Campaign Finance Report

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

Filer Identificat	ion 950	0237			Repor		CANDI	DATE	СОМ	MITTEE	\checkmark	LOBI	BYIST	
Number : Name of Filing (Committee, Candi	date or L	obbvist:		Filed I	-	 EPHEN FR) DE					
	1620 BALTIN		-		<i>D</i> / ((() ()	1, 511								
Street Address:	1020 DALTI			0/ 1/05										
City:	CHADDS FOR	RD					State:	Zip Co	Code: 19317					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR	RIDAY PRE RY	- 2.	30 DA PRIM		POST- 3	3.	AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTI		5.	30 D/ ELEC		POST- 6			TERMINATION REPORT?		No	\checkmark
report type)	ANNUAL REPOR	T 7. X	Year 20	018			NG METHO			PAPER		\checkmark	DISKE	TTE
Name of Office 9	L Sought by Candid	ate:					DATE O	F ELEC	TION	District		Par	ty Code	
			мо	DAY	YEAR	Number 160	Code STH	REP		Code 23				
REPRESENTAT			11	6	5 2018	 	(SEE INS	STRUCTI	ONS FOR C	CODES)				
Summary of	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEAR	FC	DR OFFIC	E USE	ONLY	
Expenditures	s from:		1	1 2	018	0	12	31	L 2018					
A. Amount Bro	ught Forward Fro	om Last F	Report			\$		12	25,091.12	1				
B. Total Monet	ary Contributions	And Red	eipts (F	rom Sche	dule I)	\$	\$ 0.00							
C. Total Funds	Available (Sum C	Of Lines A	A and B)			\$		12	25,091.12					
D. Total Expen	ditures (From Sc	hedule I	II)			\$			9,503.37]				
E. Ending Cash	Balance (Subtra	ct Line D	From Li	ine C)		\$		11	5,587.75]				
F. Value Of In-	Kind Contribution	ns Receiv	ved (Fror	m Schedu	le II)	\$			0.00					
G. Unpaid Deb	ts And Obligation	s (From	Schedule	e IV)		\$			0.00					
				AFF	IDAVI	IT SE	CTION							
PART I - If this i	s a Committee re	port, trea	asurer si	ign here. I	If this is	s a Cai	ndidate re	eport, ca	ndidate si	gn here.				
I swear (or affirm correct and compl) that this report, in ete.	cluding th	e attache	d schedules	s filed on	paper	or by elect	ronic med	lium, are to	the best o	of my knov	vledge	and belie	ef , true
Sworn to and subs	scribed before me th day of	is	20						Signatur	e of Perso	on Submitt	ing Rep	ort	
						_				Prir	nted Name	1		
My Commission E	Signat xpires	ure								Ema	ail			
	мо	D	AY	YR		_		Area	Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a car	ndidate's	authoria	zed Comn	nittee, C	Candid	ate shall	sign her	e.					
I swear (or affirm) No 320) as amend) that to the best of ed.	my knowl	edge and	belief this	political	comm	ittee has n	ot violate	d any provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso	cribed before me this	s							S	ignature	of Candida	ite		
	day of					_				Printe	ed Name			
	Signature	•				_								
My Commission Exp	-									Ema	ail			
	мо	D	YAY	YR		_		Area Co	ode	D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BARRAR, STEPHEN FRIENDS OF From: <u>1/1/2018</u> **To:** 12/31/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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			Report					
			From:			То	:	
					DATE			AMOUNT
Full Name of Contributing Committee			М	ю	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
							Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

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 Candidat	e			orting P	eriod			
			Fro	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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.

Name of Filing Committee or Candidate			Reporting	g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Business	Place of		City		State		Zip Code ((Plus 4)
Enter Grand Total of Part C on S	chedule I, Deta	iled Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
							\$	0.00

I

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 Candi	Name of Filing Committee or Candidate			ting Perio	bd				
Fi						То:	:		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1				
Enter Grand Total of Part E on Sc	hadula I. Datailar	l Summary Page	Section	4				PAGE TO	TAL
		summaly Page,	Section				\$		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 Period		
BARRAR, STEPHEN FRIENDS OF	From:	<u>1/1/2018</u> то:	<u>12/31/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 Candidate Re			Reporting Period					
Fr				From: To:				
				DATE		АМО	UNT	
Full Name of Contributor			мо	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 Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting P	Period			
					From: To:				
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor			1		Occupa	l tion			
Employer Mailing Address/Principal Place of City State Business				Zip 4)	Code(Plus	Descri	ption of	Contribution	
Enter Grand Total of Part G	Con Schedule II	In-Kind	Contributions	Dota	iled				PAGE TOTAL

I · ·	
er Grand Total of Part G on Schedule II, In-Kind Contributions Detailed nmary Page, Section 3.	PA

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate							
BARRAR, STEPHEN FRIENDS OF			From	<u>1/</u>	<u>1/2018</u>	То:	<u>12/31/2018</u>	
				DATE			AMOUNT	
To Whom Paid TD Bank			мо	DAY	YEAR			
Mailing Address 1701 Route 70 East			11	30	2018	\$	4.00	
City Cherry Hill	State NJ	Zip Code (Plus 4) 08034	Description of Expenditure Bank Statement Fee-Nov/Dec 2018					
To Whom Paid Ann Marie Favinger			мо	DAY	YEAR			
Mailing Address 52 Walnut Street			12	3	2018	\$	1,200.00	
CityClifton HeightsStateZip Code (Plus 4)PA19018				Description of Expenditure Wreaths Across America Trip/Arlington Cemetery 12/15/18; check #3883				
To Whom Paid TD Bank			мо	DAY	YEAR			
Mailing Address 214 Wilmington-We	st Chester Pike		12	12	2018	\$	3,000.00	
City Chadds Ford	State PA	Zip Code (Plus 4) 19317		tion of Exp			ecking	
To Whom Paid Amber R. Smith	-	-	мо	DAY	YEAR			
Mailing Address 1110 Naamans Road	ł		12	17	2018	\$	101.32	
City Garnet Valley	State PA	Zip Code (Plus 4) 19060		otion of Exp Certification			3884	
To Whom Paid Stephen Mancini			мо	DAY	YEAR			
Mailing Address PO Box 585			12	20	2018	\$	600.00	
City Chadds Ford	State PA	Zip Code (Plus 4) 19317		stion of Exp Reimburse			885	

				1				
To Whom Paid			мо	DAY	YEAR			
TD Bank Visa								
Mailing Address PO Box 8736			12	20	2018	\$	3,975.48	
City Columbus	State	Zip Code (Plus 4)	Description of Expenditure					
	GA	04243	Campaign Party Post, storage, ansportation; sign assembly lunch; debit					
To Whom Paid Lane Signs			мо	DAY	YEAR			
Mailing Address 110 Wilmington-West Chester Pike			12	27	2018	\$	99.92	
City Chadds Ford	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19317	Finsh Campaign Status Boards; check #3886					
To Whom Paid American Express			мо	DAY	YEAR			
Mailing Address PO Box 1270			12	27	2018	\$	522.65	
City Newark	State	Zip Code (Plus 4)	Descri	Description of Expenditure				
	LΟ	07101	Campaign Technology Assistance Payment					
						PAGE TOTAL		
Enter Grand Total of Expendit	ures on Page 1, Re	port Cover Page, Item D).			\$	9,503.37	