

Campaign Finance Report

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

Filer Identification Number : 20180169		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF DAVE DELLOSO										
Street Address: 219 GRAYLING AVE,APT 3										
City: NARBERTH				State: PA		Zip Code: 19072				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2022	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR	DEM			
				11	8	2022	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:	MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
	3	29	2022		5	2	2022			
A. Amount Brought Forward From Last Report				\$ 96,003.47						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 4,130.00						
C. Total Funds Available (Sum Of Lines A and B)				\$ 100,133.47						
D. Total Expenditures (From Schedule III)				\$ 10,765.13						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 89,368.34						
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 200.00						
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 0.00						

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

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

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.

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 subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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: <u>5/2/2022</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 20.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 750.00
All Other Contributions (Part B)	\$ 350.00
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
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 3,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 4,120.00
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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 FRIENDS OF DAVE DELLOSO	Reporting Period From: <u>3/29/2022</u> To: <u>5/2/2022</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee HIGHMARK PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 1800 CENTER ST			4	21	2022	
City CAMP HILL	State PA	Zip Code (Plus 4) 17089				

Full Name of Contributing Committee DUANE MORRIS LLP GOVERNMENT COMM STATE & LOCAL FUND			MO	DAY	YEAR	\$ 250.00
Mailing Address 30 SOUTH 17TH ST			4	28	2022	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				

Full Name of Contributing Committee CERTIFIED PUBLIC ACCOUNTANTS PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address 500 N 3RD ST STE 600A			4	20	2022	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

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

PAGE TOTAL
\$ 750.00

PART B
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 FRIENDS OF DAVE DELLOSO	Reporting Period From: <u>3/29/2022</u> To: <u>5/2/2022</u>
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				DATE			AMOUNT	
Full Name of Contributor JOHN MCPARLAND					MO	DAY	YEAR	\$ 100.00
Mailing Address 307 RUSSELL ST					3	29	2022	
City RIDLEY PARK		State PA	Zip Code (Plus 4) 19078					

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
DAVID DUNPHY							
Mailing Address 7813 WINSTON RD				4	28	2022	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19118					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 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 FRIENDS OF DAVE DELLOSO	Reporting Period From: <u>3/29/2022</u> To: <u>5/2/2022</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee LOCAL 98 IBEW				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1719 SPRING GARDEN ST				4	20	2022	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19130					
Full Name of Contributing Committee DRIVE CHAPTER 1776				MO	DAY	YEAR	\$ 1,000.00
Mailing Address				4	20	2022	
City	State	Zip Code (Plus 4)					
Full Name of Contributing Committee CONSTELLATION PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 101 CONSTITUTION AVE NW STE 400 EAST				4	25	2022	
City WASHINGTON	State DC	Zip Code (Plus 4) 20001					
Full Name of Contributing Committee PA-THA-PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 300				4	20	2022	
City BENSALEM	State PA	Zip Code (Plus 4) 19036					

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

PAGE TOTAL
\$ 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.)

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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	Reporting Period From: To:
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			DATE	AMOUNT
Full Name	MO	DAY	YEAR	
Mailing Address				\$ 0.00
<div style="display: flex; justify-content: space-between;"> City State Zip Code (Plus 4) </div>				
Receipt Description				

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

PAGE TOTAL
\$ 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	
FRIENDS OF DAVE DELLOSO		From: <u>3/29/2022</u> To: <u>5/2/2022</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 200.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(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.)			\$ 200.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate FRIENDS OF DAVE DELLOSO	Reporting Period From: <u>3/29/2022</u> To: <u>5/2/2022</u>
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				DATE		AMOUNT
Full Name of Contributor SHAWN CONRAN				MO	DAY	YEAR
Mailing Address 427 JOHNSON AVE				4	1	2022
City RIDLEY PARK	State PA	Zip Code (Plus 4) 19078				
\$ 100.00						
Description of Contribution: CAMPAIGN OFFICE						
Full Name of Contributor SHAWN CONRAN				MO	DAY	YEAR
Mailing Address 427 JOHNSON AVE				5	1	2022
City RIDLEY PARK	State PA	Zip Code (Plus 4) 19078				
\$ 100.00						
Description of Contribution: CAMPAIGN OFFICE						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 200.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DAVE DELLOSO	From <u>3/29/2022</u> To: <u>5/2/2022</u>

DATE				AMOUNT
To Whom Paid DELAWARE COUNTY DEMOCRATIC PARTY	MO	DAY	YEAR	
Mailing Address 104 GAYLEY ST	4	6	2022	\$ 600.00
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure CONTRIBUTION	
To Whom Paid USPO	MO	DAY	YEAR	
Mailing Address 144 N NARBERTH AVE	4	6	2022	\$ 3.47
City NARBERTH	State PA	Zip Code (Plus 4) 19072	Description of Expenditure POSTAGE	
To Whom Paid STAPLES	MO	DAY	YEAR	
Mailing Address 933 MONTGOMERY AVE	4	7	2022	\$ 7.21
City NARBERTH	State PA	Zip Code (Plus 4) 19072	Description of Expenditure COPIES	
To Whom Paid STAPLES	MO	DAY	YEAR	
Mailing Address 933 MONTGOMERY AVE	4	11	2022	\$ 14.68
City	State	Zip Code (Plus 4)	Description of Expenditure COPIES	
To Whom Paid MCGRATHS	MO	DAY	YEAR	
Mailing Address 202 LOCUST AVE	4	29	2022	\$ 620.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure FOOD/ROOM FOR EVENT	

To Whom Paid PNC			MO	DAY	YEAR	
Mailing Address PO BOX 747066			4	11	2022	
City PITTSBURG	State PA	Zip Code (Plus 4) 152747066	Description of Expenditure MERCY BANK FEES			

To Whom Paid MORTON BOROUGH			MO	DAY	YEAR	
Mailing Address 500 HIGHLAND AVE			4	1	2022	
City MORTON	State PA	Zip Code (Plus 4) 19070	Description of Expenditure HEALTHCARE			

To Whom Paid MARLENE RICHMOND			MO	DAY	YEAR	
Mailing Address 219 GRAYLING AVE. 3			4	1	2022	
City NARBERTH	State PA	Zip Code (Plus 4) 19072	Description of Expenditure CONSULTING			

To Whom Paid CHELTENHAM PRINTING COMPANY			MO	DAY	YEAR	
Mailing Address 518 RYERS AVE			5	1	2022	
City CHELTENHAM	State PA	Zip Code (Plus 4)	Description of Expenditure MARLENE RICHMOND			

To Whom Paid MARLENE RICHMOND			MO	DAY	YEAR	
Mailing Address 219 GRAYLING AVE			5	1	2022	
City NARBERTH	State PA	Zip Code (Plus 4) 19072	Description of Expenditure REIMBURSEMENT MONEY ORDER			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 10,815.44

