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 202	20079			Rep File			CAND	COMMITTEE / LOBBYIST								
Name of Filing C	Committee, Cand	idate or L	obbyist:	Ţ,	FRIE	ND:	S OF I	LISA BO	ROWS	ΚI							
Street Address:	439 MIDLAN	ID AVE															
City:	WAYNE							State:	PA			Zip Cod	ie: 19	9146			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	PRE-	. 2	2.	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMIN/ REPORT		ON Yes No			
report type)	ANNUAL REPOR	T 7. X	Year 2022					IG METH CHECK O				PAPER		DISKETTE			
Name of Office S	- Sought by Candic	ate:						DATE C)F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	у
								МО	DAY	YE	AR	168	STH	DEN	1	23	
REPRESENTATI	VE IN THE GEN	ERAL ASS	SEMBLY					11		8	2022		(SEE IN	STRUCTI	ONS FOR C	ODES)	
	Receipts and	МО	DAY Y	EAR				МО	DAY	YI	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		11 29	20	022	Т	0	12	2	31	2022						
A. Amount Bro	ught Forward Fr	om Last R	leport				\$			1,8	393.88						
B. Total Moneta	ary Contribution	s And Rec	eipts (From S	che	dule	I)	\$			1,1	158.77						
C. Total Funds Available (Sum Of Lines A and B) \$ 3,052.)52.65											
D. Total Expenditures (From Schedule III) \$ 801.1					801.18												
E. Ending Cash	Ending Cash Balance (Subtract Line D From Line C) \$ 2,251.47					51.47]										
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sche	edul	e II))	\$		289.86								
G. Unpaid Debt	ts And Obligation	ıs (From S	Schedule IV)				\$				0.00						
			Д	\FF	IDA	VI	ΓSE	CTION									
PART I - If this is	s a Committee re	port, trea	surer sign hei	re. I	f thi	s is	a Can	ndidate r	eport, o	candi	date sig	gn here.					
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached sched	lules	filed	l on	paper o	or by elect	tronic m	edium	, are to t	the best o	f my knov	wledge	and belie	ef , tru	e.
Sworn to and subs	cribed before me to day of	nis	20							S	Signature	e of Perso	n Submit	ting Rep	ort		-
	Signa	ture					-					Prin	ted Name	•			-
My Commission Ex	cpires						_					Ema	il				-
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized Co	mm	ittee	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and belief	this	politi	ical	commi	ittee has r	not viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	,
Sworn to and subsc		s									s	ignature o	of Candid	ate			-
	day of						_					Drints	d Name				-
	Signatur	•					-					rinite	a Haille				
My Commission Exp	_	-										Ema	il				
	МО	D	AY	YR			•		Area	Code		D	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF LISA BOROWSKI	From:	11/29/202	22 To :	12/31/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	58.77
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)	\$	100.00		
TOTAL for the Reporting	Period	(2)	\$	100.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	1,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	0.00
			T	
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 Page 1, Report Cover Page 2, Report Cover Page 3, Report Cover			\$	1,158.77

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee		Reporting					
			From: To:			:	
		I		DATE			AMOUNT
Full Name of Contributing C	ommittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL									
\$	0.00								

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

FRIENDS OF LISA BOROWSKI

From: <u>11/29/2022</u> To:

DATE

12/31/2022

AMOUNT

Full Name of Contributor MARION MANN			МО	DAY	YEAR	
Mailing Address 266 BEECHWOOD D	R					\$ 100.00
City BRYN MAWR	State PA	Zip Code (Plus 4) 190101203	12	2	2022	

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

PAGE TOTAL \$ 100.00

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		Period				
FRIENDS OF LISA BOROWSKI	From:	11/29/2022	То:	12/31/2022		

DATE AMOUNT

Full Name of Contributing Committee AFL-CIO			МО	DAY	YEAR	
Mailing Address 600 N 2ND ST						\$ 1,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 171011092	12	21	2022	

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

PAGE TOTAL 1,000.00

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			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	PAGE TOTAL 0.00

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	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·					•	
Enter Grand Total of Part E	on Schedule I. Detailed	d Summary Page	Section	4			ı	PAGE TOTAL
	Journal 1, Betailet	a cannual y 1 age,	200011	••			\$	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 Per	riod						
FRIENDS OF LISA BOROWSKI	From:	11/29/2022 To :	12/31/2022					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R						
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)	\$	289.86					
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,	•	\$	289.86					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

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

 Name of Filing Committee or Candidate
 Reporting Period

 FRIENDS OF LISA BOROWSKI
 From: 11/29/2022 To: 12/31/2022

					DATE		AMOUNT
Full Name of Contributor CONSERVATION VOTERS OF PE	NNSYLVANIA			мо	DAY	YEAR	
Mailing Address PO BOX 2125	i						\$ 289.86
City PHILADELPHIA	State Zip Code(Plus 4)		12	14	2022		
	PA		191030125				
Employer of Contributor N/A	·		•	Occupat	tion	N/A	
Employer Mailing Address/Princi Business	pal Place of	City	State	Zip 4)	Code(Plus	Descri	ption of Contribution
							EGISLATOR'S TION EVENT
Enter Grand Total of Part G	on Schedule II	In-Kind	Contributions Detail	led			PAGE TOTAL
Summary Page, Section 3.	in Schedule 11,	2 Killu	Contributions betain				289.86

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
FRIENDS OF LISA BOROWSKI	From	11/29/2022	То:	12/31/2022	

			DATE		AMOUNT				
		мо	DAY	YEAR					
		12	2	2022	\$	42.22			
SOMERVILLE State Zip Code (Plus 4) MA 021440031				Description of Expenditure CREDIT CARD PROCESSING FEE					
		МО	DAY	YEAR					
		11	30	2022	\$	16.04			
State WA	Zip Code (Plus 4) 981095210	Description of Expenditure OFFICE SUPPLIES							
		МО	DAY	YEAR					
		12	1	2022	\$	16.23			
State WA	Zip Code (Plus 4) 981095210								
		МО	DAY	YEAR					
		12	15	2022	\$	14.95			
State WA	Zip Code (Plus 4) 981095210	Description of Expenditure OFFICE SUPPLIES							
		МО	DAY	YEAR					
		12	16	2022	\$	22.95			
State WA	Zip Code (Plus 4) 981095210	1							
	State WA State WA State WA State	State Zip Code (Plus 4) 981095210	12 12 12 12 12 13 14 14 15 14 15 14 15 15	MO DAY 12 2 State Zip Code (Plus 4) Description of Exp CREDIT CARD PRODUCTION OF Exp OFFICE SUPPLIES MO DAY 11 30 MO DAY 12 1 State Zip Code (Plus 4) Description of Exp OFFICE SUPPLIES MO DAY 12 15 State Zip Code (Plus 4) Description of Exp OFFICE SUPPLIES MO DAY 12 15 State Zip Code (Plus 4) Description of Exp OFFICE SUPPLIES MO DAY 12 15 State Zip Code (Plus 4) Description of Exp OFFICE SUPPLIES MO DAY 12 16 State Zip Code (Plus 4) Description of Exp OFFICE SUPPLIES	MO	MO			

To Whom Paid GODADDY	мо	DAY	YEAR			
Mailing Address 14455 N HAYDEN RD	12	9	2022	\$		6.35
CitySCOTTSDALEStateZip Code (Plus 4)AZ852603489	Descrip DOMAI	otion of Exp	penditure			
To Whom Paid GODADDY	мо	DAY	YEAR			
Mailing Address 14455 N HAYDEN RD	12	12	2022	\$		6.35
City SCOTTSDALE AZ Zip Code (Plus 4) AZ 852603489	Description of Expenditure WEBSITE SERVICES					
To Whom Paid GOOGLE	МО	DAY	YEAR			
Mailing Address 1600 AMPHITHEATRE PKWY	12	\$		33.50		
City MOUNTAIN VIEW State Zip Code (Plus 4)	Description of Expenditure CAMPAIGN SOFTWARE					
CA 940431351	CAMPA	IGN SOFT\	WARE			
To Whom Paid NGP VAN INC.	МО	DAY	VARE YEAR			
To Whom Paid				\$		339.20
To Whom Paid NGP VAN INC.	MO 12 Descrip	DAY	YEAR 2022 penditure			339.20
To Whom Paid NGP VAN INC. Mailing Address 655 15TH ST NW STE 650 City WASHINGTON State Zip Code (Plus 4)	MO 12 Descrip	DAY 2	YEAR 2022 penditure			339.20
To Whom Paid NGP VAN INC. Mailing Address 655 15TH ST NW STE 650 City WASHINGTON DC 200055738 To Whom Paid	MO 12 Descrip	DAY 2 ption of Exp AISING SC	YEAR 2022 Denditure DETWARE			339.20
To Whom Paid NGP VAN INC. Mailing Address 655 15TH ST NW STE 650 City WASHINGTON State DC 200055738 To Whom Paid VANTIV ECOMMERCE, LLC	MO 12 Descrip FUNDR MO 12 Descrip	DAY 2 otion of Exp AISING SC DAY	YEAR 2022 Denditure PFTWARE YEAR 2022 Denditure	\$		
To Whom Paid NGP VAN INC. Mailing Address 655 15TH ST NW STE 650 City WASHINGTON State DC 200055738 To Whom Paid VANTIV ECOMMERCE, LLC Mailing Address 900 CHELMSFORD ST City LOWELL State Zip Code (Plus 4) Zip Code (Plus 4) Zip Code (Plus 4)	MO 12 Descrip FUNDR MO 12 Descrip	DAY 2 ption of Exp AISING SC DAY 1	YEAR 2022 Denditure PFTWARE YEAR 2022 Denditure	\$		
To Whom Paid NGP VAN INC. Mailing Address 655 15TH ST NW STE 650 City WASHINGTON DC 200055738 To Whom Paid VANTIV ECOMMERCE, LLC Mailing Address 900 CHELMSFORD ST City LOWELL MA 018518100 To Whom Paid	MO 12 Description MO 12 Description MO 12	DAY 2 Potion of Exp AISING SC DAY 1 Potion of Exp ANT SERV	YEAR 2022 DETERMINE YEAR 2022 DETERMINE ZERMINE ZE	\$		

To Whom Paid VANTIV ECOMMERCE, LLC				DAY	YEAR			
Mailing Address 900 CHELMSFORD ST			12	12	2022	\$	7.00	
City LOWELL State Zip Code (Plus 4)			Descrip	tion of Exp	enditure			
	MA	018518100	CREDIT CARD SERVICES					
To Whom Paid VANTIV ECOMMERCE, LLC			МО	DAY	YEAR			
Mailing Address 900 CHELMSFORD ST			12	28	2022	\$	100.00	
City LOWELL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	MA	018518100	CREDIT CARD PROCESSING FEE					
To Whom Paid ZOOM			МО	DAY	YEAR			
Mailing Address 55 ALMADEN BLVD # HQ			12	22	2022	\$	15.89	
City SAN JOSE	State	Zip Code (Plus 4)	Description of Expenditure					
	CA	951131608	TELECONFERENCE SERVICES					
							PAGE TOTAL	
Enter Grand Total of Expenditures	on Page 1, Report (Cover Page, Item D	-			\$	801.18	