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 2018	30169			Repor Filed I		CANDI	DATE		СОМІ	MITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		FRIEND	S OF	DAVE DE	LLOSC)							
Street Address:	219 GRAYLIN	IG AVE,A	APT 3													
City:	NARBERTH						State:	PA			Zip Code: 19072					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2. X	30 D/ PRIM		POST-	3.		AMENDMENT REPORT?		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					AY I TION	POST- 6.			TERMIN/ REPORT		Yes	No	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2022				NG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Lead to be cardida	te:					DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code	
							мо	DAY	YE	AR			DEN	1		
							11		8	2022		(SEE INS	TRUCTI	ONS FOR (CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY		
Expenditures	s from:		3 29	20	022	0	5	5	2	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$			96,0	03.47						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	5		4,1	.30.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5		100,1	.33.47						
D. Total Expen	ditures (From Sch	edule II	I)			\$	5		10,7	65.13						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5		89,3	68.34						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$	5		2	00.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	/)		\$	5			0.00						
				AFF	IDAVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. 1	lf this is	s a Ca	ndidate re	eport, o	candio	late sig	gn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sc	hedules	s filed on	paper	or by elect	ronic m	edium,	, are to t	the best o	f my knov	vledge	and beli	ef , true	
Sworn to and subs	cribed before me thi day of	S	20						s	ignature	e of Perso	n Submitt	ing Rep	oort		
	Signatu	Ire				_					Prin	ted Name				
My Commission Ex	-										Ema	il				
	мо	D	AY	YR				Are	ea Cod	e	Daytin	ie Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee, C	Candid	late shall	sign he	ere.							
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.																
Sworn to and subso	ribed before me this day of		20							s	ignature (of Candida	ite			
						_					Printe	ed Name				
My Commission Exp	Signature					-					Ema	il				
						_										
	мо	D	AY	YR				Area	Code		D	aytime Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF DAVE DELLOSO From: <u>3/29/2022</u> To: 5/2/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 20.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 750.00 **Contributions Received From Political Committees (Part A)** 350.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 1,100.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 3,000.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 3,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 4,120.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Repo		porting F	Period					
FRIENDS OF DAVE DELLOSO			Fre	om:	<u>3/29/20</u>	1 <u>22</u> To:	1	<u>5/2/2022</u>
					DATE			AMOUNT
Full Name of Contributing Committee CERTIFIED PUBLIC ACCOUNTANTS PAC				мо	DAY	YEAR		
Mailing Address 500 N 3RD ST S	TE 600A			4	20	2022	\$	250.00
City HARRISBURG	State PA	Zip Code (Plus 4 17101	4)					
Full Name of Contributing Committee DUANE MORRIS LLP GOVERNMENT COI	MM STATE & LO	CAL FUND		мо	DAY	YEAR		
Mailing Address 30 SOUTH 17TH	• •			4	28	2022	\$	250.00
City PHILADELPHIA	State PA	Zip Code (Plus 4 19103	4)	-	20	2022		
Full Name of Contributing Committee HIGHMARK PAC				мо	DAY	YEAR		
Mailing Address 1800 CENTER ST				4	21	2022	\$	250.00
City CAMP HILL	State PA	Zip Code (Plus 4 17089	4)					

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

PAGE TOTAL

\$

750.00

l

Use this Part to ite	emize all other 0.01 to \$250.0	L TO \$250.00 contribution 00 in the repo	s w ortir	ith an 1g peri	aggrega od.			rom	
Name of Filing Committee or Candidate Reporting Period									
FRIENDS OF DAVE DELLOSO From: 3/29/2022 To: 5/2/2022									
DATE AMOUNT									
Full Name of Contributor MO DAY YEAR JOHN MCPARLAND DAY YEAR									
Mailing Address 307 RUSSELL ST							\$	100.00	
City RIDLEY PARK	State PA	Zip Code (Plus 4 19078)	3	29	2022			
Full Name of Contributor DAVID DUNPHY				мо	DAY	YEAR			
Mailing Address 7813 WINSTON RD)						\$	250.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	4	28	2022			
	PA	19118							
Enter Grand Total of Part A on	Schedule I, Detaile	ed Summary Pag	je, So	ection 2			\$	PAGE TOTAL 350.00	

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	Name of Filing Committee or Candidate R		Reporting	g Period			
FRIENDS OF DAVE DELLOSO			From:	<u>3/2</u>	9/2022	То:	<u>5/2/2022</u>
				DA	TE		AMOUNT
Full Name of Contributing Committee LOCAL 98 IBEW				мо	DAY	YEAR	\$ 1,000.00
Mailing Address 1719 SPRING GARDE	EN ST			4	20	2022	·
City PHILADELPHIA	State	Zip Code	e (Plus 4)				
	РА	19130					
Full Name of Contributing Committee				мо	DAY	YEAR	
DRIVE CHAPTER 1776							\$ 1,000.00
Mailing Address	1	1		4	20	2022	
City	State	Zip Code	e (Plus 4)				
Full Name of Contributing Committee	•	•		мо	DAY	YEAR	
CONSTELLATION PAC				_			\$ 500.00
Mailing Address 101 CONSTITUTION	AVE NW STE 400 EA	ST		4	25	2022	
City WASHINGTON	State	Zip Code	e (Plus 4)				
	DC	20001					
Full Name of Contributing Committee PA-THA-PAC				мо	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 300				4	20	2022	500.00
City BENSALEM	State	Zip Code	e (Plus 4)	4	20	2022	
	РА	19036					
							PAGE TOTAL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$ 3,000.00

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.)

		Rep	orting Pe	riod			
		Fror	n:		Т):	
			D	ATE		AM	OUNT
			мо	DAY	YEAR	\$	0.00
State	Zip Code (Plu	s 4)					
•			Occupat	ion			
ce of Business	City			State		Zip Code	(Plus 4)
dule I, Detailed Su	ummary Page	Sectio	on 3.				GE TOTAL 0.00
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA State Zip Code (Plus 4) Occupat	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code

PART E **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			Report	ing Perio	d			
			From:			То:		
				D	ATE		AMOUNT	2
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus 4)					
Receipt Description	•				•			
		_					PAGE TO	TAL
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary 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 Period	I	
FRIENDS OF DAVE DELLOSO	From:	<u>3/29/2022</u> то:	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	200.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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		\$	200.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period			
FRIENDS OF DAVE DELLOSO			From:	<u>3</u> /	/29/2022	То:	<u>5/2/2022</u>
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
SHAWN CONRAN			MO	BAI		\$	100.00
Mailing Address 427 JOHNSON AVE			4	1	2022	1 ₹	100.00
City RIDLEY PARK	State	Zip Code (Plus 4)		_			
	PA	19078					
Description of Contribution: CAMPAIG	N OFFICE	ł		•			
Full Name of Contributor			мо	DAY	YEAR		
SHAWN CONRAN						\$	100.00
Mailing Address 427 JOHNSON AVE			5	1	2022] *	100.00
City RIDLEY PARK	State	Zip Code (Plus 4)		_			
	PA	19078					
Description of Contribution: CAMPAIG	N OFFICE	1	-	•		•	
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	je,		PAGE TOTAL
						\$	200.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate			Rep	porting I	Period		
			Fro	m:		То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupa	ation		
Employer Mailing Address/Principal Plac	e of Business (City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	l Contributions D	etaile	d			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
FRIENDS OF DAVE DELLOSO			From	<u>3/29</u>	9/2022	То:	<u>5/2/2022</u>
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
DELAWARE COUNTY DEMOCRATIC PAR	ΓY						
Mailing Address 104 GAYLEY ST			4	6	2022	\$	600.00
City MEDIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	РА	19063	CONTRI	BUTION			
To Whom Paid USPO			мо	DAY	YEAR		
Mailing Address 144 N NARBERTH AV	/E		4	6	2022	\$	3.47
City NARBERTH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA 19072			POSTAG	θE			
To Whom Paid STAPLES			мо	DAY	YEAR		
Mailing Address 933 MONTGOMERY	AVE		4	7	2022	\$	7.21
City NARBERTH	State	Zip Code (Plus 4)	Descrip	i tion of Exp	enditure		
	PA	19072	COPIES				
To Whom Paid			мо	DAY	YEAR		
STAPLES							14 69
Mailing Address 933 MONTGOMERY	AVE		4	11	2022	\$	14.68
City	State	Zip Code (Plus 4)		tion of Exp	enditure		
			COPIES				
To Whom Paid MCGRATHS			мо	DAY	YEAR		
Mailing Address 202 LOCUST AVE			4	29	2022	\$	620.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	17101	FOOD/F	ROOM FOR	EVENT		
To Whom Paid PNC			мо	DAY	YEAR		
Mailing Address PO BOX 747066			4	11	2022	\$	24.95
City PITTSBURG	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	1	
	PA	152747066	MERCY	BANK FEES	5		

To Whom Paid										
MORTON BOROUGH			мо	DAY	YEAR					
Mailing Address 500 HIGHI	LAND AVE		4	1	2022	\$	1,777.33			
City MORTON	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	19070	HEALTHCARE							
To Whom Paid			мо	DAY	VEAD					
MARLENE RICHMOND			мо	DAT	YEAR					
Mailing Address 219 GRAY	LING AVE. 3		4	1	2022	\$	7,000.00			
City NARBERTH	State	Zip Code (Plus 4)	Descrip	ition of Exp	enditure					
	PA	19072	CONSU	LTING						
To Whom Paid CHELTENHAM PRINTING COM	PANY		мо	DAY	YEAR					
Mailing Address 518 RYERS	S AVE		5	1	2022	\$	667.80			
City CHELTENHAM	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure					
	PA		MARLENE RICHMOND							
To Whom Paid MARLENE RICHMOND			мо	DAY	YEAR					
Mailing Address 219 GRAY	LING AVE		5	1	2022	\$	100.00			
City NARBERTH	State	Zip Code (Plus 4)	Descrip	i tion of Exp	enditure					
PA 19072				IRSEMENT	MONEY C	ORDER				
						PAGE TOTAL				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	10,815.44				