

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 :		20130202		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JARED SOLOMON												
Street Address: PO BOX 7522												
City: PHIADELPHIA						State: PA			Zip Code: 19101			
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. X	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
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	202	STH	DEM	51
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		10	22	2024		11	25	2024				
A. Amount Brought Forward From Last Report						\$		4,996.58				
B. Total Monetary Contributions And Receipts (From Schedule I)						\$		2,910.00				
C. Total Funds Available (Sum Of Lines A and B)						\$		7,906.58				
D. Total Expenditures (From Schedule III)						\$		1,808.31				
E. Ending Cash Balance (Subtract Line D From Line C)						\$		6,098.27				
F. Value Of In-Kind Contributions Received (From Schedule II)						\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)						\$		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 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 JARED SOLOMON	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 160.00

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)	\$ 750.00
TOTAL for the Reporting Period (2)	\$ 750.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 2,000.00

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.)	\$ 2,910.00
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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 JARED SOLOMON	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

DATE						AMOUNT	
Full Name of Contributor DAVID FORMAN				MO	DAY	YEAR	\$ 250.00
Mailing Address 639 W END WALK				11	14	2024	
City MEDIA	State PA	Zip Code (Plus 4) 190633689					
Full Name of Contributor KATHERINE SACHS				MO	DAY	YEAR	\$ 250.00
Mailing Address 1035 WASHINGTON LN				11	23	2024	
City JENKINTOWN	State PA	Zip Code (Plus 4) 190461708					
Full Name of Contributor BARBARA VALAW				MO	DAY	YEAR	\$ 250.00
Mailing Address 3728 VISTA TER				11	20	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 171112007					

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

PAGE TOTAL
\$ 750.00

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	Reporting Period
FRIENDS OF JARED SOLOMON	From: <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	1,000.00
PASNAP - PA ASSN STAFF NURSES/ALLIED PROFS PAC									
Mailing Address					10	23	2024		
1 FAYETTE ST STE 475									
City			CONSHOHOCKEN		State	PA		Zip Code (Plus 4)	194284139

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

PAGE TOTAL
\$ 1,000.00

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 JARED SOLOMON	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
STEVE J. BATZER					\$ 1,000.00
Mailing Address 1020 ATLANTIC AVE					
City ATLANTIC CITY					
State NJ					
Zip Code (Plus 4) 084017427					
Employer Name WBD INVESTMENT GROUP				Occupation PARTNER	
Employer Mailing Address/Principal Place of Business				City	
61 S PARAMUS RD				PARAMUS	
				State NJ	
				Zip Code (Plus 4) 076521236	

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

PAGE TOTAL
\$ 1,000.00

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 JARED SOLOMON		From: <u>10/22/2024</u> To: <u>11/25/2024</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:
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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

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

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF JARED SOLOMON	From <u>10/22/2024</u> To: <u>11/25/2024</u>

				DATE	AMOUNT		
To Whom Paid ACTBLUE				MO	DAY	YEAR	\$ 1.50
Mailing Address 366 SUMMER ST				10	22	2024	
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure CREDIT CARD PROCESSING FEES				
To Whom Paid ACTBLUE				MO	DAY	YEAR	\$ 9.91
Mailing Address 366 SUMMER ST				11	25	2024	
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure CREDIT CARD PROCESSING FEES				
To Whom Paid BEE COMPLIANCE LLC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 611 PENNSYLVANIA AVE SE # 192				11	4	2024	
City WASHINGTON	State DC	Zip Code (Plus 4) 200034303	Description of Expenditure COMPLIANCE CONSULTING				
To Whom Paid GOOGLE				MO	DAY	YEAR	\$ 31.11
Mailing Address 1600 AMPHITHEATRE PKWY				11	4	2024	
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure SOFTWARE				
To Whom Paid GURU'S INDIAN CUISINE				MO	DAY	YEAR	\$ 228.52
Mailing Address 203 N SYCAMORE ST				10	28	2024	
City NEWTOWN	State PA	Zip Code (Plus 4) 189401514	Description of Expenditure EVENT CATERING				
To Whom Paid PHILLY PRETZEL FACTORY				MO	DAY	YEAR	\$ 180.00
Mailing Address 1903 COTTMAN AVE				11	6	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191113816	Description of Expenditure EVENT CATERING				

To Whom Paid PHILLY PRETZEL FACTORY			MO	DAY	YEAR	\$ 120.00
Mailing Address 1903 COTTMAN AVE			11	6	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191113816	Description of Expenditure EVENT CATERING			

To Whom Paid STEVE'S PRINCE OF STEAKS			MO	DAY	YEAR	\$ 201.44
Mailing Address 7200 BUSTLETON AVE			11	6	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191491224	Description of Expenditure EVENT CATERING			

To Whom Paid STRIPE			MO	DAY	YEAR	\$ 2.43
Mailing Address 354 OYSTER POINT BLVD			10	22	2024	
City SOUTH SAN FRANCISCO	State CA	Zip Code (Plus 4) 940801912	Description of Expenditure CREDIT CARD FEES			

To Whom Paid STRIPE			MO	DAY	YEAR	\$ 16.13
Mailing Address 354 OYSTER POINT BLVD			11	25	2024	
City SOUTH SAN FRANCISCO	State CA	Zip Code (Plus 4) 940801912	Description of Expenditure CREDIT CARD FEES			

To Whom Paid ZOOM			MO	DAY	YEAR	\$ 17.27
Mailing Address 55 ALMADEN BLVD			11	6	2024	
City SAN JOSE	State CA	Zip Code (Plus 4) 951131608	Description of Expenditure ONLINE VIDEO CONFERENCE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,808.31

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

Name of Filing Committee or Candidate FRIENDS OF JARED SOLOMON	Reporting Period From: <u>10/22/2024</u> To: <u>11/25/2024</u>
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				DATE	Outstanding Balance of Debt	
Name of Creditor GREENBERG TRAURING, LLP			MO	DAY	YEAR	\$ 12,585.25
Mailing Address 1717 ARCH ST STE 400			5	13	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191032713	Description of Debt LEGAL SERVICES			
Name of Creditor DAVID L HYMAN			MO	DAY	YEAR	\$ 10,000.00
Mailing Address 413 W MERMAID LN			4	16	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191184203	Description of Debt LOAN RECEIVED			
Name of Creditor PETER MARKOWITZ			MO	DAY	YEAR	\$ 25,000.00
Mailing Address 440 S BROAD ST UNIT 908			4	16	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191464903	Description of Debt LOAN RECEIVED			
Name of Creditor HAROLD B YAFFE			MO	DAY	YEAR	\$ 10,000.00
Mailing Address 237 S 18TH ST			4	19	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191036161	Description of Debt LOAN RECEIVED			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 57,585.25