### **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 2019	90250				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		FRIE	END	S OF	ELVIRA N	N. BERI	RY							_
Street Address:	144 NARBER	TH AVEN	IUE,P.O. BOX	〈 33													
City:	NARBERTH							State:	PA			Zip Coo	le: 19	072			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- [	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- !	5.	30 DA ELECT	• •	POST-	6.		TERMINA REPORT?		Yes	No		<b>/</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2021				FILING METHOD ( ) CHECK ONE					PAPER / DIS			DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR		10000	DEN	1		
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES	)
	Receipts and	МО	DAY	/EAR				МО	DAY	YE	AR	FO	R OFFIC	CE USE	ONLY		
Expenditures	s from:		11 23	20	021	Т	0	12		31	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	ı)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				0.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)	)			\$			1	54.20						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	nedul	e II	()	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$			29,0	75.25						
				AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	[f thi	is is	a Can	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached sche	dules	filed	d on	paper (	or by elect	ronic m	edium	, are to t	he best o	f my knov	wledge	and belie	ef , tru	16
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submitt	ting Rep	ort		_
	Signati	ıre					<b>-</b>					Prin	ted Name	<b>.</b>			-
My Commission Ex	cpires						_					Ema	il				_
	мо	D	AY	YR					Arc	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	omm	itte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of led.	ny knowl	edge and belief	this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candida	ate			-
							-					Printe	d Name				-
My Commission 5	Signature						-					Ema	il				-
My Commission Exp							_										_
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF ELVIRA N. BERRY	From:	11/23/202	<u>21</u> To:	12/31/2021
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
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

Name of Filing Committe	e or Candidate		Re	porting	Period			
			Fr	om:		То	:	
			1		DATE			AMOUNT
Full Name of Contributing	Committee			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.

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 or	Candidate		Rep	oorting P	eriod			
			Fro	m:		To	<b>o</b> :	
					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 Candi	ame of Filing Committee or Candidate Reporting				ng Period					
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

						Reporting Period					
From					rom: To:						
			D/	ATE			AMOUNT				
			МО	DAY	YEAR						
Mailing Address						\$	0.00				
Ziţ	p Code (Plus	4)									
			Occupat	tion							
	City			State		Zip Co	ode (Plus 4)				
d Sumn	nary Page,	Section	n 3.				PAGE TOTAL 0.00				
		City		Zip Code (Plus 4) Occupat	Zip Code (Plus 4)  Occupation  City  State	Zip Code (Plus 4)  Occupation  City  State	MO DAY YEAR  \$ Zip Code (Plus 4)  Occupation  City  State  Zip Co				

## 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		AM	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. Detailer	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 Pe	riod	
FRIENDS OF ELVIRA N. BERRY	From:	11/23/2021 <b>To</b> :	12/31/2021
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	lame of Filing Committee or Candidate Re						
	Fr					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					Re	porting	Period					
					Fro	m:		То	То:			
							DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$		0.00
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	ation					
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	cripti	ion of (	Contributio	on
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOT	ΓAL
Summary Page, Section 3.							0.00					

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti						
	From			То:			
				DATE			AMOUNT
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	otion of Exp	penditure		
Enter Grand Total of Evnenditures on Dago 1. Deport Cover Dago Item F							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D			<b>'-</b>			\$	0.00