

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:												
City: PHILADELPHIA						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.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	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			
		11	26	2024		12	31	2024				
A. Amount Brought Forward From Last Report						\$		6,098.27				
B. Total Monetary Contributions And Receipts (From Schedule I)						\$		8,518.65				
C. Total Funds Available (Sum Of Lines A and B)						\$		14,616.92				
D. Total Expenditures (From Schedule III)						\$		13,671.46				
E. Ending Cash Balance (Subtract Line D From Line C)						\$		945.46				
F. Value Of In-Kind Contributions Received (From Schedule II)						\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)						\$		45,000.00				

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 JARED SOLOMON	From: <u>11/26/2024</u> To: <u>12/31/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 60.00

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)	\$ 650.00
TOTAL for the Reporting Period (2)	\$ 650.00

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)	\$ 5,000.00
TOTAL for the Reporting Period (3)	\$ 6,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 1,808.65

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.)	\$ 8,518.65
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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.							
Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL	
\$	0.00

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	Reporting Period
FRIENDS OF JARED SOLOMON	From: <u>11/26/2024</u> To: <u>12/31/2024</u>

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
LOUIS A BROWN JR							
Mailing Address				12	12	2024	
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	191115630				
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
THOMAS A DIEDERICH							
Mailing Address				12	7	2024	
City	MERION STATION	State	Zip Code (Plus 4)				
		PA	19066				
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
JEFFREY GRIFFITH							
Mailing Address				12	18	2024	
City	KENSINGTON	State	Zip Code (Plus 4)				
		MD	208954215				
Full Name of Contributor				MO	DAY	YEAR	\$ 50.00
PEARL HUYNH							
Mailing Address				11	27	2024	
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	191115614				
Full Name of Contributor				MO	DAY	YEAR	\$ 50.00
PEARL HUYNH							
Mailing Address				12	27	2024	
City	PHILADELPHIA	State	Zip Code (Plus 4)				
		PA	191115614				
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
STUART LEON							
Mailing Address				12	6	2024	
City	JENKINTOWN	State	Zip Code (Plus 4)				
		PA	190462919				

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

PAGE TOTAL

\$ 650.00

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>11/26/2024</u>	To: <u>12/31/2024</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	1,000.00
THE BIPARTISAN NETWORK PAC								
Mailing Address				12	4	2024		
City	WASHINGTON	State	Zip Code (Plus 4)					
		DC	200011512					

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>11/26/2024</u> To: <u>12/31/2024</u>
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			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
MARK A. ARONCHICK	12	4	2024	\$ 5,000.00
Mailing Address				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191036910		
Employer Name HANGLEY ARONCHICK SEGAL PUDLIN & SCHILLER			Occupation ATTORNEY	
Employer Mailing Address/Principal Place of Business		City PHILADELPHIA	State PA	Zip Code (Plus 4) 191036910

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

PAGE TOTAL
\$ 5,000.00

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 FRIENDS OF JARED SOLOMON	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>
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				DATE		AMOUNT	
Full Name				MO	DAY	YEAR	\$ 1,808.65
GRASSROOTS MEDIA LLC							
Mailing Address							
City		State	Zip Code (Plus 4)	12	24	2024	
BALA CYNWYD		PA	190042956				
Receipt Description		VENDOR REFUND					

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

PAGE TOTAL
\$ 1,808.65

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>11/26/2024</u> To: <u>12/31/2024</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>11/26/2024</u> To: <u>12/31/2024</u>

				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$ 3.75
ACTBLUE				11	26	2024	
Mailing Address				11	26	2024	
City	SOMERVILLE	State	MA	Zip Code (Plus 4)	Description of Expenditure		
				021443132	CREDIT CARD PROCESSING FEES		
To Whom Paid				MO	DAY	YEAR	\$ 10.66
ACTBLUE				12	31	2024	
Mailing Address				12	31	2024	
City	SOMERVILLE	State	MA	Zip Code (Plus 4)	Description of Expenditure		
				021443132	CREDIT CARD PROCESSING FEES		
To Whom Paid				MO	DAY	YEAR	\$ 1,000.00
BEE COMPLIANCE LLC				12	5	2024	
Mailing Address				12	5	2024	
City	WASHINGTON	State	DC	Zip Code (Plus 4)	Description of Expenditure		
				200034303	COMPLIANCE CONSULTING		
To Whom Paid				MO	DAY	YEAR	\$ 31.11
GOOGLE				12	2	2024	
Mailing Address				12	2	2024	
City	MOUNTAIN VIEW	State	CA	Zip Code (Plus 4)	Description of Expenditure		
				940431351	SOFTWARE		
To Whom Paid				MO	DAY	YEAR	\$ 12,585.25
GREENBERG TRAURIG, LLP				12	26	2024	
Mailing Address				12	26	2024	
City	PHILADELPHIA	State	PA	Zip Code (Plus 4)	Description of Expenditure		
				191032713	LEGAL SERVICES		
To Whom Paid				MO	DAY	YEAR	\$ 5.73
STRIPE				11	26	2024	
Mailing Address				11	26	2024	
City	SOUTH SAN FRANCISCO	State	CA	Zip Code (Plus 4)	Description of Expenditure		
				940801912	CREDIT CARD FEES		

To Whom Paid STRIPE			MO	DAY	YEAR	\$ 17.69
Mailing Address			12	31	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			12	10	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
						\$ 13,671.46

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: 11/26/2024 To: 12/31/2024
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				DATE		Outstanding Balance of Debt	
Name of Creditor DAVID L HYMAN			MO	DAY	YEAR	\$ 10,000.00	
Mailing Address			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			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			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 \$ 45,000.00	