#### **Campaign Finance Report**

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

Filer Identificati Number :	on	20190	142				Rep File			CA	NDII	DATE		COM	MITTEE   LOBBYIST					
Name of Filing C	ommittee, C	andida	te or Lo	bbyist	t:	F	AMI	LY	AND	FRIE	NDS	OF JA	NET	DIAZ		·			_	
Street Address:	1853 LIT	TITZ PI	KE #20	07																
City:	LANCAS	TER								State	e:	PA			Zip Cod	le: 17	601			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FI PRIMA		PRE-	2			30 DAY F PRIMARY			Т- 3.		AMENDMENT REPORT?		Yes		No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND FI ELECT:		PRE-	- 5		30 DA		Р	POST- 6.			TERMINATION REPORT?		Yes	Ī	No	<b>\</b>
report type)	ANNUAL RE	PORT	7. <b>X</b>	Year 2	2021					IG ME					PAPER		<b>√</b>	DIS	ETTE	
Name of Office S	ought by Ca	ndidate	e:							DAT	E O	F ELE	CTIC	)N	District Number	Office Code	Par	ty Coo	le Cou	
										МО		DAY	Y	EAR			DEI	1		
											11	11 2 2021 (SEE II			(SEE INS	TRUCTI	ONS FO	R CODES	5)	
Summary of Expenditures		nd	МО	DAY		YEAR			_	МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONL	Y	
			1	.1	23	20	)21	T	0		12		31	2021						
A. Amount Bro	ught Forward	d From	Last Re	eport					\$				86,	096.37						
B. Total Moneta	ary Contribut	tions A	nd Rece	eipts (	From	Sched	lule :	I)	\$					5.00						
C. Total Funds Available (Sum Of Lines A and B)								\$				86,	096.37							
D. Total Expenditures (From Schedule III)								\$				-	153.05							
E. Ending Cash Balance (Subtract Line D From Line C)					:)			\$				85,9	943.32							
F. Value Of In-	Kind Contrib	utions	Receive	ed (Fro	m Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obliga	ations (	From S	chedu	le IV)	)			\$					0.00						
						AFFI	[DA]	VI	ΓSE	CTIC	NC									
PART I - If this is		=	-		_															
I swear (or affirm) correct and comple		ort, inclu	ding the	attache	ed sch	edules	filed	on	paper	or by e	electr	onic m	edium	, are to t	he best o	f my knov	vledge	and be	elief , tı	rue
Sworn to and subs	cribed before r day of	me this		20									5	Signature	of Perso	1 Submitt	ing Re <sub>l</sub>	ort		
	- <u> </u>	ignature	•						-						Prin	ted Name				_
My Commission Ex	pires								_		•				Emai	i				
	МО		DA	Υ		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	a candi	date's a	author	ized (	Comm	ittee	, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	/ knowle	dge and	d belie	f this	politi	cal	comm	ittee h	as no	ot viola	ted ar	ny provis	ions of the	e act of Ju	ine 3,1	937 (F	.L. 133	з,
Sworn to and subsc		e this		20										s	ignature o	of Candida	ite			_
	day of			- 20 					-						Printe	d Name				-
	Sign	ature							-											_
My Commission Exp	ires														Ema	il				
		10	DA	λY		YR			•			Area	Code		Da	ytime Te	elephor	ne Nun	ıber	_

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FAMILY AND FRIENDS OF JANET DIAZ	From:	11/23/202	<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)	\$	5.00
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			\$	5.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			From: To			Го:		
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

**PAGE TOTAL**\$ 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 Filling Committee of Candidate			Rep Fro	oorting P	eriod	To	o:	
			l		DATE			AMOUNT
Full Name of Contributor				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 \$**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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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			Rep	orting Pe	riod			
			Fror	n:		To	<b>)</b> :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE TOTAL 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	Reporting Pe	eriod	
FAMILY AND FRIENDS OF JANET DIAZ	From:	<u>11/23/2021</u> <b>To:</b>	12/31/2021

			D	ATE		AMOUNT	
Full Name ACTBLUE			МО	DAY	YEAR		
Mailing Address P.O. BOX 441146  City SOMMERVILLE	<b>State</b> MA	<b>Zip Code (Plus 4)</b> 02144	12	31	2021	\$	5.00
Receipt Description REFUND	MA	02144					

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

**PAGE TOTAL \$**5.00

#### **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 Peri	od	
FAMILY AND FRIENDS OF JANET DIAZ	From:	<u>11/23/2021</u> <b>To:</b>	12/31/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	ł	
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** 

alling Address				Reporting Period				
	ling Address					To:		
				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	,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	1				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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period				
FAMILY AND FRIENDS OF JANE	T DIAZ		From	11/2	3/2021	То:	12/31/2021	
				DATE			AMOUNT	
To Whom Paid GOOLE LLC			МО	DAY	YEAR			
Mailing Address 1600 AMPHE	THEATRE PKWAY		12	3	2021	\$	25.44	
City MOUNT VIEW  CA  Zip Code (Plus 4)  94043				Description of Expenditure GOOGLE WORKSPACE				
To Whom Paid ACTBLUE			МО	DAY	YEAR			
Mailing Address P.O. BOX 44	1146		12	9	2021	\$	0.50	
City SOMMERVILLE	State MA	<b>Zip Code (Plus 4)</b> 02144		ption of Exp				
To Whom Paid POSTAL CONNECTION-158	·	•	МО	DAY	YEAR			
Mailing Address LANCASTER	1653 LITITZ PIKE		11	3	2021	\$ \$	128.00	
City LANCASTER State PA 2ip Code (Plus 4) 17601				Description of Expenditure PO BOX CHECK 156				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL		

153.94