Campaign Finance Report

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

Filer Identification 20140157 Number:						Report Filed By:		CAND	IDATE		COM	MITTEE		LOBBYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		FRII	END	S OF	JOE TO	RSELLA				•			
Street Address:	602 CREEK L	ANE														
City:	FLOURTOWN							State:	PA			Zip Cod	le: 19	9031		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- 5. 30 DAY PO ELECTION ELECTION					POST-	6.		TERMINA REPORT?		Yes	No	~	
report type)	ANNUAL REPORT	7. X	Year 2021					IG METH CHECK (PAPER		\checkmark	DISKE	TE
Name of Office S	Sought by Candida	ite:						DATE	OF ELE	CTIC	ON	District Number	Office Code	Part	y Code	County Code
								МО	DAY	Υ	EAR		15555			
								1	1	2	2021		(SEE IN	ISTRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures			11 23	20	021	Т	<u> </u>	1	2	31	2021					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			20,	185.02					
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			22,	828.86					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			43,	013.88					
D. Total Expend	ditures (From Sch	edule II	I)				\$				0.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$			43,0	013.88					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Scl	hedu	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From	Schedule IV)	١			\$				0.00			'		
				AFF	IDA	AVI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	[f th	nis is	a Can	ididate i	report,	candi	date sig	n here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding th	e attached sche	edules	file	d on	paper (or by elec	tronic m	ediun	ı, are to t	he best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed before me thi	s	20							:	Signature	of Perso	1 Submit	ting Rep	ort	
	Signati	Ire.					-					Prin	ted Name	e		
My Commission Ex	-	ii e							-			Emai	il			
	МО	D	AY	YR			_		Aı	ea Co	de	Daytim	e Telepi	none Nur	nber	
Part II- If this is	a report of a can	didate's	authorized C	Comm	nitte	ee, C	andida	ate shal	l sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	f this	polit	itical	commi	ittee has	not viola	ited ai	ny provis	ions of the	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc	ribed before me this										s	ignature o	f Candid	ate		
	day of 						_					Drints	d Name			
	Signature						-									
My Commission Exp	-										_	Ema	il	_	_	
	МО	D	AY	YR			•		Area	Code		Da	ytime T	elephone	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JOE TORSELLA	From:	11/23/20	2 <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)	\$	22,828.86
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			\$	22,828.86

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

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 Filing Committee of Camulate				Reporting Period From: To:				
			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 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			Rep	orting Pe	riod				
			Fror	n:		То	То:		
				D/	ATE		A	MOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	5 4)						
Employer Name				Occupat	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 Su	ımmary Page,	Section	on 3.			F	PAGE TOTAL	
						4	•	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	
FRIENDS OF JOE TORSELLA	From:	<u>11/23/2021</u> To:	12/31/2021

			D	ATE		AMOUNT
Full Name WIN CREATIVE, LLC			МО	DAY	YEAR	
Mailing Address 59 FRANKLIN STREET APT 306			12	30	2021	\$ 22,828.86
City NEW YORK	State NY	Zip Code (Plus 4) 100134026	12	30	2021	
Receipt Description REFUN	D					

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

PAGE TOTAL22,828.86

\$

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 Per	iod	
FRIENDS OF JOE TORSELLA	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	R	
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re				Reporting Period				
Fr				From: To:				
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting F	Period				
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor						Occupa	tion			
Employer Mailing Address/Principal Pl Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on So Summary Page, Section 3.	hedule II,	In-Kind	Contribution	ons De	taile	ed				PAGE TOTAL 0.00
								1		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporti						
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00