

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	TO	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
 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

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
---	----	----------

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	AMOUNT
Mailing Address				\$ 0.00
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				
LOUIS A BROWN JR				12	12		
Mailing Address 6326 RISING SUN AVE						2024	\$ 100.00
City PHILADELPHIA	State	Zip Code (Plus 4)					
	PA	191115630					
THOMAS A DIEDERICH				12	7		
Mailing Address 544 GREYSTONE ROAD						2024	\$ 100.00
City MERION STATION	State	Zip Code (Plus 4)					
	PA	19066					
JEFFREY GRIFFITH				12	18		
Mailing Address 4502 SAUL RD						2024	\$ 100.00
City KENSINGTON	State	Zip Code (Plus 4)					
	MD	208954215					
PEARL HUYNH				11	27		
Mailing Address 6331 SHELBOURNE ST						2024	\$ 50.00
City PHILADELPHIA	State	Zip Code (Plus 4)					
	PA	191115614					
PEARL HUYNH				12	27		
Mailing Address 6331 SHELBOURNE ST						2024	\$ 50.00
City PHILADELPHIA	State	Zip Code (Plus 4)					
	PA	191115614					
STUART LEON				12	6		
Mailing Address 863 WINTER RD						2024	\$ 250.00
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 FRIENDS OF JARED SOLOMON	Reporting Period From: <u>11/26/2024</u> To: <u>12/31/2024</u>
--	--

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
THE BIPARTISAN NETWORK PAC				\$ 1,000.00
Mailing Address 444 N CAPITOL ST NW	12	4	2024	
City WASHINGTON				
State DC				
Zip Code (Plus 4) 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>
--	--

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$
MARK A. ARONCHICK	12	4	2024	5,000.00
Mailing Address 1 LOGAN SQ FL 27				
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>
--	--

				DATE	AMOUNT	
Full Name			MO	DAY	YEAR	\$
GRASSROOTS MEDIA LLC			12	24	2024	1,808.65
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 FRIENDS OF JARED SOLOMON	Reporting Period 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 RECEIVED - 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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor					
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		
ACTBLUE	11	26	2024	\$	3.75
Mailing Address 366 SUMMER ST					
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure CREDIT CARD PROCESSING FEES		
ACTBLUE	12	31	2024	\$	10.66
Mailing Address 366 SUMMER ST					
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure CREDIT CARD PROCESSING FEES		
BEE COMPLIANCE LLC	12	5	2024	\$	1,000.00
Mailing Address 611 PENNSYLVANIA AVE SE #192					
City WASHINGTON	State DC	Zip Code (Plus 4) 200034303	Description of Expenditure COMPLIANCE CONSULTING		
GOOGLE	12	2	2024	\$	31.11
Mailing Address 1600 AMPHITHEATRE PKWY					
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure SOFTWARE		
GREENBERG TRAUIG, LLP	12	26	2024	\$	12,585.25
Mailing Address 1717 ARCH ST STE 400					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191032713	Description of Expenditure LEGAL SERVICES		
STRIPE	11	26	2024	\$	5.73
Mailing Address 354 OYSTER POINT BLVD					
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: <u>11/26/2024</u> To: <u>12/31/2024</u>
--	--

	DATE			Outstanding Balance of Debt
Name of Creditor	MO	DAY	YEAR	
DAVID L HYMAN				
Mailing Address 413 W MERMAID LN	4	16	2024	\$ 10,000.00
City PHILADELPHIA				
State PA				
Zip Code (Plus 4) 191184203				
Description of Debt LOAN RECEIVED				
PETER MARKOWITZ				
Mailing Address 440 S BROAD ST UNIT 908	4	16	2024	\$ 25,000.00
City PHILADELPHIA				
State PA				
Zip Code (Plus 4) 191464903				
Description of Debt LOAN RECEIVED				
HAROLD B YAFFE				
Mailing Address 237 S 18TH ST	4	19	2024	\$ 10,000.00
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