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 20 | 130202 | | | | Rep File | | | CANI | DIE | DATE | | COM | 1ITTEE | ✓ | LOB | BYIS | Т | |
|--|-----------------------------|--------------|--------|---------------------|----------|-------------|------|------------------|-----------------|------|-----------|--------|----------------|--------------------|----------------|--------|----------|---------|---------------|
| Name of Filing C | ommittee, Can | didate or | Lobb | yist: | F | RIE | ND: | S OF | JARED | SC | DLOMC | N | | | | | | | |
| Street Address: | PO BOX 75 | 22 | | | | | | | | | | | | | | | | | |
| City: | PHILADELF - | HIA | | | | | | | State: | | PA | | | Zip Cod | le: 19 | 101 | | | _ |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | | ID FRIDAY IMARY | PRE- | 2 | .Х | 30 DA PRIMA | | P | OST- | 3. | | AMENDM REPORT? | | Yes | / | No | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | | ID FRIDAY ECTION | PRE- | - 5 | | 30 DA | | P | OST- | 6. | | TERMINA REPORT? | | Yes | | No | \ |
| report type) | ANNUAL REPO | RT 7. | Ye | ear 2020 | | | | | IG MET CHECK | | _ | | | PAPER | | | DIS | KETTE | \ |
| Name of Office S | ought by Cand | idate: | | | | | | | DATE | OI | F ELE | CTIC | ON | District Number | Office Code | Pai | rty Co | de Co | |
| REPRESENTATI | VE IN THE GEN | NERAL AS | SEMI | BLY | | | | | МО | | DAY | Y | EAR | 202 | STH | DEI | М | 51 | |
| | | | _ | | | | | | | 11 | | 3 | 2020 | | (SEE INS | | | | S) |
| Summary of Expenditures | | МО | 3 | 10 | YEAR | 020 | T | 0 | МО | 5 | DAY | | 2020 | FO | R OFFIC | E USE | ONI | .Y | |
| A. Amount Bro | ught Forward F | rom Last | | | 20 |)20 | | 5 \$ | | Э | | 132 | 2020 547.80 | | | | | | |
| B. Total Moneta | | | | | Sched | lule : | I) | \$ | | | • | | 910.00 | | | | | | |
| C. Total Funds | Available (Sum | Of Lines | A an | d B) | | | | \$ | | | : | 133, | 457.80 | | | | | | |
| D. Total Expend | ditures (From S | chedule I | II) | | | | | \$ | | | | 12, | 139.63 | | | | | | |
| E. Ending Cash | Balance (Subt | ract Line [|) Fro | m Line C |) | | | \$ | | | 1 | .21,3 | 318.17 | | | | | | |
| F. Value Of In- | Kind Contributi | ons Recei | ved (| (From Sc | hedul | e II) | | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligation | ons (From | Sche | edule IV) |) | | | \$ | | | | | 0.00 | | • | | | | |
| | | | | | AFFI | [DA] | VI | ΓSE | CTIOI | N | | | | | | | | | |
| PART I - If this is | a Committee I | eport, tre | asur | rer sign h | ere. I | f this | s is | a Car | didate | re | port, c | andi | date sig | ın here. | | | | | |
| I swear (or affirm) correct and comple | | including th | ne att | tached sch | edules | filed | on | paper | or by ele | ectr | onic me | edium | , are to t | he best of | f my know | ledge | and l | elief , | true <u>.</u> |
| Sworn to and subs | cribed before me day of | this | 20 |) | | | | | | - | | 5 | Signature | of Person | n Submitti | ng Re | port | | |
| | Sign | ature | _ | | | | | - | | - | | | | Print | ted Name | | | | _ |
| My Commission Ex | rpires | | | | | | | _ | | - | | | | Emai | ı | | | | _ |
| | МО | ı | DAY | | YR | | | | | | Are | ea Coo | de | Daytim | e Telepho | ne Nu | mber | | |
| Part II- If this is | a report of a c | andidate's | s aut | thorized (| Comm | ittee | , Ca | andid | ate sha | ll s | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | of my know | ledge | e and belie | f this p | politi | cal | comm | ittee has | s no | ot violat | ed ar | ny provis | ions of the | e act of Ju | ne 3,1 | 937 (| P.L. 13 | 33, |
| Sworn to and subsc | ribed before me t day of | his | 20 | | | | | | | | | | s | ignature o | of Candida | te | | | _ |
| | <u> </u> | | 20 | | | | | • | | | | | | Printe | d Name | | | | - |
| My Commission Exp | Signatu | re | | | | | | • | | - | | | | Emai | il | | | | - $ $ |
| • | | | | | | | | | | | | | | | | | | | _ |
| | МО | ı | DAY | | YR | | | | | | Area | Code | | Da | ytime Te | lephor | ne Nu | mber | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|-----------------|--------------|-----------|
| FRIENDS OF JARED SOLOMON | From: | <u>3/10/202</u> | <u>0</u> To: | 5/18/2020 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 60.00 |
| 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) | | | \$ | 350.00 |
| TOTAL for the Reporting | Period | (2) | \$ | 350.00 |
| 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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 910.00 |

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 Candidat | e | R | eporting | Period | | | |
|--------------------------------------|-------|-------------------|----------|--------|------|----|--------|
| | | F | rom: | | То | : | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | 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 Ca | andidate | | Reporting P | eriod | | |
|---|----------------|-------------------|-------------|-------|-----------------|------------------|
| FRIENDS OF JARED SOLOMON | I | | From: | 3/10/ | 2020 T o | <u>5/18/2020</u> |
| | | | | DATE | | AMOUNT |
| Full Name of Contributor GAIL KLEIN | | | МО | DAY | YEAR | |
| Mailing Address 1133 UNRUH | AVE FL 2 | | | | | \$ 100.00 |
| City PHILADELPHIA | State | Zip Code (Plus 4) | 3 | 13 | 2020 | |
| | PA | 191114937 | | | | |
| Full Name of Contributor LEWIS SCHIFREEN | | | мо | DAY | YEAR | |
| Mailing Address 9244 OLD N | EWTOWN RD | | | | | \$ 150.00 |
| City PHILADELPHIA | State | Zip Code (Plus 4) | 3 | 12 | 2020 | |
| | PA | 191154932 | | | | |
| Full Name of Contributor | | | МО | DAY | YEAR | |
| MARGARET WRIGHT | | | | | | |
| Mailing Address 700 ARDMO | RE AVE APT 307 | | | | | \$ 100.00 |
| City ARDMORE | State | Zip Code (Plus 4) | 4 | 16 | 2020 | |
| | PA | 190031107 | | | | |

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 | | | Reporting | Period | | | | | |
|---------------------------------------|----------------------|----------|-------------|--------|-----|------|----------|------------|----|
| | | | From: | | | То: | | | |
| | | | | DA | TE | | P | AMOUNT | |
| Full Name of Contributing Committee | | | | МО | DAY | YEAR | | 0 | 00 |
| Mailing Address | | | | | | | + | 0. | 00 |
| City | State | Zip Code | e (Plus 4) | | | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | 0.0 | 0 |

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 | | | |
|---|---------------------|-----|--------------|----------|-----------|------------|---------------------|------|---------------|
| FRIENDS OF JARED SOLOMON | | | | Fron | n: | 3/10/2 | <u>020</u> T | o: | 5/18/2020 |
| | | | | | D.A | TE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | \$ | 250.00 |
| MARC J SONNENFELD | | | | | | <i>J</i> , | | _ * | 250.00 |
| Mailing Address 234 CUYLERS LN | | | | | 4 | 8 | 2020 |) | |
| City HAVERFORD | State | Zi | p Code (Plus | 4) | | | | | |
| | PA | 19 | 0411749 | | | | l | | |
| Employer Name MORGAN LEWIS & amp | ; BOCKIUS LLP | | | | Occupat | ion | LAWYE | R | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip | Code (Plus 4) |
| 1701 MARKET ST | | | PHILADEL | PHIA | | PA | | 191 | 1032903 |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| MARC J SONNENFELD | | | | | МО | DAT | TEAR | \$ | 250.00 |
| Mailing Address 234 CUYLERS LN | | | | | 5 | 8 | 2020 | ,] | |
| City HAVERFORD | State | Ziı | p Code (Plus | 4) | | | | | |
| | PA | 19 | 0411749 | | | | | | |
| Employer Name MORGAN LEWIS & amp | ; BOCKIUS LLP | | | | Occupat | ion | LAWYE | R | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip | Code (Plus 4) |
| 1701 MARKET ST | | | PHILADEL | PHIA | | PA | | 191 | 1032903 |
| | | | _ | . | _ | | Γ | | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo | iule 1, Detailed Si | umn | nary Page, | Section | on 3. | | | \$ | 500.00 |

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 Peri | od | | |
|-----------------------------|---------------------------|-----------------|---------|----------|-----|------|------------|
| | | | From: | | | To: | |
| | | | | D | ATE | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | | |
| City | State | Zip Code (| Plus 4) | | | | |
| Receipt Description | • | • | | | • | | |
| Forten Commit Tatal of Boot | F an Cabadala I Batallad | I C B | C | | | | PAGE TOTAL |
| Enter Grand Total of Part | c on scnedule 1, Detailed | i Summary Page, | Section | 4. | | | \$ 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 Peri | od | |
|--|-----------------|-----------------------|------------------|
| FRIENDS OF JARED SOLOMON | From: | 3/10/2020 To : | <u>5/18/2020</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTOR | ł | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | TF) | | |
| 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) | \$ | 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, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candi | idate | | Reportin | g Period | | | |
|-----------------------------------|--------------------|------------------------|----------|----------|------|-------------|------------|
| | | | From: | | | To: | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | 7 \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |
| Description of Contribution: | • | | • | • | • | | |
| | | | | | | | |
| Enter Grand Total of Part F on | Schedule II, In-Ki | nd Contributions Detai | led Sum | mary Pag | ge, | | PAGE TOTAL |
| Section 2. | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Re | porting | Period | | | | |
|--|----------------|-----|------------------|--------|---------|----------------|-------|-------|-------------------|------|
| | | | | Fro | m: | | To: | | | |
| | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | \$ | | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty | Stat | e Zij | p Code(Plus 4) | Descr | iptio | n of Contribution | on |
| Enter Grand Total of Part G on Sch | edule II. In-K | ind | Contributions D | etaile | ed | | | | PAGE TOT | ΓAL |
| Summary Page, Section 3. | | | | | - | | | | | 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting P | eriod | | |
|---------------------------------------|-------------|-----------|-----|-----------|
| FRIENDS OF JARED SOLOMON | From | 3/10/2020 | То: | 5/18/2020 |

| To Whom Paid ACTBLUE DATE MO DAY YEAR | | |
|--|----|--------|
| MO DAY YEAR | | AMOUNT |
| 1.14 | | |
| | | |
| Mailing Address 366 SUMMER ST 3 10 2020 | \$ | 25.47 |
| City SOMERVILLE State Zip Code (Plus 4) Description of Expenditure | | |
| MA 021443132 FINANCIAL SERVICES | | |
| To Whom Paid MO DAY YEAR | | |
| ACTBLUE | | |
| Mailing Address 366 SUMMER ST 4 3 2020 | \$ | 35.41 |
| City SOMERVILLE State Zip Code (Plus 4) Description of Expenditure | | |
| MA 021443132 FINANCIAL SERVICES | | |
| To Whom Paid MO DAY YEAR | | |
| ACTBLUE | | |
| Mailing Address 366 SUMMER ST 4 9 2020 | \$ | 54.49 |
| City SOMERVILLE State Zip Code (Plus 4) Description of Expenditure | • | |
| MA 021443132 FINANCIAL SERVICES | | |
| To Whom Paid MO DAY YEAR | | |
| 11.4 | | |
| ACTBLUE | | |
| Mailing Address 366 SUMMER ST 5 4 2020 | \$ | 16.60 |
| | | 16.60 |
| Mailing Address 366 SUMMER ST 5 4 2020 | | 16.60 |
| Mailing Address 366 SUMMER ST 5 4 2020 City SOMERVILLE State Zip Code (Plus 4) Description of Expenditure MA 021443132 FINANCIAL SERVICES To Whom Paid | | 16.60 |
| Mailing Address 366 SUMMER ST 5 4 2020 City SOMERVILLE State Zip Code (Plus 4) Description of Expenditure MA 021443132 FINANCIAL SERVICES | | 16.60 |
| Mailing Address 366 SUMMER ST State Zip Code (Plus 4) Description of Expenditure MA 021443132 FINANCIAL SERVICES To Whom Paid Description of Expenditure MA DAY YEAR | | 16.60 |
| Mailing Address 366 SUMMER ST State Zip Code (Plus 4) Description of Expenditure MA 021443132 FINANCIAL SERVICES To Whom Paid ADOBE SYSTEMS INC. MO DAY YEAR | \$ | |
| Mailing Address 366 SUMMER ST State Zip Code (Plus 4) Description of Expenditure MA 021443132 FINANCIAL SERVICES To Whom Paid ADOBE SYSTEMS INC. Mailing Address 321 PARK AVE 4 9 2020 | \$ | |
| Mailing Address 366 SUMMER ST 5 4 2020 City SOMERVILLE State MA Zip Code (Plus 4) Description of Expenditure FINANCIAL SERVICES To Whom Paid ADOBE SYSTEMS INC. MO DAY YEAR Mailing Address 321 PARK AVE 4 9 2020 City SAN JOSE State CA Zip Code (Plus 4) Description of Expenditure WEBSITE To Whom Paid | \$ | |
| Mailing Address 366 SUMMER ST 5 4 2020 City SOMERVILLE State Zip Code (Plus 4) Description of Expenditure MA 021443132 FINANCIAL SERVICES To Whom Paid MO DAY YEAR ADOBE SYSTEMS INC. 4 9 2020 City SAN JOSE State Zip Code (Plus 4) Description of Expenditure CIty SAN JOSE CA 951102704 WEBSITE | \$ | |
| Mailing Address 366 SUMMER ST 5 4 2020 City SOMERVILLE State MA Zip Code (Plus 4) Description of Expenditure FINANCIAL SERVICES TO Whom Paid ADOBE SYSTEMS INC. MO DAY YEAR Mailing Address 321 PARK AVE 4 9 2020 City SAN JOSE State Zip Code (Plus 4) Description of Expenditure Parameters (CA) Parameters (Plus 4) Description of Expenditure Parameters (CA) MO DAY YEAR | \$ | |
| Mailing Address 366 SUMMER ST State Zip Code (Plus 4) Description of Expenditure FINANCIAL SERVICES To Whom Paid ADOBE SYSTEMS INC. Mailing Address 321 PARK AVE State Zip Code (Plus 4) DAY YEAR To Whom Paid Address 321 PARK AVE CA 2510 Code (Plus 4) Description of Expenditure Paid Paid Paid Paid Paid Paid Paid Paid | \$ | 12.21 |

| To Whom Paid | | | мо | DAY | YEAR | | | | |
|---|-------------|---------------------------------------|--|-------------|----------|----|----------|--|--|
| PATRICK AHERN | | | MO | | ILAK | | | | |
| Mailing Address 1005 N LAWRENCE ST | | | 5 | 8 | 2020 | \$ | 101.46 | | |
| City PHILADELPHIA | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 191231417 | REIMBURSEMENT FOR CAMPAIGN PRINTING | | | | | | |
| To Whom Paid | | | | DAY | VEAD | | | | |
| CONTROL POINT GROUP LLC | | | МО | DAY | YEAR | | | | |
| Mailing Address 458 NEW JERSEY AVE SE | | | 4 | 13 | 2020 | \$ | 3,634.46 | | |
| City WASHINGTON | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | DC | 200034008 | TELE-TOWN HALL | | | | | | |
| To Whom Paid FRIENDS OF SUMMER LEE | | | | DAY | YEAR | | | | |
| Mailing Address 316 KENMAWR A | VE | | 5 | 15 | 2020 | \$ | 250.00 | | |
| City RANKIN | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 151041128 | CONTRIBUTION MADE | | | | | | |
| To Whom Paid | | | | DAY | YEAR | | | | |
| KANE FOR STATE SENATE | | | _ | | | \$ | 1,000.00 | | |
| Mailing Address 209 HARDING AV | 'E | | 5 | 15 | 2020 | Ψ | 1,000.00 | | |
| City HAVERTOWN | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 190833409 | CONTRIBUTION MADE | | | | | | |
| To Whom Paid | | | | DAY | YEAR | | | | |
| PETER MARKOWITZ | | | | | | | | | |
| Mailing Address 440 S BROAD ST UNIT 908 | | | | 11 | 2020 | \$ | 840.00 | | |
| City PHILADELPHIA | State | Zip Code (Plus 4) | Description of Expenditure REIMBURSEMENT FOR HAND SANITIZER FOR GIVEAWAY | | | | | | |
| | PA | 191464903 | | | | | ZER FOR | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| NGP VAN | | | | | | | | | |
| Mailing Address 1101 15TH ST NV | V STE 500 | | 5 | 15 | 2020 | \$ | 960.00 | | |
| City WASHINGTON | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | DC | 200055006 | SOFTWARE | | | | | | |
| To Whom Paid NICK'S ROAST BEEF | | | | DAY | YEAR | | | | |
| Mailing Address 2210 COTTMAN A | .VF | | 3 | 26 | 2020 | \$ | 360.00 | | |
| | | Zin Codo (Divo 4) | <u> </u> | | | | | | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 191491203 | EVENT | tion of Exp | enuiture | | | | |
| To Whom Paid | FM | 131431703 | LVLINI | | | | | | |
| PENN SOLUTIONS | | | | DAY | YEAR | | | | |
| Mailing Address 1650 MARKET ST STE 3600 | | | | 3 | 2020 | \$ | 1,500.00 | | |
| | | 4 | | | | • | | | |
| City CONSULTING | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 191037334 | CONSULTING | | | | | | |

| To Whom Paid | | | | DAY | YEAR | | | |
|--|---------------------|-------------------|----------------------------|-----|------|----|------------|--|
| PENN SOLUTIONS | | | | | ILAK | | | |
| Mailing Address 1650 MARKET ST STE 3600 | | | 5 | 3 | 2020 | \$ | 1,500.00 | |
| City CONSULTING | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | PA | 191037334 | CONSULTING | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | |
| PRINCETON STRATEGIES | | | | DAT | TEAK | | | |
| Mailing Address 1500 WALNUT ST STE 800 | | | | 23 | 2020 | \$ | 500.00 | |
| City PHILADELPHIA | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | PA | 191023505 | CONSULTING | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | |
| SIMS4PA PAC | | | | DAT | TEAK | | | |
| Mailing Address 1120 RODMAN ST APT 2 | | | 5 | 15 | 2020 | \$ | 1,000.00 | |
| City PHILADELPHIA | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | PA | 191471202 | CONTRIBUTION MADE | | | | | |
| To Whom Paid | | | | DAY | YEAR | | | |
| JARED G SOLOMON | | | МО | | ILAK | | | |
| Mailing Address 7012 CASTOR AVE | | | 4 | 28 | 2020 | \$ | 337.32 | |
| City PHILADELPHIA | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| PA 191491711 REIMBURSEMENT FOR LU HOUSE) FOR 2ND POLICE | | | | | | | | |
| | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Expenditures of | on Page 1, Report C | over Page, Item D | • | | | \$ | 12,139.63 | |