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	20160	0170				port ed B		CA	NDII	DATE		COMM	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee	e, Candida	ate or Lo	obbyist:		FRII	END	S OF	CARC	LYN	COM1	TTA							-
Street Address:	115 9	S. BRAND	YWINE	ST.															
City:	WEST	Γ CHESTE	R	_					State	e:	PA			Zip Cod	ie: 19	382	_		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FR PRIMAR	IDAY PRE Y	-	2.	30 DA		Р	OST-	3.		AMENDMENT REPORT?		Yes	No)	\
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FR ELECTION	IDAY PR ON	E-	5.	30 DA		Р	OST-	6.		TERMINA REPORT		Yes	No)	√
report type)	ANNUAL	REPORT	7. X	Year 20	021				NG ME CHEC					PAPER		\	DISK	TTE	
Name of Office S	- Sought by	Candidat	e:	-					DAT	ΕO	F ELE	СТІС	N	District Number	Office Code	Pai	rty Code	Cour	
CENIATOR IN T	IE CENE	241 4665	MDLV						МО		DAY	YI	EAR	19	STS	DEI	М	15	
SENATOR IN TH	HE GENER	RAL ASSE	:MBLY							11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		and	МО	DAY	YEAI	R			МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:		1	11	23 2	2021	T	0		12		31	2021						
A. Amount Bro	ught Forv	vard Fron	ı Last R	eport				\$				8,8	355.14						
B. Total Moneta	ary Contri	ibutions A	And Rec	eipts (F	rom Sche	edule	e I)	\$				6,0	00.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				14,8	355.14						
D. Total Expend	ditures (F	rom Sche	dule II	[)				\$				11,2	272.50						
E. Ending Cash	Balance	(Subtract	Line D	From Li	ne C)			\$				3,5	82.64						
F. Value Of In-	Kind Cont	tributions	Receive	ed (Fror	n Schedu	ıle II	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule	e IV)			\$					0.00		•				
					AF	FIDA	٩VI	T SE	CTIC	NC									
PART I - If this is		-	•		_						• '		_						
I swear (or affirm) correct and comple		eport, incli	uding the	attache	d schedule	s file	d on	paper	or by e	electr	onic m	edium	, are to t	he best o	f my knov	vledge	and bel	ef , tr	ue.
Sworn to and subs	cribed befo	ore me this		20						•		5	Signature	of Perso	n Submitt	ing Re	port		_
	<u> </u>	Signatur	·e					- -						Prin	ted Name				-
My Commission Ex	pires	J.g.i.aca.	-							•				Ema	il				-
		мо	D/	ΑY	YR	ł					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authori	zed Comi	nitte	ee, C	andid	ate sl	nall	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and	belief this	s poli	tical	comm	ittee h	as no	ot viola	ted an	y provis	ions of the	e act of Ju	ine 3,1	937 (P.I	133	3,
Sworn to and subsc		re me this											s	ignature o	of Candida	ite			-
	day of —							-						Printe	d Name				-
	9	Signature						-											_
My Commission Exp														Ema	il				
	_	мо	D	AY	YI	₹		•			Area	Code		Da	aytime Te	lephor	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, ,				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF CAROLYN COMITTA	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)			\$	500.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	500.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	5,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	5,500.00
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			\$	6,000.00

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						
FRIENDS OF CAROLYN COMITTA			Fre	om:	11/23/20	:	12/31/2021			
		'		DATE AMO						
Full Name of Contributing Committee PA EMERGENCY PHYSICIANS PAC				мо	DAY	YEAR				
Mailing Address				12	20	2021	\$	250.00		
City	State	Zip Code (Plus 4	1)	12	20	2021				
Full Name of Contributing Committee				мо	DAY	YEAR				
PA ASSN OF DEER FARMERS PAC				1-10	DA!	ILAK				
Mailing Address 200 N 3RD ST S	ΓΕ 1500	_		12	20	2021	\$	250.00		
City HARRISBURG	State	Zip Code (Plus 4	1)							
	PA	171011590								

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

PAGE TOTAL 500.00

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 Filing Committee	or Candidate		Rep	orting P	eriod			
			Froi	m:		To):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
							l	
Mailing Address							\$	0.00
Mailing Address City	State	Zip Code (Plus 4)				\$	0.00

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

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			
FRIENDS OF CAROLYN COMITTA			From:	11/2	23/2021	То:	12/31/2021
		·		DA	\TE		AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	
APSCUF/CAP PA							\$ 1,000.00
Mailing Address 319 N FRONT ST				11	24	2021	
City HARRISBURG	State	Zip Code	e (Plus 4)				
	PA	171011	203				
Full Name of Contributing Committee BANKS CHANNEL PAC				МО	DAY	YEAR	\$ 1,000.00
Mailing Address 227 STATE ST 2ND	FL.			12	20	2021	1,000.00
City HARRISBURG	State	Zip Code	e (Plus 4)	. 12	20	2021	
	PA	171011	191				
Full Name of Contributing Committee							
DUANE MORRIS LLP GOVERNMENT COM	1MITTEE STATE &amr	o: LOCAL	FUND	МО	DAY	YEAR	
Mailing Address 30 S 17TH ST		,					\$ 500.00
City PHILADELPHIA	State	Zin Code	e (Plus 4)	12	20	2021	
THEADELINEA	PA	191034					
	1.77	13100.		l	1		<u> </u>
Full Name of Contributing Committee	_			МО	DAY	YEAR	
INDEPENDENCE BLUE CROSS (IBC) PAC							\$ 250.00
Mailing Address 1901 MARKET ST	Γ	T		12	20	2021	
City PHILADELPHIA	State		e (Plus 4)				
	PA	191031	480				
Full Name of Contributing Committee				МО	DAY	YEAR	
INDEPENDENCE BLUE CROSS (IBC) PAG							\$ 250.00
Mailing Address 1901 MARKET ST				12	20	2021	
City PHILADELPHIA	State	Zip Code	e (Plus 4)				
	PA	191031	480				
Full Name of Contributing Committee				мо	DAY	YEAR	
INTERNATIONAL PAPER PAC				MO	DAT	TEAR	\$ 500.00
Mailing Address 1101 PENNSYLVANIA	A AVE NW STE 200			12	20	2021	
City WASHINGTON	State	Zip Code	e (Plus 4)	1 **	20	2021	
	DC	200042	517				

Full Name of Contributing Committee			мо	DAY	YEAR	
PECO PAC			1.0	5711	· Z	\$ 1,000.00
Mailing Address 2301 MARKET ST # 9	514-2		12	20	2021	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City PHILADELPHIA	State	Zip Code (Plus 4)	12	20	2021	
	PA	191031338				
Full Name of Contributing Committee			мо	DAY	YEAR	
PSEA-PACE				5711		\$ 500.00
Mailing Address 400 N 3RD ST P.O. BOX 1724		12	20	2021		
City HARRISBURG	State	Zip Code (Plus 4)				
	PA	171011385				
Full Name of Contributing Committee			мо	DAY	YEAR	
UFCW LOCAL 1776				2711		\$ 500.00
Mailing Address 3031A WALTON RD	STE 201		12	20	2021	
City PLYMOUTH MEETING	State	Zip Code (Plus 4)			2021	
	PA	194622369				

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

PAGE TOTAL\$ 5,500.00

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			
			Froi	m:		To):	
				D	ATE		Α	MOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupa	tion	•		
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Si	ummary Page	e, Secti	on 3.			P	AGE 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 o	or Candidate		Report	ting Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description	•	,			I		
				_			PAGE TOTAL
Enter Grand Total of Part I	± on Schedule 1, Detailed	Summary Page,	Section	4.			\$ 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 Peri	od	
FRIENDS OF CAROLYN COMITTA	From:	<u>11/23/2021</u> To:	12/31/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	र	
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 Candidate			Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Rep	porting	Period			
			Fro	om:		To:		
					DATE		A	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address			-				\$	0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor	•	•		Occup	ation		•	
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Co	ntribution
Enter Grand Total of Part G on Scho	edule II. In-Kin	nd Contributions D	etaile	ed			P	AGE TOTAL
Summary Page, Section 3.	, -			-				0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting I	Period		
FRIENDS OF CAROLYN COMITTA	From	11/23/2021	То:	12/31/2021

Mo								
Mo			DATE					AMOUNT
Mailing Address 3901 CENTERVIEW DR STE W 12 2 2021 \$ 22.50	To Whom Paid			МО	DAY	YEAR		
State Zip Code (Plus 4) Description of Expenditure MRRCHANT CARD FEES NOV 2021	DIRECT CONNECT							
TO Whom Paid SANTARSIERO FOR STATE SENATE Mailing Address PO BOX 671 To Whom Paid SENATE DEMOCRATIC CAMPAIGN COMMITTEE Mailing Address PO BOX 59358 City PHILADELPHIA State PA 191029358 To Whom Paid DARRETT SMITH Mailing Address State Zip Code (Plus 4) 191029358 To Whom Paid DARRETT SMITH Mailing Address State Zip Code (Plus 4) 191029358 To Whom Paid DARRETT SMITH Mailing Address State Zip Code (Plus 4) 191029358 To Whom Paid DARRETT SMITH Mailing Address State Zip Code (Plus 4) 191029358 To Whom Paid DARRETT SMITH Mailing Address State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION To Whom Paid DARRETT SMITH Mailing Address To Whom Paid DARRETT SMITH Mailing Address State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION PAGE TOTAL PAGE TOTAL	Mailing Address 3901 CENTERVIEW DR STE W			12	2	2021	\$	22.50
Mo	City CHANTILLY	State	Zip Code (Plus 4)	Description of Expenditure				
Mo		VA	201513229	MERCHANT CARD FEES NOV 2021				
City NEWTOWN State PA State 189400671 Description of Expenditure CONTRIBUTION To Whom Paid SENATE DEMOCRATIC CAMPAIGN COMMITTEE Mailing Address PO BOX 59358 12 15 2021 \$ 10,000.00 City PHILADELPHIA State PA 191029358 CONTRIBUTION To Whom Paid DAY YEAR DARRETT SMITH Mo DAY YEAR DAY YEAR State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION To Whom Paid DAY YEAR DAY	To Whom Paid SANTARSIERO FOR STATE SENATE				DAY	YEAR		
TO Whom Paid SENATE DEMOCRATIC CAMPAIGN COMMITTEE Mailing Address PO BOX 59358 12 15 2021 \$ 10,000.00 City PHILADELPHIA State PA 191029358 CONTRIBUTION TO Whom Paid PA 191029358 PA 250.00 City State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION To Contribution Paid PA 250.00 City State Page 1, Report Cover Page, Item D.	Mailing Address PO BOX 671			11	30	2021	\$	1,000.00
To Whom Paid SENATE DEMOCRATIC CAMPAIGN COMMITTEE Mailing Address PO BOX 59358 12 15 2021 \$ 10,000.00 City PHILADELPHIA State PA 191029358 CONTRIBUTION To Whom Paid DARRETT SMITH Mailing Address 12 1 2021 \$ 250.00 City State Zip Code (Plus 4) PA PER PA 191029358 City State Zip Code (Plus 4) PER PA 250.00 City PHILADELPHIA PA 191029358 CONTRIBUTION PAGE TOTAL PAGE TOTAL	City NEWTOWN	State	Zip Code (Plus 4)	Description of Expenditure				
SENATE DEMOCRATIC CAMPAIGN COMMITTEE Mailing Address PO BOX 59358 12 15 2021 \$ 10,000.00 City PHILADELPHIA State PA 191029358 CONTRIBUTION To Whom Paid PARETT SMITH Mailing Address PO BOX 59358 Light Code (Plus 4) PARETT SMITH Mod DAY		PA	189400671	CONTRIBUTION				
City PHILADELPHIA State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION To Whom Paid Mailing Address 12 1 2021 \$ 250.00 City State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION PAGE TOTAL PAGE TOTAL	To Whom Paid SENATE DEMOCRATIC CAMPAIGN COMMITTEE			мо	DAY	YEAR		
To Whom Paid DARRETT SMITH Mailing Address State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION PAGE TOTAL PAGE TOTAL	Mailing Address PO BOX 59358			12	15	2021	\$	10,000.00
To Whom Paid DARRETT SMITH Mailing Address State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION PAGE TOTAL PAGE TOTAL	City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure				
MO DAY YEAR Mailing Address 12 1 2021 \$ 250.00 City State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.		PA	191029358	CONTRIBUTION				
City State Zip Code (Plus 4) Description of Expenditure CONTRIBUTION PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	To Whom Paid JARRETT SMITH			МО	DAY	YEAR		
CONTRIBUTION PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	Mailing Address			12	1	2021	\$	250.00
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	City	State	Zip Code (Plus 4)					
								PAGE TOTAL
	Enter Grand Total of Expendit	ures on Page 1, Re	port Cover Page, Item D).			\$	11,272.50