

# 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. 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.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	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		
		5	3	2022		6	6	2022			
A. Amount Brought Forward From Last Report					\$ 89,368.34						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 40.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 89,408.34						
D. Total Expenditures (From Schedule III)					\$ 17,353.47						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 72,054.87						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 100.00						
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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF DAVE DELLOSO	From: <u>5/3/2022</u> To: <u>6/6/2022</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 40.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 40.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>

				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.

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF DAVE DELLOSO		From: <u>5/3/2022</u> To: <u>6/6/2022</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 100.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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.)			\$ 100.00



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

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF DAVE DELLOSO	<b>Reporting Period</b>  <b>From:</b> <u>5/3/2022</u> <b>To:</b> <u>6/6/2022</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
SHAWN CONRAN							
Mailing Address 614 CHESTER PIKE				5	1	2022	\$ 100.00
City NORWOOD	State PA	Zip Code (Plus 4) 19074					
Description of Contribution: OFFICE SPACE							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							<b>PAGE TOTAL</b>  \$ 100.00

**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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF DAVE DELLOSO	From <u>5/3/2022</u> To: <u>6/6/2022</u>

DATE				AMOUNT		
To Whom Paid ACTBLUE			MO	DAY	YEAR	\$ 4.05
Mailing Address PO BOX 441146			5	4	2022	
City SOMERVILLE	State MA	Zip Code (Plus 4) 021140031	Description of Expenditure FEES			
To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 51.34
Mailing Address 249 FIFTH AVE			5	2	2022	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure BANK FEES			
To Whom Paid PNC			MO	DAY	YEAR	\$ 22.72
Mailing Address 249 FIFTH AVE			6	2	2022	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure BANK FEES			
To Whom Paid MARLENE RICHMOND			MO	DAY	YEAR	\$ 7,000.00
Mailing Address 219 GRAYLING AVE #3			6	6	2022	
City NARBERTH	State PA	Zip Code (Plus 4) 19072	Description of Expenditure CONSULTING			
To Whom Paid MARLENE RICHMOND			MO	DAY	YEAR	\$ 7,000.00
Mailing Address 219 GRAYLING AVE #3			5	5	2022	
City NARBERTH	State PA	Zip Code (Plus 4) 19072	Description of Expenditure CONSULTING			

To Whom Paid STAPLES			MO	DAY	YEAR	\$ 13.67
Mailing Address 933 MONTGOMERY AVE			5	9	2022	
City PENN VALLEY	State PA	Zip Code (Plus 4) 19072	Description of Expenditure OFFICE SUPPLIES			

To Whom Paid USPS			MO	DAY	YEAR	\$ 7.10
Mailing Address 144 N NARBERTH AVE			5	9	2022	
City NARBERTH	State PA	Zip Code (Plus 4) 19072	Description of Expenditure POSTAGE/SUPPLIES			

To Whom Paid ACTBLUE			MO	DAY	YEAR	\$ 4.05
Mailing Address PO BOX 441146			5	4	2022	
City SOMERVILLE	State MA	Zip Code (Plus 4) 021140031	Description of Expenditure FEES			

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 51.34
Mailing Address 249 FIFTH AVE			5	2	2022	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure BANK FEES			

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 10.26
Mailing Address 249 FIFTH AVE			5	10	2022	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure BANK FEES			

To Whom Paid PNC			MO	DAY	YEAR	\$ 22.72
Mailing Address 249 FIFTH AVE			6	2	2022	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure BANK FEES			

To Whom Paid MARLENE RICHMOND			MO	DAY	YEAR	\$ 7,000.00
Mailing Address 219 GRAYLING AVE #3			6	6	2022	
City NARBERTH	State PA	Zip Code (Plus 4) 19072	Description of Expenditure CONSULTING			

To Whom Paid MARLENE RICHMOND			MO	DAY	YEAR	\$ 7,000.00
Mailing Address 219 GRAYLING AVE #3			5	5	2022	
City NARBERTH	State PA	Zip Code (Plus 4) 19072	Description of Expenditure CONSULTING			

To Whom Paid STAPLES			MO	DAY	YEAR	\$ 13.67
Mailing Address 933 MONTGOMERY AVE			5	9	2022	
City PENN VALLEY	State PA	Zip Code (Plus 4) 19072	Description of Expenditure OFFICE SUPPLIES			

To Whom Paid USPS			MO	DAY	YEAR	\$ 7.10
Mailing Address 144 N NARBERTH AVE			5	9	2022	
City NARBERTH	State PA	Zip Code (Plus 4) 19072	Description of Expenditure POSTAGE/SUPPLIES			

To Whom Paid CHELTENHAM PRINTING			MO	DAY	YEAR	\$ 667.80
Mailing Address 518 RYERS AVE			5	9	2022	
City CHELTENHAM	State PA	Zip Code (Plus 4) 19012	Description of Expenditure CAMPAIGN MATERIALS			

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 10.26
Mailing Address 249 FIFTH AVE			5	10	2022	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure BANK FEES			

<b>To Whom Paid</b> SHARON HILL DEMOCRATS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 230 GARVIN BLVD			5	16	2022	
<b>City</b> SHARON HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19079	<b>Description of Expenditure</b> CONTRIBUTION			

  

<b>To Whom Paid</b> FOLCROFT DEMS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1935 EDWARDS RD			5	25	2022	
<b>City</b> FOLCROFT	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19032	<b>Description of Expenditure</b> CONTRIBUTION			

  

<b>To Whom Paid</b> DARBY TOWNSHIP DEMS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1006 BURNSIDE RD			5	24	2022	
<b>City</b> SHARON HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19079	<b>Description of Expenditure</b> CONTRIBUTION			

  

<b>To Whom Paid</b> RIDLEY TSP DEMS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO BOX 201			5	17	2022	
<b>City</b> WOODLYN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19094	<b>Description of Expenditure</b> CONTRIBUTION			

  

<b>To Whom Paid</b> RUTLEDGE DEMS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 7 E SYLVANS AVE			5	24	2022	
<b>City</b> RUTLEDGE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19072	<b>Description of Expenditure</b> CONTRIBUTION			

  

<b>To Whom Paid</b> MORTON BOROUGH			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 500 HIGHLAND AVE			5	9	2022	
<b>City</b> MORTON	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19070	<b>Description of Expenditure</b> HEALTH CARE			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 31,463.41

