

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		9500237		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> BARRAR, STEPHEN FRIENDS OF												
<b>Street Address:</b> 1620 BALTIMORE PIKE,PO BOX 1705												
<b>City:</b> CHADDS FORD						<b>State:</b> PA			<b>Zip Code:</b> 19317			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. X	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.	Year 2018	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	160	STH	REP	23
						11	6	2018	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		5	1	2018		6	4	2018				
<b>A. Amount Brought Forward From Last Report</b>						\$ 177,456.30						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 4,025.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 181,481.30						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 1,026.99						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 180,454.31						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 0.00						

## 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
BARRAR, STEPHEN FRIENDS OF	From: <u>5/1/2018</u> To: <u>6/4/2018</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 25.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 3,000.00
<b>All Other Contributions (Part D)</b>	\$ 1,000.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 4,000.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 4,025.00
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------



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
	From: To:

DATE			AMOUNT
------	--	--	--------

Full Name of Contributor			MO	DAY	YEAR	\$0.00
Mailing Address						
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 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.**

<b>Name of Filing Committee or Candidate</b>  BARRAR, STEPHEN FRIENDS OF	<b>Reporting Period</b>  <b>From:</b> <u>5/1/2018</u> <b>To:</b> <u>6/4/2018</u>
--------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

				DATE		AMOUNT	
Full Name of Contributing Committee MALADY & WOOTEN PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 604 N THIRD ST				5	22	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101-0000					
Full Name of Contributing Committee First Energy PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 76 S. Main Street				5	22	2018	
City Akron	State OH	Zip Code (Plus 4) 44308					
Full Name of Contributing Committee PEP PAC (PA EMERGENCY PHYSICIANS PAC)				MO	DAY	YEAR	\$ 500.00
Mailing Address 200 N THIRD ST STE 1500				5	22	2018	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101-0000					
Full Name of Contributing Committee EXELON CORP PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address 101 CONSTITUTION AVE, NW, STE 400 EAST				5	22	2018	
City WASHINGTON	State DC	Zip Code (Plus 4) 20001					
Full Name of Contributing Committee PA Association of Nurse Anesthetists				MO	DAY	YEAR	\$ 500.00
Mailing Address 401 N. Second Street				6	1	2018	
City Harrisburg	State PA	Zip Code (Plus 4) 17101					

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 500.00
HOSPITAL & HEALTHSYSTEM ASSOC OF PA PAC(HAPAC)						
Mailing Address			6	1	2018	
30 NORTH THIRD STREET STE 600 PO BOX 8600						
City	HARRISBURG	State	PA	Zip Code (Plus 4)	17101	

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

<b>PAGE TOTAL</b>
\$ 3,000.00

**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.)**

<b>Name of Filing Committee or Candidate</b>  BARRAR, STEPHEN FRIENDS OF	<b>Reporting Period</b>  <b>From:</b> <u>5/1/2018</u> <b>To:</b> <u>6/4/2018</u>
--------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
James P. Westcott							
<b>Mailing Address</b> 3443 Hance Lane				5	22	2018	\$ 500.00
<b>City</b> Garnet Valley	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19060					
<b>Employer Name</b> Self				<b>Occupation</b> Electrician			
<b>Employer Mailing Address/Principal Place of Business</b> Same as above			<b>City</b> Garnet Valley		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19060	

Full Name of Contributor				MO	DAY	YEAR	
Thomas G. Santianna Jr.							
<b>Mailing Address</b> 419 Boas Street				5	22	2018	\$ 500.00
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17102					
<b>Employer Name</b> TSSC				<b>Occupation</b> Consultant			
<b>Employer Mailing Address/Principal Place of Business</b> PO Box 5444			<b>City</b> Harrisburg		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17110	

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

<b>PAGE TOTAL</b>
\$ 1,000.00

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	Reporting Period
	From: To:

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

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

PAGE TOTAL
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
BARRAR, STEPHEN FRIENDS OF		From: <u>5/1/2018</u> To: <u>6/4/2018</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
---------------------------------------	----------------------------------------------------------------------

			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.						<b>PAGE TOTAL</b>  \$ 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	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
BARRAR, STEPHEN FRIENDS OF	From <u>5/1/2018</u> To: <u>6/4/2018</u>

DATE				AMOUNT		
To Whom Paid Traci Plunkett			MO	DAY	YEAR	\$ 25.00
Mailing Address 538 Revere Road			5	2	2018	
City West Chester	State PA	Zip Code (Plus 4) 19381	Description of Expenditure Reimburse---Campaign Sign Permit; Bethel Twp.' #3825			
To Whom Paid Traci Plunkett			MO	DAY	YEAR	\$ 20.00
Mailing Address 538 Revere Road			5	2	2018	
City West Chester	State PA	Zip Code (Plus 4) 19381	Description of Expenditure Reimburse-Cleaning Tablecloth; Display Table' #3826			
To Whom Paid US Post Office			MO	DAY	YEAR	\$ 6.70
Mailing Address 1620 Baltimore Pike			5	3	2018	
City Chadds Ford	State PA	Zip Code (Plus 4) 19317	Description of Expenditure mail campaign reports/state-county TD debit			
To Whom Paid Verizon			MO	DAY	YEAR	\$ 280.32
Mailing Address PO Box 25505			5	15	2018	
City Lehigh Valley	State PA	Zip Code (Plus 4) 18002	Description of Expenditure Wireless Data Debit-May-Aug 2018			
To Whom Paid Staples			MO	DAY	YEAR	\$ 192.97
Mailing Address 3640 Concord Pike			5	17	2018	
City Wilmington	State DE	Zip Code (Plus 4) 18903	Description of Expenditure Printer/Ink/3 yr Warranty---#3827			

<b>To Whom Paid</b> TD Bank			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> PO Box 1377			5	31	2018	
<b>City</b> Lewiston	<b>State</b> ME	<b>Zip Code (Plus 4)</b> 04243	<b>Description of Expenditure</b> Statement Fee---Checking---debit			

  

<b>To Whom Paid</b> National M. S. Society			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 30 S. 17th Street-Suite 800			6	1	2018	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103	<b>Description of Expenditure</b> Annual 2018 Muckfest Sponsor; Sponsor-#3828			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 1,026.99

