

# 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> 20130202		<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 JARED SOLOMON											
<b>Street Address:</b> PO BOX 7522											
<b>City:</b> PHILADELPHIA			<b>State:</b> PA		<b>Zip Code:</b> 19101						
<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.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2024	<b>FILING METHOD</b> ( ) CHECK ONE		<b>PAPER</b> <input checked="" type="checkbox"/>		<b>DISKETTE</b> <input type="checkbox"/>			
<b>Name of Office Sought by Candidate:</b>				<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>	
REPRESENTATIVE IN THE GENERAL ASSEMBLY				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	202	STH	DEM	51	
				11	5	2024	(SEE INSTRUCTIONS FOR CODES)				
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>		
		9	17	2024	TO	10	21	2024			
<b>A. Amount Brought Forward From Last Report</b>				\$		12,073.86					
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>				\$		9,665.53					
<b>C. Total Funds Available (Sum Of Lines A and B)</b>				\$		21,739.39					
<b>D. Total Expenditures (From Schedule III)</b>				\$		16,742.81					
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>				\$		4,996.58					
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>				\$		0.00					
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>				\$		57,585.25					

## 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  
 My Commission Expires \_\_\_\_\_  
 MO DAY YR

\_\_\_\_\_  
 Signature of Person Submitting Report  
 \_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
 Email  
 \_\_\_\_\_  
 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  
 My Commission Expires \_\_\_\_\_  
 MO DAY YR

\_\_\_\_\_  
 Signature of Candidate  
 \_\_\_\_\_  
 Printed Name  
 \_\_\_\_\_  
 Email  
 \_\_\_\_\_  
 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 JARED SOLOMON	From: <u>9/17/2024</u> To: <u>10/21/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 110.00

<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>	\$ 850.00
<b>All Other Contributions (Part B)</b>	\$ 775.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 1,625.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 4,350.00
<b>All Other Contributions (Part D)</b>	\$ 3,500.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 7,850.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 80.53

<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>	\$ 9,665.53
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**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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF JARED SOLOMON	From: <u>9/17/2024</u> To: <u>10/21/2024</u>
<b>DATE</b> <span style="float: right;"><b>AMOUNT</b></span>	

<b>Full Name of Contributing Committee</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
PENNSYLVANIA BAR ASSOCIATION PAC			6	24	2024	
<b>Mailing Address</b>	100 SOUTH ST					
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>				
HARRISBURG	PA	171011210				

<b>Full Name of Contributing Committee</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
IBC PAC			6	24	2024	
<b>Mailing Address</b>	1901 MARKET ST					
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>				
PHILADELPHIA	PA	191031480				

<b>Full Name of Contributing Committee</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
DEMOCRATS AT PPH			9	6	2024	
<b>Mailing Address</b>	6505 TABOR AVE APT 3120					
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>				
PHILADELPHIA	PA	191115342				

<b>Full Name of Contributing Committee</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
AT&T PAC PENNSYLVANIA			6	24	2024	
<b>Mailing Address</b>	PO BOX 6494					
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>				
HARRISBURG	PA	171120494				

<b>Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.</b>						<b>PAGE TOTAL</b>
						\$ 850.00

**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>	<b>Reporting Period</b>
FRIENDS OF JARED SOLOMON	From: <u>9/17/2024</u> To: <u>10/21/2024</u>

				DATE	AMOUNT		
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
CHARLES FELDMAN				10	18	2024	
<b>Mailing Address</b> 9679 PINE RD							
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191152747					
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
BEATRIZ GOMEZ				7	5	2024	
<b>Mailing Address</b> 6604 SYLVESTER ST							
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191492232					
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
GLORIA C HERNANDEZ				6	12	2024	
<b>Mailing Address</b> 8820 LISTER ST							
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191521327					
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
GLORIA C HERNANDEZ				7	12	2024	
<b>Mailing Address</b> 8820 LISTER ST							
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191521327					
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50.00
PEARL HUYNH				5	27	2024	
<b>Mailing Address</b> 6331 SHELBOURNE ST							
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191115614					
<b>Full Name of Contributor</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50.00
PEARL HUYNH				6	27	2024	
<b>Mailing Address</b> 6331 SHELBOURNE ST							
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191115614					

<b>Full Name of Contributor</b> PEARL HUYNH			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50.00
<b>Mailing Address</b> 6331 SHELBOURNE ST			7	27	2024	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191115614				
<b>Full Name of Contributor</b> PEARL HUYNH			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50.00
<b>Mailing Address</b> 6331 SHELBOURNE ST			8	27	2024	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191115614				
<b>Full Name of Contributor</b> PEARL HUYNH			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 50.00
<b>Mailing Address</b> 6331 SHELBOURNE ST			9	27	2024	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191115614				
<b>Full Name of Contributor</b> CHRISTINA WONG			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 25.00
<b>Mailing Address</b> 563 MARTIN ST			6	9	2024	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191281620				
<b>Full Name of Contributor</b> CHRISTINA WONG			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 25.00
<b>Mailing Address</b> 563 MARTIN ST			7	9	2024	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191281620				
<b>Full Name of Contributor</b> CHRISTINA WONG			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 25.00
<b>Mailing Address</b> 563 MARTIN ST			8	9	2024	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191281620				
<b>Full Name of Contributor</b> CHRISTINA WONG			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 25.00
<b>Mailing Address</b> 563 MARTIN ST			9	9	2024	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191281620				
<b>Full Name of Contributor</b> CHRISTINA WONG			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 25.00
<b>Mailing Address</b> 563 MARTIN ST			10	9	2024	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191281620				

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

<b>PAGE TOTAL</b>
\$ 775.00

**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.**

<b>Name of Filing Committee or Candidate</b> FRIENDS OF JARED SOLOMON	<b>Reporting Period</b> From: <u>9/17/2024</u> To: <u>10/21/2024</u>
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			DATE	AMOUNT		
Full Name of Contributing Committee	Mailing Address	City	MO	DAY	YEAR	
AFSCME COUNCIL 13 POLITICAL & LEGISLATIVE			6	18	2024	\$ 1,000.00
4031 EXECUTIVE PARK DR	HARRISBURG	PA				
APSCUF/CAP-PA			6	24	2024	\$ 500.00
319 N FRONT ST						
DUANE MORRIS LLP GOVERNMENT COMMITTEE STATE AND LOCAL FUND			6	24	2024	\$ 350.00
901 NEW YORK AVENUE 700						
HIGHMARK PAC			6	24	2024	\$ 500.00
1800 CENTER ST						
INTERNATIONAL BROTHERHOOD OF TEAMSTERS LOCAL 830 DRIVE PAC			6	24	2024	\$ 500.00
12298 TOWNSEND RD						
PA ASSOCIATION OF NURSE ANESTHETISTS PAC			8	15	2024	\$ 500.00
17 S HIGH ST STE 200						

Full Name of Contributing Committee			MO	DAY	YEAR	\$	
PECO PAC			6	24	2024		1,000.00
Mailing Address							
2301 MARKET ST S14-2							
City	State	Zip Code (Plus 4)					
PHILADELPHIA	PA	191031338					

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

PAGE TOTAL	
\$	4,350.00

**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 JARED SOLOMON	<b>Reporting Period</b> From: <u>9/17/2024</u> To: <u>10/21/2024</u>
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				DATE	AMOUNT		
<b>Full Name of Contributor</b> M. ASLAM CHUGHTAI				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 3432 PRIMROSE RD				9	24	2024	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191142620					
<b>Employer Name</b> INFORMATION REQUESTED				<b>Occupation</b> INFORMATION REQUESTED			
<b>Employer Mailing Address/Principal Place of Business</b> 3432 PRIMROSE RD			<b>City</b> PHILADELPHIA		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191142620	
<b>Full Name of Contributor</b> DAVID FORMAN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 639 W END WALK				5	14	2024	
<b>City</b> MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190633689					
<b>Employer Name</b> SALESFORCE				<b>Occupation</b> SOLUTION ENGINEER			
<b>Employer Mailing Address/Principal Place of Business</b> 415 MISSION ST			<b>City</b> SAN FRANCISCO		<b>State</b> CA	<b>Zip Code (Plus 4)</b> 941052533	
<b>Full Name of Contributor</b> DAVID FORMAN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 639 W END WALK				6	14	2024	
<b>City</b> MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190633689					
<b>Employer Name</b> SALESFORCE				<b>Occupation</b> SOLUTION ENGINEER			
<b>Employer Mailing Address/Principal Place of Business</b> 415 MISSION ST			<b>City</b> SAN FRANCISCO		<b>State</b> CA	<b>Zip Code (Plus 4)</b> 941052533	
<b>Full Name of Contributor</b> DAVID FORMAN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 639 W END WALK				7	14	2024	
<b>City</b> MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190633689					
<b>Employer Name</b> SALESFORCE				<b>Occupation</b> SOLUTION ENGINEER			
<b>Employer Mailing Address/Principal Place of Business</b> 415 MISSION ST			<b>City</b> SAN FRANCISCO		<b>State</b> CA	<b>Zip Code (Plus 4)</b> 941052533	

<b>Full Name of Contributor</b> DAVID FORMAN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 250.00
<b>Mailing Address</b> 639 W END WALK			8	14	2024	
<b>City</b> MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190633689				
<b>Employer Name</b> SALESFORCE			<b>Occupation</b> SOLUTION ENGINEER			
<b>Employer Mailing Address/Principal Place of Business</b> 415 MISSION ST		<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 941052533		
<b>Full Name of Contributor</b> DAVID FORMAN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 250.00
<b>Mailing Address</b> 639 W END WALK			9	14	2024	
<b>City</b> MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190633689				
<b>Employer Name</b> SALESFORCE			<b>Occupation</b> SOLUTION ENGINEER			
<b>Employer Mailing Address/Principal Place of Business</b> 415 MISSION ST		<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 941052533		
<b>Full Name of Contributor</b> DAVID FORMAN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 250.00
<b>Mailing Address</b> 639 W END WALK			10	14	2024	
<b>City</b> MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190633689				
<b>Employer Name</b> SALESFORCE			<b>Occupation</b> SOLUTION ENGINEER			
<b>Employer Mailing Address/Principal Place of Business</b> 415 MISSION ST		<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 941052533		
<b>Full Name of Contributor</b> SAUL EWING, LLP			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 1,000.00
<b>Mailing Address</b> 1500 MARKET ST FL 38			6	24	2024	
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191022184				
<b>Employer Name</b>			<b>Occupation</b>			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		

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

<b>PAGE TOTAL</b>
<b>\$</b> 3,500.00

**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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF JARED SOLOMON	<b>Reporting Period</b>  From: <u>9/17/2024</u> To: <u>10/21/2024</u>
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	DATE			AMOUNT
Full Name	MO	DAY	YEAR	\$
NEXT INSURANCE	9	24	2024	80.53
<b>Mailing Address</b> 975 CALIFORNIA AVE				
<b>City</b> PALO ALTO				
<b>State</b> CA				
<b>Zip Code (Plus 4)</b> 943041104				
<b>Receipt Description</b> VENDOR REFUND				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

<b>PAGE TOTAL</b>
\$ 80.53

## 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>  FRIENDS OF JARED SOLOMON	<b>Reporting Period</b>  From: <u>9/17/2024</u> To: <u>10/21/2024</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 RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period (3)	\$ 0.00
<b>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.)</b>	\$ 0.00

**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OF \$50.01 TO \$250.00**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
<b>Mailing Address</b>				\$ 0.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		
<b>Description of Contribution:</b>				
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>				<b>PAGE TOTAL</b> \$ 0.00



## SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF JARED SOLOMON	From <u>9/17/2024</u> To: <u>10/21/2024</u>

				DATE	AMOUNT		
To Whom Paid	Mailing Address	City	State	MO	DAY	YEAR	
ACTBLUE	366 SUMMER ST	SOMERVILLE	MA	9	16	2024	\$ 6.96
							Description of Expenditure CREDIT CARD FEES
ACTBLUE	366 SUMMER ST	SOMERVILLE	MA	10	21	2024	\$ 34.31
							Description of Expenditure CREDIT CARD FEES
ALE HOUSE	3546 W CHESTER PIKE	NEWTOWN SQUARE	PA	6	24	2024	\$ 55.83
							Description of Expenditure MEALS
BARCLAY PRIME	237 S 18TH ST	PHILADELPHIA	PA	5	23	2024	\$ 266.36
							Description of Expenditure CATERING
BEE COMPLIANCE LLC	611 PENNSYLVANIA AVE SE # 192	WASHINGTON	DC	7	1	2024	\$ 1,000.00
							Description of Expenditure COMPLIANCE CONSULTING
BEE COMPLIANCE LLC	611 PENNSYLVANIA AVE SE # 192	WASHINGTON	DC	8	5	2024	\$ 1,000.00
							Description of Expenditure COMPLIANCE CONSULTING

<b>To Whom Paid</b> BEE COMPLIANCE LLC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	1,000.00
<b>Mailing Address</b> 611 PENNSYLVANIA AVE SE # 192			8	28	2024		
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 200034303	<b>Description of Expenditure</b> COMPLIANCE CONSULTING				
<b>To Whom Paid</b> BEE COMPLIANCE LLC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	1,000.00
<b>Mailing Address</b> 611 PENNSYLVANIA AVE SE # 192			10	1	2024		
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 200034303	<b>Description of Expenditure</b> COMPLIANCE CONSULTING				
<b>To Whom Paid</b> CMS VENDING			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	2.60
<b>Mailing Address</b> 44 MONROE ST			7	18	2024		
<b>City</b> NEW YORK	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 100027701	<b>Description of Expenditure</b> MEALS				
<b>To Whom Paid</b> DEPASQUALE FOR ATTORNEY GENERAL			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	500.00
<b>Mailing Address</b> PO BOX 1822			9	20	2024		
<b>City</b> YORK	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 174051822	<b>Description of Expenditure</b> POLITICAL CONTRIBUTION				
<b>To Whom Paid</b> GALLO'S SEAFOOD			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	112.88
<b>Mailing Address</b> 8101 ROOSEVELT BLVD			10	17	2024		
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191523013	<b>Description of Expenditure</b> CATERING				
<b>To Whom Paid</b> GOOGLE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	38.88
<b>Mailing Address</b> 1600 AMPHITHEATRE PKWY			6	3	2024		
<b>City</b> MOUNTAIN VIEW	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 940431351	<b>Description of Expenditure</b> SOFTWARE				
<b>To Whom Paid</b> GOOGLE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	31.63
<b>Mailing Address</b> 1600 AMPHITHEATRE PKWY			7	2	2024		
<b>City</b> MOUNTAIN VIEW	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 940431351	<b>Description of Expenditure</b> SOFTWARE				
<b>To Whom Paid</b> GOOGLE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	31.11
<b>Mailing Address</b> 1600 AMPHITHEATRE PKWY			8	2	2024		
<b>City</b> MOUNTAIN VIEW	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 940431351	<b>Description of Expenditure</b> SOFTWARE				

<b>To Whom Paid</b> GOOGLE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	31.11
<b>Mailing Address</b> 1600 AMPHITHEATRE PKWY			9	3	2024		
<b>City</b> MOUNTAIN VIEW	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 940431351	<b>Description of Expenditure</b> SOFTWARE				
<b>To Whom Paid</b> GOOGLE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	31.11
<b>Mailing Address</b> 1600 AMPHITHEATRE PKWY			10	3	2024		
<b>City</b> MOUNTAIN VIEW	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 940431351	<b>Description of Expenditure</b> SOFTWARE				
<b>To Whom Paid</b> GREENBERG TRAURIG, LLP			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	2,500.00
<b>Mailing Address</b> 1717 ARCH ST STE 400			6	6	2024		
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191032713	<b>Description of Expenditure</b> LEGAL SERVICES				
<b>To Whom Paid</b> GUSTO			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	1,159.52
<b>Mailing Address</b> 525 20TH ST			5	14	2024		
<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 941074345	<b>Description of Expenditure</b> PAYROLL TAXES				
<b>To Whom Paid</b> GUSTO			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	729.32
<b>Mailing Address</b> 525 20TH ST			5	31	2024		
<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 941074345	<b>Description of Expenditure</b> PAYROLL TAXES				
<b>To Whom Paid</b> GUSTO			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	56.16
<b>Mailing Address</b> 525 20TH ST			6	4	2024		
<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 941074345	<b>Description of Expenditure</b> PAYROLL PROCESSING FEE				
<b>To Whom Paid</b> CHRISTINA KUHLMEIER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	1,827.35
<b>Mailing Address</b> PO BOX 7522			5	14	2024		
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191017522	<b>Description of Expenditure</b> PAYROLL				
<b>To Whom Paid</b> CHRISTINA KUHLMEIER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	1,827.36
<b>Mailing Address</b> PO BOX 7522			5	14	2024		
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191017522	<b>Description of Expenditure</b> PAYROLL				

<b>To Whom Paid</b> NEXT INSURANCE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	50.11
<b>Mailing Address</b> 975 CALIFORNIA AVE			5	20	2024		
<b>City</b> PALO ALTO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 943041104	<b>Description of Expenditure</b> INSURANCE				
<b>To Whom Paid</b> NEXT INSURANCE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	30.71
<b>Mailing Address</b> 975 CALIFORNIA AVE			6	10	2024		
<b>City</b> PALO ALTO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 943041104	<b>Description of Expenditure</b> INSURANCE				
<b>To Whom Paid</b> NGP VAN			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	1,036.80
<b>Mailing Address</b> 1101 15TH ST NW STE 500			8	29	2024		
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 200055006	<b>Description of Expenditure</b> SOFTWARE				
<b>To Whom Paid</b> PNC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	680.00
<b>Mailing Address</b> 249 5TH AVE			6	3	2024		
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 152222707	<b>Description of Expenditure</b> BANK FEE				
<b>To Whom Paid</b> RIB RACK			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	68.13
<b>Mailing Address</b> 2100 TYSON AVE			10	18	2024		
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191491810	<b>Description of Expenditure</b> MEALS				
<b>To Whom Paid</b> SQUARESPACE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	298.08
<b>Mailing Address</b> 225 VARICK ST			9	5	2024		
<b>City</b> NEW YORK	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 100144304	<b>Description of Expenditure</b> SOFTWARE				
<b>To Whom Paid</b> STAPLES			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	16.05
<b>Mailing Address</b> 4640 E ROOSEVELT BLVD			5	28	2024		
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191242300	<b>Description of Expenditure</b> OFFICE SUPPLIES				
<b>To Whom Paid</b> JACOB STERNBERGER			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	1,184.57
<b>Mailing Address</b> 2031 LOCUST ST APT 602			5	14	2024		
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191035693	<b>Description of Expenditure</b> PAYROLL				

<b>To Whom Paid</b> STRIPE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	49.52
<b>Mailing Address</b> 354 OYSTER POINT BLVD			10	21	2024		
<b>City</b> SOUTH SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 940801912	<b>Description of Expenditure</b> CREDIT CARD FEES				
<b>To Whom Paid</b> ZOOM			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	17.27
<b>Mailing Address</b> 55 ALMADEN BLVD			6	10	2024		
<b>City</b> SAN JOSE	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 951131608	<b>Description of Expenditure</b> ONLINE VIDEO CONFERENCE				
<b>To Whom Paid</b> ZOOM			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	17.27
<b>Mailing Address</b> 55 ALMADEN BLVD			7	10	2024		
<b>City</b> SAN JOSE	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 951131608	<b>Description of Expenditure</b> ONLINE VIDEO CONFERENCE				
<b>To Whom Paid</b> ZOOM			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	17.27
<b>Mailing Address</b> 55 ALMADEN BLVD			8	12	2024		
<b>City</b> SAN JOSE	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 951131608	<b>Description of Expenditure</b> ONLINE VIDEO CONFERENCE				
<b>To Whom Paid</b> ZOOM			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	17.27
<b>Mailing Address</b> 55 ALMADEN BLVD			9	10	2024		
<b>City</b> SAN JOSE	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 951131608	<b>Description of Expenditure</b> ONLINE VIDEO CONFERENCE				
<b>To Whom Paid</b> ZOOM			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$	17.27
<b>Mailing Address</b> 55 ALMADEN BLVD			10	10	2024		
<b>City</b> SAN JOSE	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 951131608	<b>Description of Expenditure</b> ONLINE VIDEO CONFERENCE				
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>	
						\$	16,742.81

**SCHEDULE IV**  
**STATEMENT OF UNPAID DEBTS**  
 Use this Section to itemize all unpaid debts and obligations  
 which are outstanding at the end of the reporting period

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF JARED SOLOMON	<b>From:</b> <u>9/17/2024</u> <b>To:</b> <u>10/21/2024</u>

	DATE			Outstanding Balance of Debt
Name of Creditor	MO	DAY	YEAR	
GREENBERG TRAURIG, LLP	5	13	2024	\$ 12,585.25
<b>Mailing Address</b> 1717 ARCH ST STE 400				
<b>City</b> PHILADELPHIA				
<b>State</b> PA				
<b>Zip Code (Plus 4)</b> 191032713				
<b>Description of Debt</b> LEGAL SERVICES				
<b>Name of Creditor</b>	MO	DAY	YEAR	
DAVID L HYMAN				
<b>Mailing Address</b> 413 W MERMAID LN	4	16	2024	\$ 10,000.00
<b>City</b> PHILADELPHIA				
<b>State</b> PA				
<b>Zip Code (Plus 4)</b> 191184203				
<b>Description of Debt</b> LOAN RECEIVED				
<b>Name of Creditor</b>	MO	DAY	YEAR	
PETER MARKOWITZ				
<b>Mailing Address</b> 440 S BROAD ST UNIT 908	4	16	2024	\$ 25,000.00
<b>City</b> PHILADELPHIA				
<b>State</b> PA				
<b>Zip Code (Plus 4)</b> 191464903				
<b>Description of Debt</b> LOAN RECEIVED				
<b>Name of Creditor</b>	MO	DAY	YEAR	
HAROLD B YAFFE				
<b>Mailing Address</b> 237 S 18TH ST	4	19	2024	\$ 10,000.00
<b>City</b> PHILADELPHIA				
<b>State</b> PA				
<b>Zip Code (Plus 4)</b> 191036161				
<b>Description of Debt</b> LOAN RECEIVED				
<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>				<b>PAGE TOTAL</b>
				\$ 57,585.25