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 2016	50170			Repo Filed			CANDI	NDIDATE COMMITTEE / LO					LOBI	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:	F	RIEN	DS OI	F C	CAROLYN	COM	TTA			_				
Street Address:																	
City:	WEST CHEST	ER					!	State:	PA			Zip Cod	de: 17	7112			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2.	30 E PRII			POST-	3.		AMENDM REPORT		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION	PRE-	- 5.	30 E			POST-	6.		TERMINA REPORT		Yes	No		\
report type)	ANNUAL REPORT	7. X	Year 2022					G METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:						DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
								мо	DAY	YE	AR	19	STS	DEN	1	15	
SENATOR IN 11	HE GENERAL ASS	EMBLY						11		8	2022	 	(SEE IN	STRUCTI	ONS FOR (CODES)
	Receipts and	МО	DAY YE	AR				МО	DAY	YI	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		11 29	20)22	то		12		31	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			10,4	130.38						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hec	dule I)		\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			10,4	130.38						
D. Total Expend	ditures (From Sch	edule II	1)				\$				22.50						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			10,4	07.88						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00						
			А	FF]	[DAV	IT S	EC	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f this	is a Ca	and	didate re	port, c	candi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached schedu	ules	filed o	n pape	er o	r by electi	ronic m	edium	, are to t	the best o	f my knov	wledge	and beli	ef , tru	ue,
Sworn to and subs	cribed before me thi day of	S	20							S	ignature	of Perso	n Submit	ting Rep	ort		_
	Signatu	ire				_						Prin	ted Name	•			_
My Commission Ex	cpires		_			_		•				Ema	il				_
	мо	D	AY	YR					Arc	ea Coc	le	Daytin	e Teleph	one Nu	mber		╝
Part II- If this is	a report of a can	didate's	authorized Cor	mm	ittee,	Candi	ida	te shall s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	ny knowle	edge and belief t	:his	politica	l com	mit	tee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this day of		20								s	ignature (of Candid	ate			-
						_						Printe	d Name				-
My Commission Exp	Signature					_						Ema	il				-
, ссолон Ехр						_											_
	МО	D.	AY	ΥR					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 CAROLYN COMITTA	From:	11/29/202	<u>2</u> To:	12/31/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
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)	\$	0.00		
TOTAL for the Reporting	(2)	\$	0.00	
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)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
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			\$	0.00

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 Candidate	R	eporting	Period			
		F	rom:		То	:	
		1		DATE			AMOUNT
Full Name of Contributing C	ommittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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.

(EXCIU	de contributions fr	om political comn	11116	ees re	portea	in Part	A)	
Name of Filing Committe	e or Candidate		Rep	oorting P	Period			
			From: To				o:	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	•)					
						•		PAGE TOTAL

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

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	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary 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 Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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 CAROLYN COMITTA	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	₹	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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)	\$	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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ndidate		Reporting Period					
			From:			То:		
				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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	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			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	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 Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting F	Period		
FRIENDS OF CAROLYN COMITTA	From	11/29/2022	То:	12/31/2022

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
DIRECT CONNECT	MO	DA1	ILAK				
Mailing Address	12	5	2022	\$	22.50		
City CHANTILLY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	VA	201513229	NOV. M	ERCH FEES	5		
							PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							22.50