### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 2018	0169			Repo			CAND	IDATE		COM	<b>4ITTEE</b>	✓	LOBE	SYIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIE	NDS	oF	DAVE D	ELLOS	0						
Street Address:	219 GRAYLIN	G AVE #	±3													
City:	NARBERTH							State:	PA			Zip Cod	<b>le:</b> 19	9072		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2.		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	<b>-</b> 5.		30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	<b>\</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2024					NG METH CHECK C				PAPER		<b>/</b>	DISKE	TTE
Name of Office S	- Sought by Candida	te:						DATE (	OF ELE	CTI	NC	District Number	Office Code	Par	ty Code	County
								МО	DAY	Y	EAR		1	DEM	1	
								1:	1	5	2024		(SEE IN	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	2			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s from:		11 26	2	024	T	<b>o</b>	12	2	31	2024					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			8,	648.88					
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule 1	I)	\$			10,	955.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			19,	603.88					
D. Total Expen	ditures (From Sch	edule II	I)				\$			11,	378.65					
E. Ending Cash	Balance (Subtract	t Line D	From Line (	<b>E)</b>			\$			8,	225.23	]				
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II)		\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00					
				AFF	'IDA'	VIT	SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere. I	If this	s is	a Car	ndidate ı	eport,	cand	idate sig	ın here.				
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sch	edules	s filed	on p	aper	or by elec	tronic n	nediun	n, are to t	he best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me this day of	i	20								Signature	of Perso	n Submit	ting Rep	ort	
	Signatu	**										Prin	ted Name	e		
My Commission Ex	•	ie										Ema	il			
	мо	D	AY	YR			•		A	rea Co	de	Daytim	e Teleph	one Nu	mber	_
Part II- If this is	a report of a cand	didate's	authorized	Comn	nittee	, Ca	ndid	ate shal	l sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politio	cal o	comm	ittee has	not viol	ated a	ny provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this								-		s	ignature o	of Candid	ate		
	day of						•					Printa	d Name			
	Signature															
My Commission Exp	_											Ema	il			
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF DAVE DELLOSO	From:	11/26/202	<u>4</u> То:	12/31/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	0.00
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)			\$	455.00
TOTAL for the Reporting	Period	(2)	\$	455.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	10,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	10,500.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	10,955.00

#### **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 Candidat	e		Reporting	Period			
		1	From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

## 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 Candida	ite		Rep	orting P	eriod			
FRIENDS OF D	AVE DELLOSO			Fro	m:	11/26/	2024 <b>T</b> o	<b>)</b> :	12/31/2024
						DATE			AMOUNT
Full Name of Con	tributor				МО	DAY	YEAR		
Mailing Address	1021 WASHINGTO	N AV						\$	35.00
City PROSPEC	T PARK	<b>State</b> PA	Zip Code (Plus 4 19075	)	12	6	2024		
Full Name of Con JOANNE PHILIPS					МО	DAY	YEAR		
Mailing Address	302 S OLD MIDDL	ETOWN RD						\$	100.00
City MEDIA		<b>State</b> PA	Zip Code (Plus 4 19063	)	12	6	2024		
Full Name of Con					МО	DAY	YEAR		
Mailing Address	111 LEON AVE							\$	100.00
City NORWOO	DD	<b>State</b> PA	Zip Code (Plus 4 19074	)	12	6	2024		
Full Name of Con	tributor	-			МО	DAY	YEAR		
Mailing Address	914 SOUTH AVE.	APT. B-37						\$	20.00
City SECANE		<b>State</b> PA	Zip Code (Plus 4	)	12	14	2024		
Full Name of Con	tributor				МО	DAY	YEAR		
Mailing Address	207 AVIAN ALLEY	_						\$	100.00
City MEDIA		<b>State</b> PA	Zip Code (Plus 4 19063	)	12	14	2024		
Full Name of Con	tributor				МО	DAY	YEAR		
Mailing Address	3108 BARNETT ST	-						\$	100.00
City PHILA		<b>State</b> PA	<b>Zip Code (Plus 4</b> 19149	)	12	14	2024		
								$\overline{}$	

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

**PAGE TOTAL \$** 455.00

#### **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	me of Filing Committee or Candidate Repor			ng Period					
FRIENDS OF DAVE DELLOSO			From:	11/2	6/2024	То:	<u>12/31/2024</u>		
				DA	TE		AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			
PA TRUCK PAC							<b>\$</b> 500.00		
Mailing Address 910 LINDA LANE		_		12	6	2014			
City CAMP HILL	State	Zip Code	(Plus 4)						
	PA	17011							
Full Name of Contributing Committee				мо	DAY	YEAR			
SHEET METAL WORKERS LOCAL 19							<b>\$</b> 5,000.00		
Mailing Address 1301 COLUMBUS BLV	/D			12	6	2014	3,000.00		
City PHILADELPHIA	State	Zip Code	(Plus 4)						
	PA	19147							
Full Name of Contributing Committee				мо	DAY	YEAR			
IBEW 654 PAC				1-10	DAI	ILAK	<b>\$</b> 5,000.00		
Mailing Address 3729 CHICHESTER P	IKE			12	6	2014	3,000.00		
City BOOTHWYN	State	Zip Code	(Plus 4)	12		2014			
	PA	19061							

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

**PAGE TOTAL \$** 10,500.00

### 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			Rep	orting Pe	riod			
			Fror	n:		To	):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00

## 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		Report	ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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 Peri	od	
FRIENDS OF DAVE DELLOSO	From:	<u>11/26/2024</u> <b>To:</b>	12/31/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	ł	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candi	idate		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>7</b> \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•	•		
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting F	Period		
FRIENDS OF DAVE DELLOSO	From	11/26/2024	То:	<u>12/31/2024</u>

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
ACTBLUE			140				
Mailing Address PO BOX 4411	46		12	30	2024	\$	3.30
City SOMERVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	MA	02144	SERVIC	E FEE			
To Whom Paid			мо	DAY	YEAR		
ARDMORE PIZZA			MO	DAI	ILAK		
Mailing Address 10 RITTENHO	USE PL		12	9	2024	\$	16.75
City ARDMORE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	l	
	PA	19003	CAMPAI	GN EVENT	-		
To Whom Paid			мо	DAY	YEAR		
SQUARESPACE			140		ILAK		
Mailing Address 22 VARICK ST	Γ 12TH FLOOR		12	10	2024	\$	22.90
City NEW YORK	NEW YORK State Zip Code (Plus 4)				enditure	l .	
	NY	10014	WEBSIT	E FEE			
To Whom Paid			МО	DAY	YEAR		
POLARIS STRATEGY GROUP			МО	DAT	TEAR		
Mailing Address 111 BETHEL S	ST .		12	11	2024	\$	6,287.00
City COLUMBIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17512	DIGITA	L COMMUN	NICATION	S	
To Whom Paid			мо	DAY	YEAR		
MARLENE RICHMOND			MO	DAI	ILAK		
Mailing Address 219 GRAYLIN	G AVE #3		12	17	2024	\$	5,000.00
City NARBERTH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	l	
	PA	19072	GENERA	AL CONSUL	_TING		
To Whom Paid			МО	DAY	YEAR		
HTPOPENAI			1410		ILAK		
Mailing Address 575 FLORIDA	ST.		12	10	2024	\$	21.20
City SAN FRANCISCO	Zip Code (Plus 4)	) Description of Expenditure					
	CA	94110	СОММИ	NICATION	S		

To Whom Paid PNC CORPORATE			мо	DAY	YEAR	
Mailing Address PNC PLAZA 300 FIFTH AVE			12	2	2024	\$ 27.50
City PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure			
	PA	15222	BANK ACH MERCH FEES			
Enter Grand Total of Evnen	ditures en Bage 1. B	opert Cover Bage Item D				PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$ 11,378.65	