

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: 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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Name of Filing Committee or Candidate	Reporting Period
	From: To:

	DATE	AMOUNT
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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 6326 RISING SUN AVE				12	12	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191115630					
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
THOMAS A DIEDERICH							
Mailing Address 544 GREYSTONE ROAD				12	7	2024	
City MERION STATION	State PA	Zip Code (Plus 4) 19066					
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
JEFFREY GRIFFITH							
Mailing Address 4502 SAUL RD				12	18	2024	
City KENSINGTON	State MD	Zip Code (Plus 4) 208954215					
Full Name of Contributor				MO	DAY	YEAR	\$ 50.00
PEARL HUYNH							
Mailing Address 6331 SHELBOURNE ST				11	27	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191115614					
Full Name of Contributor				MO	DAY	YEAR	\$ 50.00
PEARL HUYNH							
Mailing Address 6331 SHELBOURNE ST				12	27	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191115614					
Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
STUART LEON							
Mailing Address 863 WINTER RD				12	6	2024	
City JENKINTOWN	State PA	Zip Code (Plus 4) 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		
444 N CAPITOL ST NW									
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				\$ 5,000.00
Mailing Address 1 LOGAN SQ FL 27	12	4	2024	
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 1 LOGAN SQ FL 27	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				12	24	2024	
Mailing Address 146 MONTGOMERY AVE							
City	BALA CYNWYD	State	PA	Zip Code (Plus 4)	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

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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	
ACTBLUE				
Mailing Address 366 SUMMER ST	11	26	2024	\$ 3.75
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure CREDIT CARD PROCESSING FEES	
To Whom Paid	MO	DAY	YEAR	
ACTBLUE				
Mailing Address 366 SUMMER ST	12	31	2024	\$ 10.66
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure CREDIT CARD PROCESSING FEES	
To Whom Paid	MO	DAY	YEAR	
BEE COMPLIANCE LLC				
Mailing Address 611 PENNSYLVANIA AVE SE #192	12	5	2024	\$ 1,000.00
City WASHINGTON	State DC	Zip Code (Plus 4) 200034303	Description of Expenditure COMPLIANCE CONSULTING	
To Whom Paid	MO	DAY	YEAR	
GOOGLE				
Mailing Address 1600 AMPHITHEATRE PKWY	12	2	2024	\$ 31.11
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure SOFTWARE	
To Whom Paid	MO	DAY	YEAR	
GREENBERG TRAURIG, LLP				
Mailing Address 1717 ARCH ST STE 400	12	26	2024	\$ 12,585.25
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191032713	Description of Expenditure LEGAL SERVICES	
To Whom Paid	MO	DAY	YEAR	
STRIPE				
Mailing Address 354 OYSTER POINT BLVD	11	26	2024	\$ 5.73
City SOUTH SAN FRANCISCO	State CA	Zip Code (Plus 4) 940801912	Description of Expenditure CREDIT CARD FEES	

To Whom Paid STRIPE			MO	DAY	YEAR	\$ 17.69
Mailing Address 354 OYSTER POINT BLVD			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 55 ALMADEN BLVD			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				
Mailing Address 413 W MERMAID LN				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191184203	Description of Debt LOAN RECEIVED	
				\$ 10,000.00
Name of Creditor PETER MARKOWITZ				
Mailing Address 440 S BROAD ST UNIT 908				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191464903	Description of Debt LOAN RECEIVED	
				\$ 25,000.00
Name of Creditor HAROLD B YAFFE				
Mailing Address 237 S 18TH ST				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191036161	Description of Debt LOAN RECEIVED	
				\$ 10,000.00
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.				PAGE TOTAL \$ 45,000.00