Campaign Finance Report

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

Filer Identificat	ion 20)140157			Repor	t	CANDI	DATE	СОМ	MITTEE	\checkmark	LOB	BYIST		
Number :	20				Filed	By:					4				
Name of Filing			obbyist:		FRIEND	DS OF	JOE TOR	SELLA							
Street Address:	602 CREE	(LANE													
City:	FLOURTOW	/N					State: PA Zip Code:					e: 19031			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMARY		- 2.	30 DA PRIM		POST-	3.	AMENDI REPORT		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRII ELECTIO		E- 5.	30 D/ ELEC		POST-	6.	TERMIN REPORT		Yes	No	\checkmark	
report type)	ANNUAL REPO	RT 7.	Year 202	22			NG METHO			PAPER		\checkmark	DISKE	TTE	
Name of Office	⊥ Sought by Cand	idate:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code	
							мо	DAY	YEAR						
							11		8 2022		(SEE IN	STRUCTI	ONS FOR (CODES)	
	Receipts and	мо	DAY	YEAF	2		мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY		
Expenditure	s from:		6	7 2	.022 1	ГО	9	1	9 2022	2					
A. Amount Bro	ought Forward F	rom Last F	Report			\$			43,013.88	;					
B. Total Monet	ary Contributio	ns And Ree	ceipts (Fr	om Sche	edule I)	\$	\$ 0.00								
C. Total Funds	Available (Sum	Of Lines A	A and B)			\$;		43,013.88	:					
D. Total Expen	ditures (From S	chedule I	II)			\$			23,500.00						
E. Ending Cast	n Balance (Subt	ract Line D	From Lin	e C)		\$			19,513.88						
F. Value Of In-	-Kind Contributi	ons Receiv	ved (From	Schedu	le II)	\$			0.00	4					
G. Unpaid Deb	ts And Obligatio	ons (From	Schedule	IV)		\$	•		0.00						
				AFF	IDAV	IT SE	CTION								
PART I - If this i	is a Committee I	report, trea	asurer sig	n here.	If this i	s a Ca	ndidate re	eport, ca	andidate si	gn here.					
I swear (or affirm correct and comp		including th	e attached	schedule	s filed on	ı paper	or by elect	ronic me	dium, are to	the best o	of my knov	vledge	and beli	ef , true	
Sworn to and sub	scribed before me day of	this	20						Signatur	e of Perso	on Submitt	ing Rep	oort		
						_				Prir	nted Name	1			
My Commission E	-	ature								Ema	ail				
	мо	D	DAY	YR		_		Are	a Code	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a c	andidate's	authoriz	ed Comr	nittee, (Candid	ate shall	sign he	re.						
I swear (or affirm No 320) as amend		of my know	ledge and b	elief this	s political	comm	iittee has n	ot violat	ed any provi	sions of th	ie act of Ji	une 3,1	937 (P.L	. 1333,	
Sworn to and subscribed before me this Signature of Candidate															
										Printe	ed Name				
My Commission Ex	Signatu pires	ire				_				Ema	ail				
-	_					_									
	мо	C	YAY	YR	ł			Area C	Code	D	aytime To	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF JOE TORSELLA From: <u>6/7/2022</u> **To:** 9/19/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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			Re	porting l	Period			
Fro				om:		:		
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
							Γ	PAGE TOTAL

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

0.00

\$

5/5/2024 3:24:02 PM

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 Candidat	e			orting P	eriod	_		
			Fro	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				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								

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 Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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:	То:

				D	ATE			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of		City		State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	······	-	,				\$		0.00

I

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	Name of Filing Committee or Candidate			ting Perio	od				
	From:	From: To:							
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailoc		Section	4				PAGE TOT	AL
		i Suillilai y Page,	Section				\$		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 JOE TORSELLA	From:	<u>6/7/2022</u> То:	<u>9/19/2022</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)	\$	0.00
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		\$	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	g Period			
	From: To:						
				DATE		АМО	UNT
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 Schedule II, In-Kind Contributions Detaile Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate					Rej	oorting P	eriod			
					From: To:					
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor			•			Occupat	tion			
Employer Mailing Address/Principal Place of City State Business				State		Zip 4)	Code(Plus	Descri	ption o	f 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

Name of Filing Committee or Candidate	2		Reportin	ng Period			
FRIENDS OF JOE TORSELLA			From	<u>6/7</u>	7/2022	То:	<u>9/19/2022</u>
				DATE			AMOUNT
To Whom Paid SHAPIRO FOR PENNSYLVANIA			мо	DAY	YEAR		
Mailing Address P.O. BOX 22635			8	30	2022	\$	15,000.00
City PHILA	PHILA State Zip Code (Plus 4) PA 19110			ition of Exp IBUTION	oenditure	•	
To Whom Paid BE THE CHANGE PA				DAY	YEAR		
Mailing Address P.O. BOX 254				30	2022	\$	5,000.00
City ROYERSFORD	State PA	Zip Code (Plus 4) 19468		ition of Exp IBUTION	penditure	1	
To Whom Paid FE HERMAN FOR PA			мо	DAY	YEAR		
Mailing Address P.O. BOX 6061			8	30	2022	\$	1,000.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15211		ition of Exp IBUTION	benditure	1	
To Whom Paid COMMITTEE TO ELECT RYAN BIZZARR	0		мо	DAY	YEAR		
Mailing Address P.O. BOX 8750			8	30	2022	\$	2,500.00
CityERIEStateZip Code (Plus 4)PA16505			-	ition of Exp IBUTION	penditure	1	
Enter Grand Total of Expenditures	on Page 1, Rep	oort Cover Page, Item D).			\$	PAGE TOTAL 23,500.00