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 95	500237				Rep File			CAN	DIE	DATE		COM	1ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Can	didate o	or Lol	bbyist:		BARI	RAR	R, STE	PHEN	FRI	ENDS	OF							
Street Address:	1620 BALT	IMORE	PIKE	,РО ВОХ	1705														
City:	CHADDS F	ORD							State:		PA			Zip Code: 19317-1705					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		P	POST- 3.			AMENDM REPORT?	Yes	١	lo	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION						30 DA		P	POST- 6.			TERMINA REPORT?	Yes	١	lo	/		
report type)	ANNUAL REPO	RT 7.	,	Year 2021	FILING METHOD () CHECK ONE						_			PAPER		√	DISK	ETTE	
Name of Office S	ought by Cand	idate:							DATE	OI	F ELEC	CTIO	N	District Number	Office Code	Par	ty Cod	e Cou	
									МО		DAY	YE	AR	-1		REF	,	23	_
										11		2	2021		(SEE INS	TRUCTI	ONS FO	R CODES	5)
Summary of		i MC	0	DAY	YEAR				МО		DAY	YE	AR	FO	R OFFIC	E USE	ONL	′	
Expenditures	from:		(6 8	20	021	Т	0		9	1	L3	2021						
A. Amount Bro	ught Forward F	rom La	st Re	port				\$				35,1	159.14						
B. Total Monetary Contributions And Receipts (From Schedule I)											0.00								
C. Total Funds Available (Sum Of Lines A and B) \$ 35,159.14																			
D. Total Expenditures (From Schedule III) \$ 4,427.44																			
E. Ending Cash Balance (Subtract Line D From Line C)								\$				30,7	31.70						
F. Value Of In-	Kind Contributi	ions Rec	ceive	d (From S	chedul	le II)	\$					0.00						
G. Unpaid Debt	s And Obligation	ons (Fro	om Sc	chedule IV)			\$					0.00		,				
					AFF	IDA	VI	T SE	CTIO	N									
PART I - If this is				_							-		_						
I swear (or affirm) correct and comple		including	g the a	attached scl	nedules	filed	on	paper	or by el	ectr	onic me	edium	, are to t	he best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before me day of	this		20						-		S	ignature	of Perso	1 Submitt	ing Rep	ort		
		nature						- -		-				Prin	ted Name				_
My Commission Ex	_									-				Emai	il				-
	МО		DAY	Y	YR						Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a c	andidat	te's a	uthorized	Comm	itte	e, C	andid	ate sha	all s	ign he	ere.							
I swear (or affirm) No 320) as amende		of my kn	owled	lge and beli	ef this	politi	ical	comm	ittee ha	s no	t violat	ed an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	з,
Sworn to and subsc		:his											Si	ignature o	f Candida	ite			-
	day of ————————————————————————————————————							-						Printe	d Name				- J
	Signatu							-		_									_
My Commission Exp	ires													Ema	il				
	мо		DA	Y	YR			-			Area	Code		Da	ytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BARRAR, STEPHEN FRIENDS OF	From:	<u>6/8/202</u>	<u>1</u> To:	9/13/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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)			\$	0.00
TOTAL for the Reporting	g 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
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contributing C	ommittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 0.00

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 Fining Committee of Candidate				Reporting Period From: To:					
			Fro	m:		10):		
					DATE		AMOUNT		
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
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.

Name of Filing Committee or Candidate Reporting				g Period					
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00	

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				Reporting Period						
	om: To:									
				D	ATE		А	MOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name		•		Occupa	tion		•			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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:	6/8/2021 To:	9/13/2021						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
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,		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate Ro						
	Fro						
				DATE			AMOUNT
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting F	Period				
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	e or Candidate Reporting Period				
BARRAR, STEPHEN FRIENDS OF	From	<u>6/8/2021</u> To:	9/13/2021		
		DATE	AMOUNT		

				DATE			AMOUNT	
To Whom Paid TD Bank			мо	DAY	YEAR			
Mailing Address PO Box1377			8	31	2021	\$	9.00	
City Lewiston	State ME	Zip Code (Plus 4) 04243	Description of Expenditure State Fee-Jun/JulAug 2021					
To Whom Paid HRCC			МО	DAY	YEAR			
Mailing Address PO Box11787			6	8	2021	\$	1,000.00	
City Harrisburg	State PA	Zip Code (Plus 4) 17108	Description of Expenditure Roun Up 2021-check #3986					
To Whom Paid Concord Republicans			МО	DAY	YEAR			
Mailing Address 2307 Windfield Court			8	24	2021	\$	1,200.00	
City Glen Mills	State PA	Zip Code (Plus 4) 19342	Description of Expenditure Fundraiser-check #3988					
To Whom Paid PA Veterans Museum			МО	DAY	YEAR			
Mailing Address 12 E. State Street			8	3	2021	\$	500.00	
City Media,	State PA	Zip Code (Plus 4) 19063	1	otion of Exp Sponsor-ch				
To Whom Paid Friends of Meg Sullivan			МО	DAY	YEAR			
Mailing Address PO Box 3425			9	7	2021	\$	250.00	
City West Chester	State PA	Zip Code (Plus 4) 19380	Description of Expenditure Contribution-check # 1096126					

							I AGL 12
To Whom Paid TD Visa			МО	DAY	YEAR		
Mailing Address PO Box 10	0290		9	7	2021	\$	412.21
City Columbia	State SC	Zip Code (Plus 4) 29202	Description of Expenditure Mailings, Campaign dinner				
To Whom Paid USPS			МО	DAY	YEAR		
Mailing Address 1620 Baltin	more Pike		6	17	2021	\$	7.95
City Chadds Ford	State PA	Zip Code (Plus 4) 19317	Description of Expenditure Report Mailing Express Mail				
To Whom Paid TD Visa			МО	DAY	YEAR		
Mailing Address PO Box 100290			6	29	2021	\$	448.28
City Columbia	State SC	Zip Code (Plus 4) 29202	Description of Expenditure Campaign Expenses				
To Whom Paid Stephen Mancini			МО	DAY	YEAR		
Mailing Address PO Box 58	5 1620 Baltimore Pike		9	10	2021	\$	600.00
City Chadds Ford	State PA	Zip Code (Plus 4) 19317	Description of Expenditure Administrative Fee-check #3990				
Enter Grand Total of Expen	ditures on Page 1, Re	port Cover Page, Item D				\$	PAGE TOTAL 4,427.44