### **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 :	<b>on</b> 950	00237				Repo			CA	NDII	DATE		СОМ	<b>ITTEE</b>	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee, Cand	idate or L	.obbyi	st:	E	BARR	RAR	, STE	PHEN	I FR	IENDS	OF	<u> </u>						
Street Address:	1620 BALTI	MORE PII	KE,PO	BOX 1	1705														
City:	CHADDS FC	RD							State	e:	PA			Zip Cod	<b>ie:</b> 19	317-1	705		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY									3.		AMENDM REPORT?		Yes	N	0	<b>\</b>		
(place X to the right of	THE ELECTION									TERMINA REPORT?		Yes	N	0	<b>\</b>				
report type)								FILING METHO ( ) CHECK OF						PAPER		<b>\</b>	DISK	ETTE	
Name of Office S	ought by Candid	date:							DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	Par	ty Cod	Cour	
									МО		DAY	Y	EAR	-1	•	REF	)	23	
										11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		МО	DA	Υ	YEAR				МО		DAY	Υ	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	trom:		10	19	20	)21	T	0		11	:	22	2021						
A. Amount Bro	ught Forward Fr	om Last F	Report					\$				29,	940.11						
B. Total Moneta	ary Contribution	s And Red	eipts	(From	Sched	dule 1	[)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	A and E	3)				\$				29,	940.11						
D. Total Expend	ditures (From So	:hedule II	(I)					\$				8,	411.70						
E. Ending Cash	Balance (Subtra	act Line D	From	Line C	<u>;)</u>			\$				21,	528.41						
F. Value Of In-	Kind Contributio	ns Receiv	red (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From	Sched	ule IV)	)			\$					0.00						
					AFF1	IDA'	VI٦	ΓSE	CTIO	NC									
PART I - If this is				_									_		e l	.1 - 4			
I swear (or affirm) correct and comple		nciuaing th	e attaci	nea scn	leaules	пеа	on p	paper	ог ву е	electr	ronic m	eaium	ı, are to t	ne best o	r my knov	vieage	and be	ier , tr	ue
Sworn to and subs	cribed before me t day of	his	20							,		:	Signature	of Perso	n Submitt	ing Re <sub>l</sub>	oort		
	Signa	iture						-						Prin	ted Name				_
My Commission Ex	pires							_		•				Ema	il				
	МО	D	AY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report of a ca	ndidate's	autho	rized (	Comm	ittee	, Ca	andid	ate si	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge aı	nd belie	ef this	politic	cal	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ıne 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me th day of	is	20										s	ignature o	of Candida	ite			_
			_ 20											Printe	d Name				-
	Signatur	·е													:•				_
My Commission Exp	ires													Ema					
	МО	D	AY		YR						Area	Code		Da	aytime Te	elephor	ne Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
BARRAR, STEPHEN FRIENDS OF	From:	10/19/202	<u>1</u> To:	11/22/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) 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	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	) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	0.00
			1	
Total Monetary Contributions and Receipts During this Reporting Period (Add an 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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•				-		DAGE TOTAL

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

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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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	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	ne of Filing Committee or Candidate			orting Pe	riod			
			Fron	n:		To	):	
				D	ATE		АМС	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(	<b>GE TOTAL</b> 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	od			
			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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Per	iod	
BARRAR, STEPHEN FRIENDS OF	From:	<u>10/19/2021</u> <b>To:</b>	11/22/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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	1				Re	porting	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
BARRAR, STEPHEN FRIENDS	S OF		From	10/19	9/2021	То:	11/22/2021
				DATE			AMOUNT
<b>To Whom Paid</b> TD Bank			мо	DAY	YEAR		
Mailing Address PO Box13	377		10	21	2021	\$	8.70
City Lewiston  State  ME  Zip Code (Plus 4)  04243				otion of Exp		1	
To Whom Paid TD Bank				DAY	YEAR		
Mailing Address PO Box1377				29	2021	\$	3.00
<b>City</b> Lewiston	<b>State</b> ME	<b>Zip Code (Plus 4)</b> 04243		otion of Exp		!	
<b>To Whom Paid</b> Pescatores	·	•	мо	DAY	YEAR		
Mailing Address 1810 Wiln	mington Pike		11	16	2021	\$	8,000.00
<b>City</b> Glen Mills	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19342		otion of Expection Part			
<b>To Whom Paid</b> Stephen Mancini			МО	DAY	YEAR		
Mailing Address PO Box 5	85 1620 Baltimore Pike		11	20	2021	\$	400.00
<b>City</b> Chadds Ford	City Chadds Ford State Zip Code (Plus 4) PA 19317			otion of Exp -check# 39		!	
Futou Guard Tatal of Funa							PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						•	0 411 70

8,411.70