

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 : 20130202		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JARED SOLOMON									
Street Address: PO BOX 7522									
City: PHILADELPHIA			State: PA	Zip Code: 19101					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. <input checked="" type="checkbox"/>	AMENDMENT REPORT?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2021	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>	
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	202	STH	DEM 51
				11	2	2021	(SEE INSTRUCTIONS FOR CODES)		
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY
		5	4	2021	TO	6	7	2021	
A. Amount Brought Forward From Last Report				\$ 111,366.62					
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 625.00					
C. Total Funds Available (Sum Of Lines A and B)				\$ 111,991.62					
D. Total Expenditures (From Schedule III)				\$ 6,434.94					
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 105,556.68					
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00					
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JARED SOLOMON	From: <u>5/4/2021</u> To: <u>6/7/2021</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 25.00

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)	\$ 0.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 500.00

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.)	\$ 625.00
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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	Reporting Period
	From: _____ To: _____
DATE AMOUNT	

Full Name of Contributing Committee	MO	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

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	Reporting Period
FRIENDS OF JARED SOLOMON	From: <u>5/4/2021</u> To: <u>6/7/2021</u>

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
LAURA SYMCZYK					
Mailing Address 954 TYSON AVE					\$ 100.00
City PHILADELPHIA	6	6	2021		
State PA					
Zip Code (Plus 4) 191114406					

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	Reporting Period
	From: To:

			DATE	AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 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 FRIENDS OF JARED SOLOMON	Reporting Period From: <u>5/4/2021</u> To: <u>6/7/2021</u>
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	DATE			AMOUNT
Full Name of Contributor ORLANDO JACOME	MO	DAY	YEAR	\$ 500.00
Mailing Address 12117 THORNTON RD	5	6	2021	
City PHILADELPHIA				
State PA				
Zip Code (Plus 4) 191541717				
Employer Name BICA RESTAURANT INC	Occupation MANAGER			
Employer Mailing Address/Principal Place of Business 6618 CASTOR AVE	City PHILADELPHIA		State PA	Zip Code (Plus 4) 191492120

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

PAGE TOTAL
\$ 500.00

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: _____

				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.

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 FRIENDS OF JARED SOLOMON	Reporting Period From: <u>5/4/2021</u> To: <u>6/7/2021</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)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - 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.)	\$ 0.00

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

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

			DATE	AMOUNT
Full Name of Contributor	MO	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 Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period From: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address					\$ 0.00
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 JARED SOLOMON	From <u>5/4/2021</u> To: <u>6/7/2021</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
ACTBLUE	5	5	2021	\$	17.01
Mailing Address 366 SUMMER ST					
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure CREDIT CARD PROCESSING FEES		
ACTBLUE	6	3	2021	\$	7.88
Mailing Address 366 SUMMER ST					
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure CREDIT CARD PROCESSING FEES		
DATTILO'S DELICATESSEN	5	19	2021	\$	920.00
Mailing Address 8000 HORROCKS ST					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191522813	Description of Expenditure FOOD FOR ELECTION DAY		
FLETCHER ROAD	5	5	2021	\$	2,700.00
Mailing Address 1500 ORDWAY PL					
City NASHVILLE	State TN	Zip Code (Plus 4) 372062735	Description of Expenditure COMMUNICATIONS CONSULTING		
HARRY FRITSCH	5	25	2021	\$	173.35
Mailing Address 931 DISSTON ST					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191114416	Description of Expenditure ELECTION DAY TRANSPORTATION REIMBURSEMENT		
LIPKIN'S BAKERY	6	7	2021	\$	174.86
Mailing Address 8013 CASTOR AVE					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191522701	Description of Expenditure FOOD FOR EVENT		

To Whom Paid NEW OLYMPIA HOUSE			MO	DAY	YEAR	\$	54.45
Mailing Address 7242 CASTOR AVE			5	17	2021		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191491109	Description of Expenditure FOOD				
To Whom Paid PENN SOLUTIONS			MO	DAY	YEAR	\$	1,500.00
Mailing Address 1650 MARKET ST STE 3600			5	7	2021		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191037334	Description of Expenditure CONSULTING				
To Whom Paid PHILLY PRETZEL FACTORY			MO	DAY	YEAR	\$	235.00
Mailing Address 1903 COTTMAN AVE			5	25	2021		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191113816	Description of Expenditure FOOD				
To Whom Paid SORENSEN CONSULTING			MO	DAY	YEAR	\$	200.00
Mailing Address 1000 CORDOVA PL #450			5	7	2021		
City SANTA FE	State NM	Zip Code (Plus 4) 875051725	Description of Expenditure CONSULTING				
To Whom Paid SORENSEN CONSULTING			MO	DAY	YEAR	\$	200.00
Mailing Address 1000 CORDOVA PL #450			6	7	2021		
City SANTA FE	State NM	Zip Code (Plus 4) 875051725	Description of Expenditure CONSULTING				
To Whom Paid THE DANDELION			MO	DAY	YEAR	\$	112.10
Mailing Address 124 S 18TH ST			5	19	2021		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191034901	Description of Expenditure FOOD				
To Whom Paid USPS			MO	DAY	YEAR	\$	110.00
Mailing Address 6382 CASTOR AVE			5	21	2021		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191492756	Description of Expenditure POSTAGE				
To Whom Paid VANTIV			MO	DAY	YEAR	\$	14.10
Mailing Address 8500 GOVERNORS HILL DR			6	7	2021		
City SYMMES TWP	State OH	Zip Code (Plus 4) 452491384	Description of Expenditure CREDIT CARD PROCESSING FEES				

To Whom Paid ZOOM			MO	DAY	YEAR	\$ 16.19
Mailing Address 55 ALMADEN BLVD			5	10	2021	
City SAN JOSE	State CA	Zip Code (Plus 4) 951131608	Description of Expenditure ONINE VIDEO CONFERENCE			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 6,434.94

