## Commonwealth of Pennsylvania

## Campaign Finance Report

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


## 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 $\quad$ Signature of Person Submitting Report

| My Commission Expires | Signature |  |  | Printed Name |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  | Email |
|  | MO | DAY | YR | Area Code | Daytime Telephone Number |

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.
 No 320) as amended.
Sworn to and subscribed before me this


| Signature of Candidate |  |
| :--- | :---: |
| Printed Name |  |
| Email |  |
| Area Code |  |

## SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

## Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Period |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| FRIENDS OF CAROLYN COMItta | From: | 11/23/2021 |  | 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 $\mathbf{\$ 2 5 0 . 0 0}$ (From Part C and Part D) |  |  |
| :--- | :--- | :--- |
| Contributions Received From Political Committees (Part C) | $\mathbf{\$}$ |  |
| All Other Contributions (Part D) | TOTAL for the Reporting Period | (3) |
|  | $\$$ | 0.000 .00 |

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)

|  | TOTAL for the Reporting Period | (4) |
| :--- | :--- | :--- |$\$$| \$ |
| :--- |




## PART C <br> Contributions Received From Political Committees OVER $\$ 250.00$ <br> 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 FRIENDS OF CAROLYN COMITTA |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | 11/2 | /2021 | To: |  |  |
|  |  |  |  | DATE |  |  | AMOUNT |  |
| Full Name of Contributing Committee APSCUF/CAP PA |  |  |  | MO | DAY | YEAR | \$ | 1,000.00 |
| Mailing Address 319 N FRONT ST |  |  |  | 11 | 24 | 2021 |  |  |
| City | HARRISBURG | State PA | $\begin{aligned} & \text { Zip Code (Plus 4) } \\ & 171011203 \end{aligned}$ |  |  |  |  |  |
| Full Name of Contributing Committee BANKS CHANNEL PAC |  |  |  | MO | DAY | YEAR | \$ | \$ 1,000.00 |
| Mailing Address 227 STATE ST 2ND FL. |  |  |  | 12 | 20 | 2021 |  |  |
| City | HARRISBURG | State PA | $\begin{aligned} & \text { Zip Code (Plus 4) } \\ & 171011191 \end{aligned}$ |  |  |  |  |  |
| Full Name of Contributing Committee <br> DUANE MORRIS LLP GOVERNMENT COMMITTEE STATE \& LOCAL FUND |  |  |  | MO | DAY | YEAR | \$ | \$ 500.00 |
| Mailing Address 30 S 17TH ST |  |  |  | 12 | 20 | 2021 |  |  |
| City | PHILADELPHIA | $\begin{gathered} \text { State } \\ \text { PA } \end{gathered}$ | $\begin{aligned} & \text { Zip Code (Plus 4) } \\ & 191034016 \end{aligned}$ |  |  |  |  |  |
| Full Name of Contributing Committee INDEPENDENCE BLUE CROSS (IBC) PAC |  |  |  | MO | DAY | YEAR | \$ | 250.00 |
| Mailing Address 1901 MARKET ST |  |  |  | 12 | 20 | 2021 |  |  |
| City | PHILADELPHIA | $\begin{aligned} & \text { State } \\ & \text { PA } \end{aligned}$ | $\begin{aligned} & \text { Zip Code (Plus 4) } \\ & 191031480 \end{aligned}$ |  |  |  |  |  |
| Full Name of Contributing Committee INDEPENDENCE BLUE CROSS (IBC) PAC |  |  |  | MO | DAY | YEAR | \$ | 250.00 |
| Mailing Address 1901 MARKET ST |  |  |  | 12 | 20 | 2021 |  |  |
| City | PHILADELPHIA | State PA | $\begin{aligned} & \text { Zip Code (Plus 4) } \\ & 191031480 \end{aligned}$ |  |  |  |  |  |


| Full Name of Contributing Committee INTERNATIONAL PAPER PAC |  |  | MO | DAY | YEAR | \$ | 500.00 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Mailing Address 1101 PENNSYLVANIA AVE NW STE 200 |  |  | 12 | 20 | 2021 |  |  |
| City WASHINGTON | $\begin{array}{\|c} \hline \text { State } \\ \text { DC } \end{array}$ | Zip Code (Plus 4) 200042517 |  |  |  |  |  |
| Full Name of Contributing Committee PECO PAC |  |  | MO | DAY | YEAR | \$ | 1,000.00 |
| Mailing Address 2301 MARKET ST \# S14-2 |  |  | 12 | 20 | 2021 |  |  |
| City PHILADELPHIA | $\begin{gathered} \text { State } \\ \text { PA } \end{gathered}$ | $\begin{aligned} & \hline \text { Zip Code (Plus 4) } \\ & 191031338 \end{aligned}$ |  |  |  |  |  |
| Full Name of Contributing Committee PSEA-PACE |  |  | MO | DAY | YEAR | \$ | 500.00 |
| Mailing Address $\quad 400$ N 3RD ST P.O. BOX 1724 |  |  | 12 | 20 | 2021 |  |  |
| City HARRISBURG | $\begin{gathered} \text { State } \\ \text { PA } \end{gathered}$ | $\begin{aligned} & \hline \text { Zip Code (Plus 4) } \\ & 171011385 \end{aligned}$ |  |  |  |  |  |
| Full Name of Contributing Committee UFCW LOCAL 1776 |  |  | MO | DAY | YEAR | \$ | 500.00 |
| Mailing Address 3031A WALTON RD STE 201 |  |  | 12 | 20 | 2021 |  |  |
| City PLYMOUTH MEETING | $\begin{gathered} \text { State } \\ \text { PA } \end{gathered}$ | Zip Code (Plus 4) $194622369$ |  |  |  |  |  |
|  |  |  |  |  |  | PAGE TOTAL |  |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. |  |  |  |  |  | \$ | 5,500.00 |

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 |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Mailing <br> Address |  |  |  |  |
| City | State |  |  |  |
| Employer Name |  |  |  |  |
| Employer Mailing Address/Principal Place of <br> Business | Clus 4) |  |  |  |

## PART E <br> 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 |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| FRIENDS OF CAROLYN COMITTA | From: | 11/23/2021 | To: | 12/31/2021 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR |  |  |  |  |
| TOTAL for the Reporting Period | od (1) | \$ |  | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$ $\mathbf{5 0 . 0 1}$ TO \$ $\mathbf{2 5 0 . 0 0}$ (FROM PART F) |  |  |  |  |
| TOTAL for the Reporting Period | od (2) | \$ |  | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER $\mathbf{\$ 2 5 0 . 0 0}$ (FROM PART G) |  |  |  |  |
| TOTAL for the Reporting Period | od (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 <br> IN-KIND CONTRIBUTIONS RECEIVED <br> VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | Reporting Period |
| :--- | :--- |
|  | From: |

DATE AMOUNT

| Full Name of Contributor |  |  | MO | DAY | YEAR | \$ | 0.00 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Mailing Address |  |  |  |  |  |  |  |
| 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 $\mathbf{\$ 2 5 0 . 0 0}$


SCHEDULE III
STATEMENT OF EXPENDITURES
\(\left.\begin{array}{|l|lll|}\hline Name of Filing Committee or Candidate \& Reporting Period \& \& <br>

FRIENDS OF CAROLYN COMITTA \& From \& 11 / 23 / 2021 \& To:\end{array}\right] 12 / 31 / 2021\)|  |
| :--- |


|  |  |  | DATE |  |  |  | AMOUNT |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| To Whom Paid DIRECT CONNECT |  |  | MO | DAY | YEAR |  |  |
| Mailing Address 3901 CENTERVIEW | DR STE |  | 12 | 2 | 2021 | \$ | 22.50 |
| City CHANTILLY | State <br> VA | $\begin{aligned} & \hline \text { Zip Code (Plus 4) } \\ & 201513229 \end{aligned}$ | Description of Expenditure <br> MERCHANT CARD FEES NOV 2021 |  |  |  |  |
| To Whom Paid SANTARSIERO FOR STATE SENATE |  |  | MO | DAY | YEAR |  |  |
| Mailing Address PO BOX 671 |  |  | 11 | 30 | 2021 | \$ | 1,000.00 |
| City NEWTOWN | State <br> PA | $\begin{gathered} \hline \text { Zip Code (Plus 4) } \\ 189400671 \end{gathered}$ | Description of Expenditure CONTRIBUTION |  |  |  |  |



| To Whom Paid <br> JARRETT SMITH |  | MO | DAY | YEAR |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| Mailing Address | State |  |  |  |  |
| City |  | 12 |  |  |  |

