Code (       | Plus 4) |            |     |      |     |          |
| Receipt Description           | •                        | •                |         | •          | •   | •    | _   |          |
| Enter Grand Total of Part E o | on Schedule I. Detaile   | d Summary Page   | Section | 4          |     |      | PAG | GE TOTAL |
|                               | m deficación 1, detailes | z Sammary r age, | occion  | ••         |     |      | \$  | 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 |                            |            |
|--|------------------|----------------------------|------------|
| DOYLE, MIKE FRIENDS TO ELECT   | From:            | <u>1/1/2021</u> <b>To:</b> | 12/31/2021 |
| 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, 1 |                  | \$                         | 0.00       |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candid | ate                 |                       | Reporting | g Period      |        |           |            |
|------------------------------------|---------------------|-----------------------|-----------|---------------|--------|-----------|------------|
|                                    |                     |                       | From:     |               |        | То:       |            |
|                                    |                     |                       |           | DATE          |        |           | AMOUNT     |
| Full Name of Contributor           |                     |                       | МО        | DAY           | YEAR   |           |            |
| Mailing Address                    |                     |                       |           |               |        | <b>\$</b> | 0.00       |
| City                               | State               | Zip Code (Plus 4)     |           |               |        |           |            |
| Description of Contribution:       |                     |                       |           |               |        |           |            |
| Enter Grand Total of Part F on S   | chedule II In-Kir   | nd Contributions Deta | iled Sum  | mary Pag      | ле Г   |           | PAGE TOTAL |
| Section 2.                         | incudic 11, 111 Kii | ia contributions beta | nea Sam   | illial y I as | ,<br>, |           | PAGE TOTAL |
|                                    |                     |                       |           |               |        | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                          |             |         |            |         | Re     | porting l | Period    |       |        |                        |
|--|-------------|---------|------------|---------|--------|-----------|-----------|-------|--------|------------------------|
|  |             |         |            |         | Fro    | om:       |           | To:   |        |                        |
|  |             |         |            |         | •      |           | DATE      |       |        | AMOUNT                 |
| Full Name of Contributor                                       |             |         |            |         |        | МО        | DAY       | YEAR  |        |                        |
| Mailing Address  |             |         |            |         |        |           |           |       | \$     | 0.00                   |
| City   | State       |         | Zip Code(I | Plus 4) |        |           |           |       |        |                        |
| Employer of Contributor  |             |         |            |         |        | Occupa    | ition     |       | •      |                        |
| Employer Mailing Address/Principal Plac<br>Business            | ce of       | City    |            | State   |        | Zip<br>4) | Code(Plus | Descr | iption | of Contribution        |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, I | in-Kind | Contributi | ons De  | etaile | ed        |           |       |        | <b>PAGE TOTAL</b> 0.00 |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Ca        | andidata  |                   | Demonstin                  | · ·· P-vied |          |          |            |  |
|---------------------------------------|-----------|-------------------|----------------------------|-------------|----------|----------|------------|--|
| Name or rining committee or Ca        | andicate  |                   | Reportir                   | ng Period   |          |          |            |  |
| DOYLE, MIKE FRIENDS TO ELE            | ECT       |                   | From                       | 1/          | 1/2021   | То:      | 12/31/2021 |  |
|                                       |           |                   |                            | DATE        |          |          | AMOUNT     |  |
| To Whom Paid                          |           |                   | мо                         | DAY         | YEAR     |          |            |  |
| Ronald Joseph                         |           |                   |                            |             |          |          |            |  |
| Mailing Address 491 Pinewoo           | od Road   |                   | 1                          | 21          | 2021     | \$       | 2,913.00   |  |
| City Philadelphia                     | State     | Zip Code (Plus 4) | Description of Expenditure |             |          |          |            |  |
|                                       | PA        | 19116             |                            | ign work    |          |          |            |  |
| <b>To Whom Paid</b> Decarcerate PA    | ·         | •                 | МО                         | DAY         | YEAR     |          |            |  |
| Mailing Address PO Box 707            | 64        |                   | 1                          | 1           | 2021     | \$       | 1,700.00   |  |
| City Philadelphia                     | State     | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |          |            |  |
|                                       | PA        | 19107             | Donatio                    |             |          |          |            |  |
| <b>To Whom Paid</b><br>John Zimmerman | •         |                   | мо                         | DAY         | YEAR     |          |            |  |
| Mailing Address 1721 Wolf S           | St Unit B |                   | 1                          | 4           | 2021     | \$<br>\$ | 700.00     |  |
| <b>City</b> Philadelphia              | State     | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure | <u> </u> |            |  |
|                                       | PA        | 19145             | 1                          | roduction   |          |          |            |  |
| <b>To Whom Paid</b><br>Penn Solutions |           | ,                 | мо                         | DAY         | YEAR     |          |            |  |
| Mailing Address 1650 Marke            | t Street  |                   | 1                          | 4           | 2021     | \$       | 500.00     |  |
| <b>City</b> Philadelphia              | State     | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure | <u> </u> |            |  |
| Типадегрина                           | PA        | 19103             | Consult                    |             |          |          |            |  |
| To Whom Paid                          | •         | ·                 | МО                         | DAY         | YEAR     |          |            |  |
| Jackie Golden                         |           |                   |                            |             |          |          |            |  |
| Mailing Address 1609 Federa           | al Street |                   | 1                          | 4           | 2021     | \$       | 500.00     |  |
| City Philadelphia                     | State     | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |          |            |  |
| · · · · · · · · · · · · · · · · · · · | 54        | 10146             |                            |             |          |          |            |  |

19146

Campaign work

PΑ

|  |                    |                                   |  |  |             | FAG | L 12   |  |
|--|--------------------|-----------------------------------|--|--|-------------|-----|--------|--|
| To Whom Paid Northeast Against Racism (N.E.A.R.) |                    |                                   |  | DAY  | YEAR        |     |        |  |
| Mailing Address Information requested            |                    |                                   |  | 4  | 2021        | \$  | 500.00 |  |
| <b>City</b> Philadelphia                         | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19101 | Description of Expenditure  Donation                   |  |             |     |        |  |
| To Whom Paid NGPVAN                              |                    |                                   |  | DAY  | YEAR        |     |        |  |
| Mailing Address 1445 New York Ave                |                    |                                   |  | 29   | 2021        | \$  | 162.00 |  |
| <b>City</b> Washington                           | <b>State</b> DC    | <b>Zip Code (Plus 4)</b> 20005    | 1  | <b>Description of Expenditure</b> Software |             |     |        |  |
| <b>To Whom Paid</b> Stripe                       |                    |                                   |  | DAY  | YEAR        |     |        |  |
| Mailing Address 510 Townsend Street              |                    |                                   | 1  | 25   | 2021        | \$  | 45.00  |  |
| City San Francisco                               | <b>State</b><br>CA | <b>Zip Code (Plus 4)</b><br>94103 | Description of Expenditure Credit card processing fees |  |             |     |        |  |
| To Whom Paid Progressive Change Committee        |                    |                                   | МО   | DAY  | YEAR        |     |        |  |
| Mailing Address 1629 K Street Suite 300, N.W.    |                    |                                   | 1  | 5  | 2021        | \$  | 25.00  |  |
| <b>City</b> Washington                           | <b>State</b> DC    | <b>Zip Code (Plus 4)</b> 20006    | <b>Description of Expenditure</b> Software             |  |             |     |        |  |
| To Whom Paid<br>Zoom                             |                    |                                   |  | DAY  | YEAR        |     |        |  |
| Mailing Address 55 Almaden Boulevard             |                    |                                   | 1  | 25   | 2021        | \$  | 16.19  |  |
| City San Jose                                    | <b>State</b><br>CA | <b>Zip Code (Plus 4)</b><br>95113 | Description of Expenditure Software                    |  |             |     |        |  |
| <b>To Whom Paid</b><br>Vantiv                    |                    |                                   | МО   | DAY  | YEAR        |     |        |  |
| Mailing Address 900 Chelmsford Street            |                    |                                   | 1  | 11   | 2021        | \$  | 9.60   |  |
| City Lowell                                      | State<br>MA        | <b>Zip Code (Plus 4)</b> 01851    | Description of Expenditure Credit card processing fees |  |             |     |        |  |
|  | I MA               | 01031                             | Credit   | cara proce.                                | ooning rees | 5   |        |  |

| To Whom Paid ActBlue  |                    |                                | мо   | DAY | YEAR |    |            |  |
|---|--------------------|--------------------------------|--|-----|------|----|------------|--|
| Mailing Address PO Box 441146   |                    |                                |  | 6   | 2021 | \$ | 2.30       |  |
| City Somerville   | State<br>MA        | <b>Zip Code (Plus 4)</b> 02144 | Description of Expenditure Credit card processing fees                     |     |      |    |            |  |
| To Whom Paid Mike Doyle   |                    |                                | МО   | DAY | YEAR |    |            |  |
| Mailing Address 12619 Dunks Ferry Road                                  |                    |                                | 1  | 4   | 2021 | \$ | 5,131.56   |  |
| <b>City</b> Philadelphia  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 19154 | Description of Expenditure Reimbursement for Donation Made to PA Stands Up |     |      |    |            |  |
| Enter Crand Total of Evneuditures                                       | on Poss 1 Ponent C | over Page Them D               |  |     |      |    | PAGE TOTAL |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                    |                                |  |     |      |    | 12,204.65  |  |