Campaign Finance Report

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

Filer Identificat Number :	ion 201	50347			Repor Filed I		CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST	
Name of Filing	Committee, Candi	date or L	obbyist:			-	ERIC RO	E CAMF	PAIG	N FINA	NCE CO	MMITTEE	-		
Street Address:	P.O. BOX 32	83													
City:	WEST CHES	ΓER					State:	PA			Zip Co	de: 19	381-3	283	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 D/ PRIM		POST- 3.			AMENDI REPORT		Yes	No	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					AY F TION	POST- 6. X			TERMIN REPORT		Yes	No	· 🗸
report type)	ANNUAL REPOR	T 7.	Year 2021				NG METHO CHECK O				PAPER		\checkmark	DISK	TTE
Name of Office	L Sought by Candid	ate:					DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County
							мо	DAY	YE	AR	rtuinber	coue	REP	,	louc
							11		2	2021	 	(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	Y	AR	FC	OR OFFIC	E USE	ONLY	
Expenditure	s from:		10 19	20	021 1	0	11	2	22	2021					
A. Amount Bro	ought Forward Fro	om Last R	eport			\$				0.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Schee	dule I)	\$				0.00					
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00															
D. Total Expen	ditures (From Sc	hedule II	I)			\$				0.00					
E. Ending Cash	n Balance (Subtra	ct Line D	From Line	C)		\$			8,6	39.09					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedul	le II)	\$				0.00					
G. Unpaid Deb	ts And Obligation	s (From S	Schedule I\	/)		\$				0.00					
				AFF	IDAVI	T SE	CTION								
	s a Committee re	• •	-					• •			-				
correct and comp) that this report, in lete.	cluding the	e attached sc	nedules	s filed on	paper	or by elect	ronic me	aium	, are to	the best o	от ту кпоч	viedge	and bei	let , true
Sworn to and sub	scribed before me th day of 	is	20			_			S	ignatur	e of Perso	n Submitt	ing Rep	oort	
	Signat	ure				_					Prir	ted Name			
My Commission E	xpires					_					Ema	il			
	МО	D	AY	YR				Are	ea Cod	le	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorized	Comm	nittee, C	Candid	ate shall	sign he	ere.						
I swear (or affirm No 320) as amend) that to the best of ed.	my knowle	edge and bel	ief this	political	comm	iittee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.I	L. 1333,
Sworn to and subs	cribed before me this day of	S	20							S	ignature	of Candida	ite		
						_					Printe	ed Name			
My Commission Ex	Signature	9				-					Ema	il			
						_									
	мо	D	AY	YR				Area	Code		D	aytime Te	elephor	e Numb	ber

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF ERIC ROE CAMPAIGN FINANCE COMMITTEE	From:	<u>10/19/202</u>	<u>1</u> То:	<u>11/22/2021</u>
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	g 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

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				porting I	Period			
			Fre	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	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

\$

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		Rep Froi	orting P m:	eriod	Τα):			
					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 Schedule I, Detailed Summary Page, Section 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 Can	Name of Filing Committee or Candidate			Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			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		АМ	OUNT
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 P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	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	Name of Filing Committee or Candidate			ting Perio	od			
	From:			То:				
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$ i	0.00
City	State	Zip Code (Plus 4)					
Receipt Description				1	1	1		
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4			PAGE TOT	AL
Linter Granu Total of Part E		i Suillilai y 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 Pe	riod						
FRIENDS OF ERIC ROE CAMPAIGN FINANCE COMMITTEE	From:	<u>10/19/2021</u> To:	<u>11/22/2021</u>					
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	TF)							
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, 3		\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R				g Period			
	From: To:						
		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 Schedule II, In-Kind Contributions Detail Section 2.				mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate					Rep	oorting P	eriod			
						From: To:				
II							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption of	f Contribution

	1			
Enter Grand Total of Part G on Schedule II,	In-Kind Contrib	outions Detail	ed	PAGE TOTAL
Summary Page, Section 3.				0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00