

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 : 20190270		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF DEVLIN ROBINSON											
Street Address: PO BOX 81											
City: HERSHEY				State: PA		Zip Code: 17033					
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.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2023	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	REP			
					11	7	2023	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		11	28	2023		12	31	2023			
A. Amount Brought Forward From Last Report					\$ 479,055.14						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 31,900.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 510,955.14						
D. Total Expenditures (From Schedule III)					\$ 1,933.82						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 509,021.32						
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 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

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DEVLIN ROBINSON	From: <u>11/28/2023</u> To: <u>12/31/2023</u>

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

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)	\$ 31,750.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 31,750.00

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.)	\$ 31,900.00
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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 DEVLIN ROBINSON	From: <u>11/28/2023</u> To: <u>12/31/2023</u>

				DATE			AMOUNT	
Full Name of Contributor DONALD MORRIS				MO	DAY	YEAR	\$ 100.00	
Mailing Address 393 MAPLEWOOD DRIVE				12	31	2023		
City	PITTSBURGH	State	PA					

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 FRIENDS OF DEVLIN ROBINSON	Reporting Period From: <u>11/28/2023</u> To: <u>12/31/2023</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee BERKSHIRE HATHAWAY ENERGY PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 666 GRAND AVE. PO BOX 657				12	7	2023	
City DES MOINES	State IA	Zip Code (Plus 4) 50306					
Full Name of Contributing Committee COMMONWEALTH CHILDRENS CHOICE FUND				MO	DAY	YEAR	\$ 10,000.00
Mailing Address 420 N 3RD STREET				12	18	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee ESSENTIAL UTILITIES INC. PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 762 WEST LANCASTER AVE.				12	7	2023	
City BRYN MAWR	State PA	Zip Code (Plus 4) 19010					
Full Name of Contributing Committee FRIENDS OF GREG ROTHMAN				MO	DAY	YEAR	\$ 10,000.00
Mailing Address PO BOX 1471				12	13	2023	
City CAMP HILL	State PA	Zip Code (Plus 4) 17001					
Full Name of Contributing Committee HAPAC-STATE				MO	DAY	YEAR	\$ 500.00
Mailing Address 30 NORTH 3RD STREET SUITE 600				12	7	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					

Full Name of Contributing Committee HIGHMARK PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 1800 CENTER ST			12	7	2023	
City CAMP HILL	State PA	Zip Code (Plus 4) 17089				
Full Name of Contributing Committee INDEPENDENCE PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 1901 MARKET ST			12	7	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				
Full Name of Contributing Committee INSULATORS INTERNATIONAL PAC			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 9602 M L KING HWY			12	7	2023	
City LANHAM	State MD	Zip Code (Plus 4) 20706				
Full Name of Contributing Committee IUPAT			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 7234 HANOVER DR			12	29	2023	
City HANOVER	State MD	Zip Code (Plus 4) 21076				
Full Name of Contributing Committee JOHNSON & JOHNSON PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 1350 I STREET, NW SUITE 1210			12	29	2023	
City WASHINGTON	State DC	Zip Code (Plus 4) 20005				
Full Name of Contributing Committee OPERATORS FOR SKILL PAC			MO	DAY	YEAR	\$ 1,250.00
Mailing Address PO BOX 343			12	13	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				

Full Name of Contributing Committee PHARMPAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 508 N 3RD STREET			12	7	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee STEAMFITTERS LOCAL 420 PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 14420 TOWNSEND ROAD SUITE A			12	13	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154				

Full Name of Contributing Committee UNITED STEEL WORKERS PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 60 BLVD OF THE ALLIES			12	7	2023	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222				

Full Name of Contributing Committee ZENECA INC. PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1800 CONCORD PIKE PO BOX 15437			12	13	2023	
City WILMINGTON	State DE	Zip Code (Plus 4) 19850				

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

PAGE TOTAL

\$ 31,750.00

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: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
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.

PAGE TOTAL
\$ 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: To:
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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.

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		Reporting Period	
FRIENDS OF DEVLIN ROBINSON		From: <u>11/28/2023</u> To: <u>12/31/2023</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 RECIEVED - 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:
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			DATE	AMOUNT		
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DEVLIN ROBINSON	From <u>11/28/2023</u> To: <u>12/31/2023</u>

DATE				AMOUNT
To Whom Paid HOLLY ARMS	MO	DAY	YEAR	
Mailing Address 4930 BRIGHTWOOD ROAD APT B207	12	1	2023	\$ 37.48
City BETHEL PARK	State PA	Zip Code (Plus 4) 15102	Description of Expenditure REIMBURSEMENT	
To Whom Paid HOLLY ARMS	MO	DAY	YEAR	
Mailing Address 4930 BRIGHTWOOD ROAD APT B207	12	15	2023	\$ 50.00
City BETHEL PARK	State PA	Zip Code (Plus 4) 15102	Description of Expenditure BASKET DONATION	
To Whom Paid COLD SPARK MEDIA	MO	DAY	YEAR	
Mailing Address 307 FOURTH AVENUE 14TH FLOOR	12	19	2023	\$ 1,843.14
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure CHRISTMAS CARDS	
To Whom Paid STRIPE PAYMENT PROCESSING	MO	DAY	YEAR	
Mailing Address 510 TOWNSEND STREET	12	31	2023	\$ 3.20
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Description of Expenditure CREDIT CARD FEE	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 1,933.82

