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	2014205	Report Filed	CANDIDATE 1.	COMMITTEE 2. X	LOBBYIST 3.

Name of Filing Committee, Candidate or Lobbyis: Friends of Mike Driscoll

Street Address: 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.	Amendment Report?	YES	NO	X
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	YES	NO	X
	Annual Report	7. X	YEAR	2018						

Name of Office Sought by Candidate	DATE OF ELECTION MO.	DAY	YEAR	District Number:	Office Code:	Party Code:	County Code:

Summary of Receipts and Expenditures from: MO. 11 DAY 28 YEAR 2018 To MO. 12 DAY 31 YEAR 2018

A. Amount Brought Forward From Last Report	$	15,913.21
B. Total Monetary Contributions and Receipts (From Schedule	$	2,000.00
C. Total Funds Available (Sum of Lines A and B)	$	17,913.21
D. Total Expenditures (From Schedule III)	$	6,622.00
E. Ending Cash Balance (Subtract Line D from Line C)	$	11,291.21
F. Value of In-Kind Contributions Received (From Schedule II)	$	0
G. Unpaid Debts and Obligations (From Schedule IV)	$	0

FOR OFFICE USE ONLY

2019 JAN 31 P 1:

COUNTY BD. OF ELECTIONS

CITY COMMISSIONER

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

Sworn to and subscribed before me this 28th day of January 20 19.

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

My commission expires MO. ____

Signature of Person Submitting Report: Erin Shinoy

Printed Name: ERIN SHINOY

Area Code: 215 Daytime Telephone Number: 740-0568

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

Sworn to and subscribed before me this 28th day of January 20 19.

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

My commission expires MO. ____

Signature of Candidate: Michael J Driscoll

Printed Name: MICHAEL J DRISCOLL

Area Code: 267 Daytime Telephone Number: 784-5805

SCHEDULE I

Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of Mike Driscoll	From 11/28/2018 To 12/31/2018

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	$ 0

2. CONTRIBUTIONS $50.01 TO $250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	$ 1,500.00
All Other Contributions (Part B)	$ 0
TOTAL for the Reporting Period	$ 1,500.00

3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	$ 500.00
All Other Contributions (Part D)	$ 0
TOTAL for the Reporting Period	$ 500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	$ 0

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 Page 1, Report Cover Page, Item B.)	$ 2,000.00

Part A

Contributions Received From Political Committees

$50.01 TO $250.00

Use this Part to itemize only contributions received from political committees with ar aggregate value from $50.01 to $250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
Friends of Mike Driscoll	From 11/28/2018 To 12/31/2018

Full Name of Contributing Committee	MO.	DAY	YEAR		
Agent PAC of Pennsylvania	12	4	2018	$	250.00
Mailing Address: 5050 Rfitter Road					
City: Mechanicsburg / State: PA / Zip Code (Plus 4): 17055					
Full Name of Contributing Committee: Highmark PAC	12	4	2018	$	250.00
Mailing Address: 1800 Center Street					
City: Camp Hill / State: PA / Zip Code (Plus 4): 17089					
Full Name of Contributing Committee: PAMIC PAC	12	4	2018	$	250.00
Mailing Address: 1017 Mumma Road					
City: Wormleysburg / State: PA / Zip Code (Plus 4): 17043					
Full Name of Contributing Committee: Certified Public Accountants PAC	12	4	2018	$	250.00
Mailing Address: 500 N. 3rd Sreet Suite 600A					
City: Harrisburg / State: PA / Zip Code (Plus 4): 17101					
Full Name of Contributing Committee: IBC PAC	12	4	2018	$	250.00
Mailing Address: 1901 Market Street					
City: Philadlephia / State: PA / Zip Code (Plus 4): 19103					
Full Name of Contributing Committee: PA Fraternal Order of Police	12	4	2018	$	250.00
Mailing Address: 2949 N. Front Street					
City: Harrisburg / State: PA / Zip Code (Plus 4): 17110					

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

Part A Total 1,500.00

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 Committe or Candidate	Reporting Period
Friends of Mike Driscoll	From 11/28/2018 To 12/31/2018

Full Name of Contributor			MO. DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	

Full Name of Contributor			MO. DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	

Full Name of Contributor			MO. DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	

Full Name of Contributor			MO. DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	

Full Name of Contributor			MO. DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	

Full Name of Contributor			MO. DAY YEAR
Mailing Address			
City	State	Zip Code (Plus 4)	

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, S

Part B Total

Part C

Contributions Received From Political Committees

OVER $250.00

Use this Part to itemize only contributions received from political committees with ar aggregate value over $250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
Friends of Mike Driscoll	From 11/28/2018 To 12/31/2018

Full Name of Contributing Committee	MO.	DAY	YEAR	
PECOPAC	12	4	2018	$ 500.00

Mailing Address		
2301 Market Street S14-2		
City	State	Zip Code (Plus 4)
Philadelphia	PA	19103

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, S

Part C Total $ 500.00

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	Reporting Period
Friends of Mike Driscoll	From 11/28/2018 To 12/31/2018

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			

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, S

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	Reporting Period
Friends of Mike Driscoll	From 11/28/2018 To 12/31/2018

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, S

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 Committe or Candidate	Reporting Period
Friends of Mike Driscoll	From 11/28/2018 To 12/31/2018

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	$ 0

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

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER $250 (FROM PART G)	
TOTAL for the Reporting Period	$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (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	Reporting Period
Friends of Mike Driscoll	From 11/28/2018 To 12/31/2018

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

Part F Total

SCHEDULE II
Part G

In-kind Contributions Received

VALUE OVER $250.00

Name of Filing Committee or Candidate	Reporting Period
Friends of Mike Driscoll	From 11/28/2018 To 12/31/2018

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 Tota

SCHEDULE III

Statement Of Expenditures

Name of Filing Committe or Candidate	Reporting Period
Friends of Mike Driscoll	From 11/28/2018 To 12/31/2018

To Whom Paid	MO.	DAY	YEAR	$
Phildalphia Federal Credit Union	11	28	2018	1,500.00

Mailing Address: 12800 Townsend Road
City: Philadelphia | State: PA | Zip Code (Plus 4): 19154
Description of Expenditure: credit card payment

To Whom Paid	MO.	DAY	YEAR	$
298, Inc.	11	30	2018	200.00

Mailing Address:
City: Philadelphia | State: PA | Zip Code (Plus 4):
Description of Expenditure: Toys for Tots

To Whom Paid	MO.	DAY	YEAR	$
M.A.R.C.	12	1	2018	100.00

Mailing Address: PO Box 8904
City: Philadelphia | State: PA | Zip Code (Plus 4): 19135
Description of Expenditure: Donation

To Whom Paid	MO.	DAY	YEAR	$
St. Christophers School	12	14	2018	1,000.00

Mailing Address:
City: Philadelphia | State: PA | Zip Code (Plus 4):
Description of Expenditure: Donation

To Whom Paid	MO.	DAY	YEAR	$
57th Ward	12	5	2018	100.00

Mailing Address:
City: Philadelphia | State: PA | Zip Code (Plus 4):
Description of Expenditure: Donation

To Whom Paid	MO.	DAY	YEAR	$
Puddings Bakery	12	15	2018	75.00

Mailing Address:
City: Philadelphia | State: PA | Zip Code (Plus 4):
Description of Expenditure: xmas party

SCHEDULE III

Statement Of Expenditures

Name of Filing Committe or Candidate	Reporting Period
Friends of Mike Driscoll	From 11/28/2018 To 12/31/2018

To Whom Paid	MO.	DAY	YEAR	$
Mike Driscoll	12	20	2018	300.00
Mailing Address				
City: Philadelphia / State: PA / Zip Code (Plus 4): 19114				
Description of Expenditure: reimburse for tips/xmas party				
To Whom Paid: St. Katherine of Siena	12	20	2018	600.00
Mailing Address: Frankford Avenue				
City: Philadelphia / State: PA / Zip Code (Plus 4): 19114				
Description of Expenditure: Donation				
To Whom Paid: American Express	12	20	2018	500.00
Mailing Address				
City / State / Zip Code (Plus 4)				
Description of Expenditure: Credit Card Payment				
To Whom Paid: Pat Gallagher	12	27	2018	1,741.00
Mailing Address				
City: Philadelphia / State: PA / Zip Code (Plus 4)				
Description of Expenditure: Reimbursement for expenses for Xmas party				
To Whom Paid: Mike Driscoll	12	28	2018	220.00
Mailing Address				
City: Philadelphia / State: PA / Zip Code (Plus 4): 19114				
Description of Expenditure: reimburse for tips xmas party				
To Whom Paid: Kelly St. Choirs	12	19	2018	250.00
Mailing Address				
City: Philadelphi / State: PA / Zip Code (Plus 4)				
Description of Expenditure: Donation				

SCHEDULE III

Statement Of Expenditures

Name of Filing Committe or Candidate	Reporting Period
Friends of Mike Driscoll	From 11/28/2018 To 12/31/2018

To Whom Paid	MO.	DAY	YEAR	
Maureen McAllister	12	27	2018	$ 36.00

Mailing Address			
Grant Avenue			
City	State	Zip Code (Plus 4)	
Philadelphia	PA	19114	

Description of Expenditure
reimburse for plants xmas party

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

Schedule III Tota
$ 6,622.00

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	Reporting Period
Friends of Mike Driscoll	From 11/28/2018 To 12/31/2018

Name of Creditor			Outstanding Balance of Deb
Mailing Address		Date Debt Incurred MO. DAY YEAR	
City	State	Zip Code (Plus 4)	
Description of Debt			

Name of Creditor			Outstanding Balance of Deb
Mailing Address		Date Debt Incurred MO. DAY YEAR	
City	State	Zip Code (Plus 4)	
Description of Debt			

Name of Creditor			Outstanding Balance of Deb
Mailing Address		Date Debt Incurred 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	2016C0169
REPORT FILED ON BEHALF OF	CANDIDATE [X] 1. COMMITTEE 2. LOBBYIST 3.
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST	MIKE DRISCOLL
STREET ADDRESS	PO BOX 63317
CITY	PHILADELPHIA
STATE	PA
ZIP CODE	19114 —

TYPE OF REPORT (CHECK ONE)	
6TH TUESDAY PRE-PRIMARY	1.
2ND FRIDAY PRE-PRIMARY	2.
30 DAY POST-PRIMARY	3.
6TH TUESDAY PRE-ELECTION	4.
2ND FRIDAY PRE-ELECTION	5.
30 DAY POST-ELECTION	6.
ANNUAL REPORT	7. X

NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION MO.	DAY	YEAR
REPRESENTATIVE GENERAL ASSEMBLY	173	DEM			

DATES OF REPORTING PERIOD	MO.	DAY	YEAR	TO	MO.	DAY	YEAR
	11	27	2018		12	31	2018

CASH BALANCE AT END OF REPORTING PERIOD: $ 0.00

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0.00

AMENDMENT REPORT?	YES		NO	
TERMINATION REPORT?	YES		NO	

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2019 JAN 31 P 1:24

CITY BD. OF

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 28th DAY OF January 2019

SIGNATURE OF PERSON SUBMITTING REPORT

SIGNATURE

PRINTED NAME: MICHAEL J. DRISCOLL

MY COMMISSION EXPIRES _____ MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
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 OF CANDIDATE

PRINTED NAME

SIGNATURE

MY COMMISSION EXPIRES _____ MO. DAY YR.

AREA CODE DAYTIME TELEPHONE NUMBER