

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b> 20160170		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>	<b>LOBBYIST</b>	
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF CAROLYN COMITTA								
<b>Street Address:</b>								
<b>City:</b> WEST CHESTER				<b>State:</b> PA		<b>Zip Code:</b> 17112		
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. X	AMENDMENT REPORT?	Yes <input type="checkbox"/> No <input checked="" 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 2024	<b>FILING METHOD ( ) CHECK ONE</b>		<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>	
<b>Name of Office Sought by Candidate:</b>				<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>
SENATOR IN THE GENERAL ASSEMBLY				MO DAY YEAR			19	STS
				11 5 2024				DEM 15
							(SEE INSTRUCTIONS FOR CODES)	
<b>Summary of Receipts and Expenditures from:</b>		MO	DAY	YEAR	<b>TO</b>		<b>FOR OFFICE USE ONLY</b>	
		4	9	2024	5 13 2024			
<b>A. Amount Brought Forward From Last Report</b>				\$ 87,776.89				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>				\$ 10,923.50				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>				\$ 98,700.39				
<b>D. Total Expenditures (From Schedule III)</b>				\$ 165.60				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>				\$ 98,534.79				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>				\$ 0.00				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>				\$ 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

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

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 250.00
<b>All Other Contributions (Part B)</b>	\$ 155.75
<b>TOTAL for the Reporting Period (2)</b>	\$ 405.75

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

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</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						
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)**

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

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

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

Full Name of Contributor			MO	DAY	YEAR	\$ 103.75
CHARLES KOCH						
Mailing Address			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.**

<b>PAGE TOTAL</b>
\$ 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.**

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

				DATE	AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR
(GMEREK GOV. RELATIONS)						
Mailing Address						
City	HARRISBURG	State	PA	5	13	2024
Zip Code (Plus 4)						
171011510						
						\$ 500.00
Full Name of Contributing Committee				MO	DAY	YEAR
AFSCME COUNCIL 13						
Mailing Address						
City	HARRISBURG	State	PA	5	11	2024
Zip Code (Plus 4)						
171111507						
						\$ 1,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
APSCUF/CAP PA						
Mailing Address						
City	HARRISBURG	State	PA	4	26	2024
Zip Code (Plus 4)						
171011203						
						\$ 1,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
CERTIFIED PUBLIC ACCOUNTANTS PAC						
Mailing Address						
City	HARRISBURG	State	PA	4	26	2024
Zip Code (Plus 4)						
171011163						
						\$ 500.00
Full Name of Contributing Committee				MO	DAY	YEAR
CITIZENS FOR HUGHES						
Mailing Address						
City	PHILADELPHIA	State	PA	4	19	2024
Zip Code (Plus 4)						
191314700						
						\$ 1,000.00
Full Name of Contributing Committee				MO	DAY	YEAR
DEMOCRACY FUND						
Mailing Address						
City	READING	State	PA	5	13	2024
Zip Code (Plus 4)						
196013501						
						\$ 500.00

<b>Full Name of Contributing Committee</b> DUANE MORRIS LLP GOVERNMENT COMMITTEE STATE & LOCAL FUND			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>			5	13	2024	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191034001				
<b>Full Name of Contributing Committee</b> DUQUESNE LIGHT CO PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>			5	13	2024	
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152191919				
<b>Full Name of Contributing Committee</b> PA AUTOMOTIVE ASSOCIATION PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>			5	11	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171022214				
<b>Full Name of Contributing Committee</b> PA TRIAL LAWYERS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>			5	13	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011505				
<b>Full Name of Contributing Committee</b> PECO PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b>			5	13	2024	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191031338				
<b>Full Name of Contributing Committee</b> PENNSYLVANIA OPTOMETRIC PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>			5	13	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171011124				
<b>Full Name of Contributing Committee</b> PSEA-PACE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>			5	13	2024	
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171051724				
<b>Full Name of Contributing Committee</b> THE HERSHEY COMPANY PAC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b>			5	13	2024	
<b>City</b> HERSHEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 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.)**

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

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

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

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>

			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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
FRIENDS OF CAROLYN COMITTA		From: <u>4/9/2024</u> To: <u>5/13/2024</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
---------------------------------------	--

			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.						<b>PAGE TOTAL</b>  \$ 0.00

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

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

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

