

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 :		20160170		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF CAROLYN COMITTA												
Street Address: 115 S. BRANDYWINE ST.												
City: WEST CHESTER						State: PA			Zip Code: 17112			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2024	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
SENATOR IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	19	STS	DEM	15
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		4	9	2024		5	13	2024				
A. Amount Brought Forward From Last Report						\$ 87,776.89						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 10,923.50						
C. Total Funds Available (Sum Of Lines A and B)						\$ 98,700.39						
D. Total Expenditures (From Schedule III)						\$ 165.60						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 98,534.79						
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 CAROLYN COMITTA	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

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)	\$ 250.00
All Other Contributions (Part B)	\$ 155.75
TOTAL for the Reporting Period (2)	\$ 405.75

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 10,000.00
All Other Contributions (Part D)	\$ 517.75
TOTAL for the Reporting Period (3)	\$ 10,517.75

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.)	\$ 10,923.50
---	--------------

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
FRIENDS OF CAROLYN COMITTA	From: 4/9/2024 To: 5/13/2024

DATE	AMOUNT
------	--------

Full Name of Contributing Committee			MO	DAY	YEAR	\$250.00
HUMANE PA			5	11	2024	
Mailing Address						
2484 SWEET GUM CIR						
City	YORK	State	PA	Zip Code (Plus 4)	174067537	

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

PAGE TOTAL
\$250.00

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 FRIENDS OF CAROLYN COMMITTA	Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u>
---	---

DATE	AMOUNT
------	--------

Full Name of Contributor THOMAS E BUGLIO			MO	DAY	YEAR	\$ 52.00
Mailing Address 335 E KING ST APT 304			5	5	2024	
City MALVERN	State PA	Zip Code (Plus 4) 193552572				

Full Name of Contributor CHARLES KOCH			MO	DAY	YEAR	\$ 103.75
Mailing Address 901 BAYWOOD AVE			4	21	2024	
City WERNERSVILLE	State PA	Zip Code (Plus 4) 195651328				

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

PAGE TOTAL
\$ 155.75

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
FRIENDS OF CAROLYN COMITTA	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

				DATE		AMOUNT	
Full Name of Contributing Committee (GMEREK GOV. RELATIONS)				MO	DAY	YEAR	\$ 500.00
Mailing Address 212 LOCUST ST STE 300				5	13	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011510					
Full Name of Contributing Committee AFSCME COUNCIL 13				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 4031 EXECUTIVE PARK DR				5	11	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171111507					
Full Name of Contributing Committee APSCUF/CAP PA				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 319 N FRONT ST				4	26	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011203					
Full Name of Contributing Committee CERTIFIED PUBLIC ACCOUNTANTS PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 500 N 3RD ST STE 600A				4	26	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011163					
Full Name of Contributing Committee CITIZENS FOR HUGHES				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 4950 PARKSIDE AVE #106				4	19	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191314700					
Full Name of Contributing Committee DEMOCRACY FUND				MO	DAY	YEAR	\$ 500.00
Mailing Address 111 N 6TH ST				5	13	2024	
City READING	State PA	Zip Code (Plus 4) 196013501					

Full Name of Contributing Committee DUANE MORRIS LLP GOVERNMENT COMMITTEE STATE & LOCAL FUND			MO	DAY	YEAR	\$ 500.00
Mailing Address 30 S 17TH ST			5	13	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191034001				
Full Name of Contributing Committee DUQUESNE LIGHT CO PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 411 7TH AVE FL 7			5	13	2024	
City PITTSBURGH	State PA	Zip Code (Plus 4) 152191919				
Full Name of Contributing Committee PA AUTOMOTIVE ASSOCIATION PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 1925 N FRONT ST			5	11	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171022214				
Full Name of Contributing Committee PA TRIAL LAWYERS			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 212 N 3RD ST STE 203			5	13	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011505				
Full Name of Contributing Committee PECO PAC			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 2301 MARKET ST #S14-2			5	13	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191031338				
Full Name of Contributing Committee PENNSYLVANIA OPTOMETRIC PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 218 NORTH ST			5	13	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171011124				
Full Name of Contributing Committee PSEA-PACE			MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 1724			5	13	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171051724				
Full Name of Contributing Committee THE HERSHEY COMPANY PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address 19 E CHOCOLATE AVE			5	13	2024	
City HERSHEY	State PA	Zip Code (Plus 4) 170331314				

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

PAGE TOTAL

\$ 10,000.00

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 CAROLYN COMITTA	Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u>
--	---

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
PAUL HASHEMI							\$ 517.75
Mailing Address 554 CANTERBURY LN City BERWYN State PA Zip Code (Plus 4) 193121912				5	11	2024	
Employer Name ZS ASSOCIATES				Occupation CONSULTANT			
Employer Mailing Address/Principal Place of Business 1650 MARKET STSTE 3500				City PHILADELPHIA		State PA	Zip Code (Plus 4) 191037356

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

PAGE TOTAL
\$ 517.75

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		Reporting Period	
FRIENDS OF CAROLYN COMITTA		From: <u>4/9/2024</u> To: <u>5/13/2024</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:
---------------------------------------	--

			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

7/5/2025 12:39:10 AM

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF CAROLYN COMITTA	From <u>4/9/2024</u> To: <u>5/13/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
ANNA ROSE BAKERY				
Mailing Address 100 N 2ND ST	5	2	2024	\$ 126.83
City HARRISBURG	State PA	Zip Code (Plus 4) 171011401	Description of Expenditure FUNDRAISING COSTS	
To Whom Paid	MO	DAY	YEAR	
DIRECT CONNECT				
Mailing Address 3901 CENTERVIEW DR STE W	5	2	2024	\$ 38.77
City CHANTILLY	State VA	Zip Code (Plus 4) 201513229	Description of Expenditure BANKCARD FEES	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 165.60

