

Commonwealth of Pennsylvania  
**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: 2014205   | Report Filed By: CANDIDATE 1. | COMMITTEE 2. X                                | LOBBYIST 3.  |
| Name of Filing Committee, Candidate or Lobbyist:<br>Friends of Mike Driscoll |                               |   |  |
| Street Address:<br>PO Box 63317  |                               |   |  |
| City: Philadelphia   |                               | State: PA                                     | Zip Code: 19114  |
| TYPE OF REPORT   | 6th Tuesday Pre-Primary 1.    | 2nd Friday Pre-Primary 2.                     | 30 Day Post Primary 3.                                 |
|  | 6th Tuesday Pre-Election 4. X | 2nd Friday Pre-Election 5.                    | 30 Day Post Election 6.                                |
|  | Amendment Report? YES         | NO  | X  |
| Annual Report 7.   | YEAR 2018                     | Termination Report? YES                       | NO X   |
| Name of Office Sought by Candidate:  |                               | DATE OF ELECTION<br>MO. DAY YEAR<br>11 6 2018 | District Number: Office Code: Party Code: County Code: |
| Summary of Receipts and Expenditures from:                                   | MO. DAY YEAR<br>6 5 2018      | To  | MO. DAY YEAR<br>9 17 2018                              |
| A. Amount Brought Forward From Last Report                                   | \$                            |   | 14,540.65  |
| B. Total Monetary Contributions and Receipts (From Schedule I)               | \$                            |   | 13,100.00  |
| C. Total Funds Available (Sum of Lines A and B)                              | \$                            |   | 27,640.65  |
| D. Total Expenditures (From Schedule III)                                    | \$                            |   | 13,550.00  |
| E. Ending Cash Balance (Subtract Line D from Line C)                         | \$                            |   | 14,090.65  |
| F. Value of In-Kind Contributions Received (From Schedule II)                | \$                            |   | 0  |
| G. Unpaid Debts and Obligations (From Schedule IV)                           | \$                            |   | 0  |
| FOR OFFICE USE ONLY  |                               |   |  |
| COUNTY BD. OF ELECTIONS<br>CITY COMMISSIONERS<br>2018 SEP 25 P 6:45          |                               |   |  |

**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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

24th day of September 20 18.  
 Signature: *Elsie M. Vazquez*  
 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 ELSIE M. VAZQUEZ, Notary Public  
 City of Philadelphia, Phila. County  
 My commission expires March 26, 2019

Signature of Person Submitting Report: *Erin Shomony*  
 ERIN SHOMONY  
 Printed Name  
 215 Area Code  
 740-0568 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

24th day of September 20 18.  
 Signature: *Elsie M. Vazquez*  
 COMMONWEALTH OF PENNSYLVANIA  
 NOTARIAL SEAL  
 ELSIE M. VAZQUEZ, Notary Public  
 City of Philadelphia, Phila. County  
 My commission expires March 26, 2019

Signature of Candidate: *Michael J. Driscoll*  
 MICHAEL J DRISCOLL  
 Printed Name  
 267 Area Code  
 784-5805 Daytime Telephone Number

SCHEDULE I  
**Contributions And Receipts**

Detailed Summary Page

|   |   |
|---|---|
| Name of Filing Committee or Candidate<br>Friends of Mike Driscoll | Reporting Period<br>From <u>06/05/2018</u> To <u>09/17/2018</u> |
|---|---|

**1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR**

|                                    |    |   |
|------------------------------------|----|---|
| TOTAL for the Reporting Period (1) | \$ | 0 |
|------------------------------------|----|---|

**2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)**

|   |    |        |
|---|----|--------|
| Contributions Received from Political Committees (Part A) | \$ | 0      |
| All Other Contributions (Part B)                          | \$ | 100.00 |
| TOTAL for the Reporting Period (2)                        | \$ | 100.00 |

**3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)**

|   |    |           |
|---|----|-----------|
| Contributions Received from Political Committees (Part C) | \$ | 13,000.00 |
| All Other Contributions (Part D)                          | \$ | 0         |
| TOTAL for the Reporting Period (3)                        | \$ | 13,000.00 |

**4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)**

|                                    |    |   |
|------------------------------------|----|---|
| TOTAL for the Reporting Period (4) | \$ | 0 |
|------------------------------------|----|---|

|  |    |           |
|--|----|-----------|
| <b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.) | \$ | 13,100.00 |
|--|----|-----------|

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 Candidate<br>Friends of Mike Driscoll            |  |       | Reporting Period<br>From 06/05/2018 To 09/17/2018 |     |              |
| Full Name of Contributing Committee  |  |       | MO.   | DAY | YEAR         |
| Mailing Address  |  |       |   |     |              |
| City   |  | State | Zip Code (Plus 4)                                 |     |              |
| Full Name of Contributing Committee  |  |       | MO.   | DAY | YEAR         |
| Mailing Address  |  |       |   |     |              |
| City   |  | State | Zip Code (Plus 4)                                 |     |              |
| Full Name of Contributing Committee  |  |       | MO.   | DAY | YEAR         |
| Mailing Address  |  |       |   |     |              |
| City   |  | State | Zip Code (Plus 4)                                 |     |              |
| Full Name of Contributing Committee  |  |       | MO.   | DAY | YEAR         |
| Mailing Address  |  |       |   |     |              |
| City   |  | State | Zip Code (Plus 4)                                 |     |              |
| Full Name of Contributing Committee  |  |       | MO.   | DAY | YEAR         |
| Mailing Address  |  |       |   |     |              |
| City   |  | State | Zip Code (Plus 4)                                 |     |              |
| Full Name of Contributing Committee  |  |       | MO.   | DAY | YEAR         |
| Mailing Address  |  |       |   |     |              |
| City   |  | State | Zip Code (Plus 4)                                 |     |              |
| Full Name of Contributing Committee  |  |       | MO.   | DAY | YEAR         |
| Mailing Address  |  |       |   |     |              |
| City   |  | State | Zip Code (Plus 4)                                 |     |              |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. |  |       |   |     | Part A Total |

## 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<br>Friends of Mike Driscoll            |  |             | Reporting Period<br>From <u>06/05/2018</u> To <u>09/17/2018</u> |          |              |                           |
| Full Name of Contributor<br>Jack Stretch                                     |  |             | MO.<br>7  | DAY<br>3 | YEAR<br>2018 | \$ 100.00                 |
| Mailing Address  |  |             |   |          |              |                           |
| City<br>Philadelphia   |  | State<br>PA | Zip Code (Plus 4)   |          |              |                           |
| Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2. |  |             |   |          |              | Part B Total<br>\$ 100.00 |

## 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 over \$250.00 in the reporting period.

|   |  |             |   |           |              |                              |
|---|--|-------------|---|-----------|--------------|------------------------------|
| Name of Filing Committee or Candidate<br>Friends of Mike Driscoll             |  |             | Reporting Period<br>From <u>06/05/2018</u> To <u>09/17/2018</u> |           |              |                              |
| Full Name of Contributing Committee<br>Roofers Local 30 PA & Educational Fund |  |             | MO.<br>8  | DAY<br>7  | YEAR<br>2018 | \$ 3,000.00                  |
| Mailing Address<br>6447 Torresdale Avenue                                     |  |             |   |           |              |                              |
| City<br>Philadelphia  |  | State<br>PA | Zip Code (Plus 4)<br>19135                                      |           |              |                              |
| Full Name of Contributing Committee<br>District Council 21 PAC                |  |             | MO.<br>9  | DAY<br>14 | YEAR<br>2018 | \$ 10,000.00                 |
| Mailing Address<br>2980 Southampton Road                                      |  |             |   |           |              |                              |
| City<br>Philadelphia  |  | State<br>PA | Zip Code (Plus 4)<br>19154                                      |           |              |                              |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.  |  |             |   |           |              | Part C Total<br>\$ 13,000.00 |

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<br>Friends of Mike Driscoll            |  |       | Reporting Period<br>From 06/05/2018 To 09/17/2018 |     |              |
| Full Name of Contributor   |  |       | MO.   | DAY | YEAR         |
| Mailing Address  |  |       |   |     |              |
| City   |  | State | Zip Code (Plus 4)                                 |     |              |
| Employer Name  |  |       | Occupation  |     |              |
| Employer Mailing Address/Principal Place of Business                         |  |       |   |     |              |
| Full Name of Contributor   |  |       | MO.   | DAY | YEAR         |
| Mailing Address  |  |       |   |     |              |
| City   |  | State | Zip Code (Plus 4)                                 |     |              |
| Employer Name  |  |       | Occupation  |     |              |
| Employer Mailing Address/Principal Place of Business                         |  |       |   |     |              |
| Full Name of Contributor   |  |       | MO.   | DAY | YEAR         |
| Mailing Address  |  |       |   |     |              |
| City   |  | State | Zip Code (Plus 4)                                 |     |              |
| Employer Name  |  |       | Occupation  |     |              |
| Employer Mailing Address/Principal Place of Business                         |  |       |   |     |              |
| Full Name of Contributor   |  |       | MO.   | DAY | YEAR         |
| Mailing Address  |  |       |   |     |              |
| City   |  | State | Zip Code (Plus 4)                                 |     |              |
| Employer Name  |  |       | Occupation  |     |              |
| Employer Mailing Address/Principal Place of Business                         |  |       |   |     |              |
| Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3. |  |       |   |     | Part D Total |

## 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<br>Friends of Mike Driscoll |  |       | Reporting Period<br>From <u>06/05/2018</u> To <u>09/17/2018</u> |     |      |
| Full Name   |  |       | MO.   | DAY | YEAR |
| Mailing Address   |  |       |   |     |      |
| City  |  | State | Zip Code (Plus 4)   |     |      |
| Receipt Description   |  |       |   |     |      |
| Full Name   |  |       | MO.   | DAY | YEAR |
| Mailing Address   |  |       |   |     |      |
| City  |  | State | Zip Code (Plus 4)   |     |      |
| Receipt Description   |  |       |   |     |      |
| Full Name   |  |       | MO.   | DAY | YEAR |
| Mailing Address   |  |       |   |     |      |
| City  |  | State | Zip Code (Plus 4)   |     |      |
| Receipt Description   |  |       |   |     |      |
| Full Name   |  |       | MO.   | DAY | YEAR |
| Mailing Address   |  |       |   |     |      |
| City  |  | State | Zip Code (Plus 4)   |     |      |
| Receipt Description   |  |       |   |     |      |
| Full Name   |  |       | MO.   | DAY | YEAR |
| Mailing Address   |  |       |   |     |      |
| City  |  | State | Zip Code (Plus 4)   |     |      |
| Receipt Description   |  |       |   |     |      |

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

|              |
|--------------|
| Part E Total |
|--------------|

## 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<br>Friends of Mike Driscoll | Reporting Period<br>From <u>06/05/2018</u> To <u>09/17/2018</u> |
|---|---|

|  |      |
|--|------|
| <b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b> |      |
| TOTAL for the Reporting Period (1)   | \$ 0 |

|   |      |
|---|------|
| <b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b> |      |
| TOTAL for the Reporting Period (2)  | \$ 0 |

|  |      |
|--|------|
| <b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250 (FROM PART G)</b> |      |
| TOTAL for the Reporting Period (3)                                       | \$ 0 |

|  |      |
|--|------|
| <b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2 and 3; also enter this amount on Page 1, Report Cover Page, Item F.) | \$ 0 |
|--|------|



SCHEDULE II

Part F

# In-kind Contributions Received

VALUE OF \$50.01 TO \$250.00

|   |  |       |   |     |              |
|---|--|-------|---|-----|--------------|
| Name of Filing Committee or Candidate<br>Friends of Mike Driscoll                                   |  |       | Reporting Period<br>From <u>06/05/2018</u> To <u>09/17/2018</u> |     |              |
| Full Name of Contributor  |  |       | MO.   | DAY | YEAR         |
| Mailing Address   |  |       |   |     |              |
| City  |  | State | Zip Code (Plus 4)   |     |              |
| Description of Contribution   |  |       |   |     |              |
| Full Name of Contributor  |  |       | MO.   | DAY | YEAR         |
| Mailing Address   |  |       |   |     |              |
| City  |  | State | Zip Code (Plus 4)   |     |              |
| Description of Contribution   |  |       |   |     |              |
| Full Name of Contributor  |  |       | MO.   | DAY | YEAR         |
| Mailing Address   |  |       |   |     |              |
| City  |  | State | Zip Code (Plus 4)   |     |              |
| Description of Contribution   |  |       |   |     |              |
| Full Name of Contributor  |  |       | MO.   | DAY | YEAR         |
| Mailing Address   |  |       |   |     |              |
| City  |  | State | Zip Code (Plus 4)   |     |              |
| Description of Contribution   |  |       |   |     |              |
| Full Name of Contributor  |  |       | MO.   | DAY | YEAR         |
| 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. |  |       |   |     | Part F Total |

## SCHEDULE II

## Part G

**In-kind Contributions Received**

VALUE OVER \$250.00

|   |  |       |   |     |              |
|---|--|-------|---|-----|--------------|
| Name of Filing Committee or Candidate<br>Friends of Mike Driscoll                                   |  |       | Reporting Period<br>From <u>06/05/2018</u> To <u>09/17/2018</u> |     |              |
| Full Name of Contributor  |  |       | MO.   | DAY | YEAR         |
| Mailing Address   |  |       |   |     |              |
| City  |  | State | Zip Code (Plus 4)   |     |              |
| Employer of Contributor   |  |       | Occupation  |     |              |
| Employer Mailing Address/Principal Place of Business  |  |       | Description of Contribution                                     |     |              |
| Full Name of Contributor  |  |       | MO.   | DAY | YEAR         |
| Mailing Address   |  |       |   |     |              |
| City  |  | State | Zip Code (Plus 4)   |     |              |
| Employer of Contributor   |  |       | Occupation  |     |              |
| Employer Mailing Address/Principal Place of Business  |  |       | Description of Contribution                                     |     |              |
| Full Name of Contributor  |  |       | MO.   | DAY | YEAR         |
| Mailing Address   |  |       |   |     |              |
| City  |  | State | Zip Code (Plus 4)   |     |              |
| Employer of Contributor   |  |       | Occupation  |     |              |
| Employer Mailing Address/Principal Place of Business  |  |       | Description of Contribution                                     |     |              |
| Full Name of Contributor  |  |       | MO.   | DAY | YEAR         |
| Mailing Address   |  |       |   |     |              |
| City  |  | State | Zip Code (Plus 4)   |     |              |
| Employer of Contributor   |  |       | Occupation  |     |              |
| Employer Mailing Address/Principal Place of Business  |  |       | Description of Contribution                                     |     |              |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. |  |       |   |     | Part G Total |

SCHEDULE III  
**Statement Of Expenditures**

|   |  |             |   |     |      |           |
|---|--|-------------|---|-----|------|-----------|
| Name of Filing Committee or Candidate<br>Friends of Mike Driscoll |  |             | Reporting Period<br>From <u>06/05/2018</u> To <u>09/17/2018</u> |     |      |           |
| To Whom Paid<br>Joseph Mchugh, III                                |  |             | MO.   | DAY | YEAR | \$ 50.00  |
|   |  |             | 6   | 10  | 2018 |           |
| Mailing Address<br>Melrose Street                                 |  |             |   |     |      |           |
| City<br>Philadelphia  |  | State<br>PA | Zip Code (Plus 4)<br>19114                                      |     |      |           |
| Description of Expenditure<br>Donation Tour De Shore              |  |             |   |     |      |           |
| To Whom Paid<br>Montgomery County Detectives Association          |  |             | MO.   | DAY | YEAR | \$ 100.00 |
|   |  |             | 6   | 11  | 2018 |           |
| Mailing Address<br>40 East Main Street                            |  |             |   |     |      |           |
| City<br>Norristown  |  | State<br>PA | Zip Code (Plus 4)<br>19401                                      |     |      |           |
| Description of Expenditure<br>Donation                            |  |             |   |     |      |           |
| To Whom Paid<br>AOH #39   |  |             | MO.   | DAY | YEAR | \$ 100.00 |
|   |  |             | 6   | 14  | 2018 |           |
| Mailing Address<br>7229 Tulip Street                              |  |             |   |     |      |           |
| City<br>Philadelphia  |  | State<br>PA | Zip Code (Plus 4)<br>19135                                      |     |      |           |
| Description of Expenditure<br>Donation                            |  |             |   |     |      |           |
| To Whom Paid<br>PA State FOP Program                              |  |             | MO.   | DAY | YEAR | \$ 250.00 |
|   |  |             | 6   | 14  | 2018 |           |
| Mailing Address<br>2949 North Front Street                        |  |             |   |     |      |           |
| City<br>Harrisburg  |  | State<br>PA | Zip Code (Plus 4)<br>17110                                      |     |      |           |
| Description of Expenditure<br>Donation                            |  |             |   |     |      |           |
| To Whom Paid<br>Asbestos Workers' Local 14 Mesothelioma Fund      |  |             | MO.   | DAY | YEAR | \$ 250.00 |
|   |  |             | 6   | 14  | 2018 |           |
| Mailing Address<br>2014 Hornig Road                               |  |             |   |     |      |           |
| City<br>Philadelphia  |  | State<br>PA | Zip Code (Plus 4)<br>19116                                      |     |      |           |
| Description of Expenditure<br>donation                            |  |             |   |     |      |           |
| To Whom Paid<br>MAD 4 PA  |  |             | MO.   | DAY | YEAR | \$ 200.00 |
|   |  |             | 6   | 14  | 2018 |           |
| Mailing Address<br>PO Box 444                                     |  |             |   |     |      |           |
| City<br>Glenside  |  | State<br>PA | Zip Code (Plus 4)<br>19038                                      |     |      |           |
| Description of Expenditure<br>Donation                            |  |             |   |     |      |           |

## SCHEDULE III

## Statement Of Expenditures

|   |             |                            |   |     |      |             |
|---|-------------|----------------------------|---|-----|------|-------------|
| Name of Filing Committee or Candidate<br>Friends of Mike Driscoll |             |                            | Reporting Period<br>From <u>06/05/2018</u> To <u>09/17/2018</u> |     |      |             |
| To Whom Paid<br>Mary Kate's Legacy Foundation                     |             |                            | MO.   | DAY | YEAR | \$ 200.00   |
|   |             |                            | 7   | 17  | 2018 |             |
| Mailing Address<br>PO Box 37                                      |             |                            |   |     |      |             |
| City<br>Richboro  | State<br>PA | Zip Code (Plus 4)<br>18954 |   |     |      |             |
| Description of Expenditure<br>Donation                            |             |                            |   |     |      |             |
| To Whom Paid<br>Joe Larvin  |             |                            | MO.   | DAY | YEAR | \$ 100.00   |
|   |             |                            | 7   | 17  | 2018 |             |
| Mailing Address<br>2460 Ardsley Avenue                            |             |                            |   |     |      |             |
| City<br>Glenside  | State<br>PA | Zip Code (Plus 4)<br>19038 |   |     |      |             |
| Description of Expenditure<br>Sponsorship                         |             |                            |   |     |      |             |
| To Whom Paid<br>Mike Driscoll                                     |             |                            | MO.   | DAY | YEAR | \$ 300.00   |
|   |             |                            | 8   | 17  | 2018 |             |
| Mailing Address   |             |                            |   |     |      |             |
| City<br>Philadelphia  | State<br>PA | Zip Code (Plus 4)<br>19114 |   |     |      |             |
| Description of Expenditure<br>Reimbursement for Hoops Outing      |             |                            |   |     |      |             |
| To Whom Paid<br>Philadelphia Federal Credit Union                 |             |                            | MO.   | DAY | YEAR | \$ 1,000.00 |
|   |             |                            | 8   | 24  | 2018 |             |
| Mailing Address<br>12800 Townsend Road                            |             |                            |   |     |      |             |
| City<br>Philadelphia  | State<br>PA | Zip Code (Plus 4)<br>19154 |   |     |      |             |
| Description of Expenditure<br>Credit Card Payment                 |             |                            |   |     |      |             |
| To Whom Paid<br>Philadelphia Federal Credit Union                 |             |                            | MO.   | DAY | YEAR | \$ 500.00   |
|   |             |                            | 8   | 7   | 2018 |             |
| Mailing Address<br>12800 Townsend Road                            |             |                            |   |     |      |             |
| City<br>Philadelphia  | State<br>PA | Zip Code (Plus 4)<br>19154 |   |     |      |             |
| Description of Expenditure<br>credit card payment                 |             |                            |   |     |      |             |
| To Whom Paid<br>Philadelphia Federal Credit Union                 |             |                            | MO.   | DAY | YEAR | \$ 800.00   |
|   |             |                            | 7   | 6   | 2018 |             |
| Mailing Address<br>12800 Townsend Road                            |             |                            |   |     |      |             |
| City<br>Philadelphia  | State<br>PA | Zip Code (Plus 4)<br>19154 |   |     |      |             |
| Description of Expenditure<br>credit card payment                 |             |                            |   |     |      |             |

## SCHEDULE III

## Statement Of Expenditures

|   |  |             |   |     |      |             |
|---|--|-------------|---|-----|------|-------------|
| Name of Filing Committee or Candidate<br>Friends of Mike Driscoll |  |             | Reporting Period<br>From <u>06/05/2018</u> To <u>09/17/2018</u> |     |      |             |
| To Whom Paid<br>Saint Patricks Day Observation                    |  |             | MO.   | DAY | YEAR | \$ 300.00   |
|   |  |             | 8   | 27  | 2018 |             |
| Mailing Address   |  |             |   |     |      |             |
| City<br>Philadelphia  |  | State<br>PA | Zip Code (Plus 4)   |     |      |             |
| Description of Expenditure<br>Donation                            |  |             |   |     |      |             |
| To Whom Paid<br>Zips Cleaners                                     |  |             | MO.   | DAY | YEAR | \$ 100.00   |
|   |  |             | 9   | 7   | 2018 |             |
| Mailing Address<br>Bristol Pike                                   |  |             |   |     |      |             |
| City<br>Phialdelphia  |  | State<br>PA | Zip Code (Plus 4)<br>19114                                      |     |      |             |
| Description of Expenditure<br>Linens                              |  |             |   |     |      |             |
| To Whom Paid<br>Philly United                                     |  |             | MO.   | DAY | YEAR | \$ 100.00   |
|   |  |             | 9   | 10  | 2018 |             |
| Mailing Address<br>3200 Magee Avenue                              |  |             |   |     |      |             |
| City<br>Philadelphia  |  | State<br>PA | Zip Code (Plus 4)<br>19149                                      |     |      |             |
| Description of Expenditure<br>Donation                            |  |             |   |     |      |             |
| To Whom Paid<br>Marine Corp Law Enforcement Foundation            |  |             | MO.   | DAY | YEAR | \$ 350.00   |
|   |  |             | 9   | 14  | 2018 |             |
| Mailing Address<br>PO Box 11653                                   |  |             |   |     |      |             |
| City<br>Philadelphia  |  | State<br>PA | Zip Code (Plus 4)<br>19116                                      |     |      |             |
| Description of Expenditure<br>Donation                            |  |             |   |     |      |             |
| To Whom Paid<br>Philadelphia Federal Credit Union                 |  |             | MO.   | DAY | YEAR | \$ 4,500.00 |
|   |  |             | 9   | 15  | 2018 |             |
| Mailing Address<br>12800 Townsend Road                            |  |             |   |     |      |             |
| City<br>Philadelphia  |  | State<br>PA | Zip Code (Plus 4)<br>19154                                      |     |      |             |
| Description of Expenditure<br>Credit Card Payment                 |  |             |   |     |      |             |
| To Whom Paid<br>Philadelphia Federal Credit Union                 |  |             | MO.   | DAY | YEAR | \$ 4,000.00 |
|   |  |             | 9   | 15  | 2018 |             |
| Mailing Address<br>12800 Townsend Road                            |  |             |   |     |      |             |
| City<br>Philadelphia  |  | State<br>PA | Zip Code (Plus 4)<br>19154                                      |     |      |             |
| Description of Expenditure<br>Credit Card Payment                 |  |             |   |     |      |             |

## SCHEDULE III

## Statement Of Expenditures

|   |  |             |   |     |      |                                    |
|---|--|-------------|---|-----|------|------------------------------------|
| Name of Filing Committee or Candidate<br>Friends of Mike Driscoll       |  |             | Reporting Period<br>From 06/05/2018 To 09/17/2018 |     |      |                                    |
| To Whom Paid<br>Liberty Bell Youth Organization                         |  |             | MO.   | DAY | YEAR | \$ 100.00                          |
|   |  |             | 9   | 17  | 2018 |                                    |
| Mailing Address<br>Red Lion and Calera Road                             |  |             |   |     |      |                                    |
| City<br>Philadelphia  |  | State<br>PA | Zip Code (Plus 4)<br>19114                        |     |      |                                    |
| Description of Expenditure<br>Donation                                  |  |             |   |     |      |                                    |
| To Whom Paid<br>Hero Thrill show  |  |             | MO.   | DAY | YEAR | \$ 100.00                          |
|   |  |             | 9   | 17  | 2018 |                                    |
| Mailing Address   |  |             |   |     |      |                                    |
| City<br>Philadelphia  |  | State<br>PA | Zip Code (Plus 4)                                 |     |      |                                    |
| Description of Expenditure<br>Donation                                  |  |             |   |     |      |                                    |
| To Whom Paid<br>SpArc Philadelphia                                      |  |             | MO.   | DAY | YEAR | \$ 150.00                          |
|   |  |             | 9   | 17  | 2018 |                                    |
| Mailing Address<br>2350 West Westmoreland Street                        |  |             |   |     |      |                                    |
| City<br>Philadelphia  |  | State<br>PA | Zip Code (Plus 4)<br>19140                        |     |      |                                    |
| Description of Expenditure<br>Hole Sponsorship                          |  |             |   |     |      |                                    |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |  |             |   |     |      | Schedule III Total<br>\$ 13,550.00 |

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<br>Friends of Mike Driscoll       |       |                   |     |                    | Reporting Period<br>From 06/05/2018 To 09/17/2018 |                             |  |  |
| Name of Creditor  |       |                   |     |                    |   | Outstanding Balance of Debt |  |  |
| Mailing Address   |       |                   |     | Date Debt Incurred |   | [REDACTED]                  |  |  |
|   |       | MO.               | DAY | YEAR               |   |                             |  |  |
| City  | State | Zip Code (Plus 4) |     |                    |   |                             |  |  |
| Description of Debt   |       |                   |     |                    |   |                             |  |  |
| Name of Creditor  |       |                   |     |                    |   | Outstanding Balance of Debt |  |  |
| Mailing Address   |       |                   |     | Date Debt Incurred |   | [REDACTED]                  |  |  |
|   |       | MO.               | DAY | YEAR               |   |                             |  |  |
| City  | State | Zip Code (Plus 4) |     |                    |   |                             |  |  |
| Description of Debt   |       |                   |     |                    |   |                             |  |  |
| Name of Creditor  |       |                   |     |                    |   | Outstanding Balance of Debt |  |  |
| Mailing Address   |       |                   |     | Date Debt Incurred |   | [REDACTED]                  |  |  |
|   |       | MO.               | DAY | YEAR               |   |                             |  |  |
| City  | State | Zip Code (Plus 4) |     |                    |   |                             |  |  |
| Description of Debt   |       |                   |     |                    |   |                             |  |  |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |       |                   |     |                    |   | Schedule IV Total           |  |  |

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

|  |   |   |   |                                     |   |
|--|---|---|---|-------------------------------------|---|
| FILER IDENTIFICATION NUMBER<br>2016 C0169                        |   | REPORT FILED ON BEHALF OF   | CANDIDATE <input checked="" type="checkbox"/> | COMMITTEE <input type="checkbox"/>  | LOBBYIST <input type="checkbox"/>                                   |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST<br>Mike Driscoll |   |   |   |                                     |   |
| STREET ADDRESS<br>P.O. Box 63317                                 |   |   |   |                                     |   |
| CITY<br>PHILADELPHIA   |   | STATE<br>PA   | ZIP CODE<br>19114                             |                                     |   |
| TYPE OF REPORT (CHECK ONE)                                       | NAME OF OFFICE SOUGHT BY CANDIDATE<br>Representative General Assembly |   | DISTRICT NO.<br>173                           | PARTY<br>DEM                        |   |
|  | DATE OF ELECTION  |   |   |                                     |   |
| 6TH TUESDAY PRE-PRIMARY  | 1.  | DATES OF REPORTING PERIOD   |   | FOR OFFICE USE ONLY                 |   |
| 2ND FRIDAY PRE-PRIMARY   | 2.  | MO. DAY YEAR  | TO  | MO. DAY YEAR                        | CITY COMMISSIONERS<br>2018 SEP 25 P 6:45<br>COUNTY BD. OF ELECTIONS |
| 30 DAY POST-PRIMARY  | 3.  | 06 05 2018  |   | 09 17 2018                          |   |
| 6TH TUESDAY PRE-ELECTION   | 4. <input checked="" type="checkbox"/>                                | CASH BALANCE AT END OF REPORTING PERIOD: \$   |   | 0.00                                |   |
| 2ND FRIDAY PRE-ELECTION  | 5.  | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ |   | 0.00                                |   |
| 30 DAY POST-ELECTION   | 6.  | AMENDMENT REPORT?   | YES   | NO                                  |   |
| ANNUAL REPORT  | 7.  | TERMINATION REPORT?   | YES   | NO                                  |   |
|  |   |   |   | <input checked="" type="checkbox"/> |   |

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS  
 24<sup>th</sup> DAY OF September 20 18

Signature of Person Submitting Report: *Michael J. Driscoll*  
 Signature: *Michael J. Driscoll*  
 Printed Name: MICHAEL J DRISCOLL

MY COMMISSION EXPIRES \_\_\_\_\_

NOTARIAL SEAL  
 ELSIE M. VAZQUEZ, Notary Public  
 City of Philadelphia, Phila. County  
 My Commission Expires March 26, 2019

Area Code: 267  
 Daytime Telephone Number: 784-5805

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_  
 MO. DAY YR. AREA CODE DAYTIME TELEPHONE NUMBER