### **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 :	Filer Identification 9500237 Number :				Repo Filed		:	CAND	IDATE		СОМ	<b>ITTEE</b>	ITTEE / LOBBYIST				
Name of Filing C	Committee, Candid	late or L	obbyist:	E	BARR	AR, S	STE	PHEN FF	RIENDS	OF							
Street Address:	1620 BALTIM	IORE PI	(E,PO BOX 170	5													
City:	CHADDS FOR	lD.						State:	PA			Zip Cod	de: 19	9317-1	705		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PI PRIMARY	RE-	2.2		DA		POST- 3.			AMENDM REPORT		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION	AY PRE- 5. 30 DAY F ELECTION				POST-	OST- 6.			ATION ?	Yes	No	`		
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022		FILING METHOD ( ) CHECK ONE						PAPER		<b>\</b>	DISKE	TTE		
Name of Office S	Sought by Candida	rte:	•	DATE OF ELECTION					District Number	Office Code	Par	ty Code	Count Code	у			
								МО	DAY	YE	AR	160	1000	REP		23	
								11		8	2022		(SEE IN	STRUCTIO	ONS FOR (	ODES)	
Summary of Expenditures	Receipts and	МО	DAY YE	AR				МО	DAY	ΥI	AR	FO	R OFFI	CE USE	ONLY		
			1 1	20	22	то		5	5	2	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			21,0	)13.71						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hed	lule I		\$				0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 21,013.71																	
D. Total Expend	ditures (From Sch	edule II	I)				\$			5,1	.36.95						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			_	\$			15,8	76.76						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dule	e II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1			
			Al	FI	[DAV	IT S	SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	e. I1	f this	is a (	Can	didate r	eport, (	candi	date sig	jn here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached schedu	iles	filed o	n pap	er c	or by elect	tronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	e,
Sworn to and subs	cribed before me th	s	20							S	ignature	of Perso	n Submit	ting Rep	ort		-
						_						Prin	ted Name	e			-
My Commission Ex	Signati cpires	ii e										Ema	il				-
	мо	D	AY	/R					Ar	ea Coc	le	Daytim	ne Teleph	one Nu	mber		-
Part II- If this is	a report of a can	didate's	authorized Cor	nmi	ittee,	Can	dida	ate shall	sign h	ere.							Ī
I swear (or affirm) No 320) as amende	that to the best of	my knowl	edge and belief t	his p	politic	al cor	mmi	ttee has r	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333,	
Sworn to and subsc	ribed before me this	1									s	ignature o	of Candid	ate			-
	day of 					_						D	d Name				-
	Signature					_						Printe	ed Name				
My Commission Exp	-											Ema	il				1
	МО	D	AY	YR		_			Area Code Daytime Telephone Number								

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
BARRAR, STEPHEN FRIENDS OF	From:	1/1/202	<u>2</u> To:	5/2/2022
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	(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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting				
			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 Filing Committee of Candidate				Reporting Period From: To:					
			l		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	me 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				Reporting Period					
			From: To:						
				D	ATE			AMOUN	IT
				МО	DAY	YEAR	2		
Mailing Address  City State Zip Code (Plus 4)								\$	0.00
State	Zip (	Code (Plus	5 4)						
				Occupa	tion				
e of		City			State		Zip	Code (Plu	us 4)
dule I, Detailed Su	umma	ıry Page,	Section	on 3.			\$	PAGE T	0.00
	e of	e of	e of City	State Zip Code (Plus 4)	From:  MO  State Zip Code (Plus 4)  Occupation	State Zip Code (Plus 4)  Occupation  October 1	State Zip Code (Plus 4)  Occupation  City  State	State Zip Code (Plus 4)  Occupation  Occupation  City State Zip  Odule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4)  Occupation  Occupation  Occupation  Occupation  PAGE 1

## 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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	I							
BARRAR, STEPHEN FRIENDS OF	From:	<u>1/1/2022</u> <b>To:</b>	<u>5/2/2022</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	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					
			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 Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								<b>\$</b>	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

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period					
BARRAR, STEPHEN FRIENDS O	F		From	1/	1/2022	То:	5/2/2022		
				DATE					
To Whom Paid USPS			мо	DAY	YEAR				
Mailing Address 1620 Baltim	ore Pike		1	18	2022	\$	166.00		
City Chadds Ford State Zip Code (Plus 4) PA 19317				otion of Exp Box Fee-Ar					
<b>To Whom Paid</b> Delaware County Republican Finance Committee			МО	DAY	YEAR				
Mailing Address 323 W. Fron	t Street		1	20	2022	\$	1,000.00		
City Media,	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19063	Description of Expenditure Chairman's Dinner-check #3996						
<b>To Whom Paid</b> USPS			мо	DAY	YEAR				
Mailing Address 1620 Baltim	ore Pike		1	27	2022	\$	8.95		
City Chadds Ford State Zip Code (Plus 4) PA 19317				otion of Exp mpaign Re					
<b>To Whom Paid</b> TD Bank			МО	DAY	YEAR				
Mailing Address PO Box1377			1	31	2022	\$	9.00		
City .	State Zin Code (Plus 4)								

City Lewiston	<b>State</b> ME	<b>Zip Code (Plus 4)</b> 04243	Description of Expenditure Statement Fee=Jan-Mar 2021					
To Whom Paid Friends of LuAnn			мо	DAY	YEAR			
Mailing Address 230 Charlan Blvd.			3	22	2022	\$	2,500.00	
City Mount Joy	<b>State</b> PR	<b>Zip Code (Plus 4)</b> 17552	I -	otion of Exp oution-chec				

							PAGE 12
To Whom Paid Galuch for Congree				DAY	YEAR		
Mailing Address PO Box317			3	20	2022	\$	200.00
City Newtown Square	State PA	<b>Zip Code (Plus 4)</b> 19073	Description of Expenditure Contribution-check# 3997				
<b>To Whom Paid</b> Friends of Chris Quinn			МО	DAY	YEAR		
Mailing Address 815 Greenwood Avenue			4	8	2022	\$	350.00
<b>City</b> Jenkintown	State PA	<b>Zip Code (Plus 4)</b> 19046	Description of Expenditure Contribution-check #3999				
To Whom Paid Friends of Dave White			МО	DAY	YEAR		
Mailing Address 102 West Front Street			4	29	2022	\$	500.00
City Media,	State PA	<b>Zip Code (Plus 4)</b> 19063	Description of Expenditure Contribution-check # 4000				
To Whom Paid Stephen Mancini			МО	DAY	YEAR		
Mailing Address PO Box 585 1620 Baltimore Pike			4	29	2022	\$	400.00
<b>City</b> Chadds Ford	State PA	<b>Zip Code (Plus 4)</b> 19317	Description of Expenditure Admin-check #4001				
<b>To Whom Paid</b> TD Bank			МО	DAY	YEAR		
Mailing Address PO Box1377			4	29	2022	\$	3.00
<b>City</b> Lewiston	State ME	<b>Zip Code (Plus 4)</b> 04243	Description of Expenditure Statement Fee-April 2022				
Enter Grand Total of Expend	litures on Page 1 Per	nort Cover Page Item D					PAGE TOTAL
Lines Grand Total of Expend	incures on Page 1, Rep	port cover raye, Item D	•			\$	5,136.95