### **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 2022	2C1129			Repo Filed			CAND	DIDATE COMMITTEE LOBBYIST					•				
Name of Filing C	Committee, Candid	late or L	obbyist:	•	SOLO	MC	N, JA	ARED G										
Street Address:																		
City:	_							State:					Zip Code	e: 19	149			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		30 DA PRIMA		POST	Γ- 3	3.		AMENDME REPORT?	NT	Yes		lo	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		30 DA		POST	Γ- 6	j.		TERMINAT REPORT?	ΓΙΟΝ	Yes		lo	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022					IG METH CHECK (					PAPER		$\checkmark$	DIS	ETTE	
Name of Office S	Sought by Candida	ite:	-					DATE	OF E	LEC.	TION		District Number	Office Code	Par	ty Cod	e Cou	
								МО	DA	Y	YEAR		202	STH	DEI	1	51	
REPRESENTATI	VE IN THE GENE	RAL ASS	EMBLY					1	1	8	3 20	)22		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of	Receipts and	МО	DAY	YEAR				МО	DA	·Υ	YEAR		FOR	OFFIC	E USE	ONL	1	
Expenditures	from:		1 1	20	022	T	0		5	2	2 20	)22						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-			0.	.00						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 519.81																		
C. Total Funds Available (Sum Of Lines A and B) \$ 519.81																		
D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash Balance (Subtract Line D From Line C) \$ 519.81																		
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$				0.	00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	<b>'</b> )			\$				0.	00						
				AFF	IDA۱	VΙ٦	ſ SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. 1	If this	is	a Car	ndidate	repor	t, ca	ndidate	sig	n here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached sc	hedules	filed	on p	oaper (	or by elec	troni	c med	lium, are	to t	he best of	my knov	wledge	and be	elief , tı	rue
Sworn to and subs	cribed before me thi day of	s	20						_		Signa	ture	of Person	Submit	ing Re	ort		_
	Signati						-		_				Printe	ed Name				_
My Commission Ex	_	ii e											Email					_
	МО	Di	AY	YR			•			Area	Code		Daytime	Teleph	one Nu	mber		_
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee	, Ca	ndid	ate shal	l sigr	n her	e.							
I swear (or affirm) No 320) as amende	that to the best of led.	my knowle	edge and beli	ef this	politic	al (	comm	ittee has	not vi	iolate	d any pr	ovisi	ons of the	act of J	une 3,1	937 (F	.L. 133	з,
Sworn to and subsc	ribed before me this											Si	gnature of	Candida	ate			-
	day of						•		_				Drinta	Nama				_
	Signature												Printed	wame				
My Commission Exp	_												Email					- $ $
	мо	D	AY	YR					A	rea Co	ode		Day	time T	elephor	ne Nun	ber	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period							
SOLOMON, JARED G	From:	1/1/202	<u>2</u> To:	5/2/2022					
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	\$	0.00							
3. Contributions Received Over \$250.00 (From Part C and Part D)									
Contributions Received From Political Committees (Part C)			\$	519.81					
All Other Contributions (Part D)			\$	0.00					
TOTAL for the Reporting	Period	(3)	\$	519.81					
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		\$	519.81						

#### **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							
		Fi	rom:		То	:				
		•		DATE			AMOUNT			
Full Name of Contributing Comm	ittee		МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								

PAGE TOTAL
0.00

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

### 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				Reporting Period						
			From: To:			<b>)</b> :				
		•			DATE			AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)	)							
						1				

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							
SOLOMON, JARED G	From:	1/1/2022	То:	5/2/2022				

DATE AMOUNT

Full Name of Contributing Committee	мо	DAY	YEAR			
Friends of Jared Solomon					127110	<b>\$</b> 519.81
Mailing Address PO Box 7522			2	28	2022	
City Philadelphia	State	Zip Code (Plus 4)	_	20	2022	
	PA	19101				

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

**PAGE TOTAL** 519.81

### 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					
				Fron	From:				То:		
					DATE				AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	R	\$		0.00
Mailing Address											
City	State Zip Code (Plus 4)			s 4)							
Employer Name					Occupation						
Employer Mailing Address/Principal Plac	e of Business		City		•	State		z	ip Co	ode (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.								\$		PAGE TOTAL	
							L				

## 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	Name of Filing Committee or Candidate			ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Period	I						
SOLOMON, JARED G	From:	<u>1/1/2022</u> <b>To:</b>	<u>5/2/2022</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR							
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Car	lame of Filing Committee or Candidate					Reporting Period					
			From:			To					
				DATE			AMOUNT				
Full Name of Contributor	МО	DAY	YEAR								
Mailing Address						<b>7</b> \$		0.00			
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•		•					
					-						
Enter Grand Total of Part F o	ailed Summary Page,			PAGE TOTAL							
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	From:			То:			
					DATE				AMOUNT		
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 Place of Business City				State	e Zip	Code(Plus 4)	Descri	ption	of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed							PAGE TOTAL				
Summary Page, Section 3.								0.00			

## SCHEDULE III STATEMENT OF EXPENDITURES

ame of Filing Committee or Candidate				Reporting Period					
	From			То:					
		DATE			AMOUNT				
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip						
Entar Grand Total of Evnanditures on Dago 1. Deport Cover Dago. Item I							PAGE TOTAL		
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D			<i>,</i> .			\$	0.00		