# **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 2022	C0195			Repo Filed			CAND	IDATE	✓	CO	OMMITTE		LOB	BYIST		
	Committee, Candid	ate or L	obbyist:					I ILLIAM	M								
Street Address:							,										
City:								State:				<b>Zip Code:</b> 19380					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE	- 2.		0 DA RIMA		POST-	3.		AMENDM REPORT?	ENT	Yes	N	0	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	ND FRIDAY PRE- 5. 3				Y TON	POST-	POST- 6.			TERMINATION REPORT?		N	0	$\checkmark$
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022					IG МЕТН СНЕСК С				PAPER	PAPER		DISK	ETTE	
Name of Office	L Sought by Candidat	te:						DATE (	OF ELE	СТІС	N	District Number	Office Code	Par	ty Code	e Cour Code	
GOVERNOR								мо	DAY	Y	EAR	-1	GOV	REP	1	15	
								11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	;)
	Receipts and	мо	DAY	YEAF	2			мо	DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:		1 1	. 2	022	то	)	(°)	3	28	2022						
A. Amount Bro	ought Forward From	n Last R	eport				\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	edule I	:)	\$			5,	500.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			5,	500.00						
D. Total Expen	ditures (From Scho	edule II	I)				\$			5,5	500.00						
E. Ending Cash	n Balance (Subtract	t Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)			\$				0.00						
				AFF	-IDA\	/IT	SE	CTION									
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this	is a	Can	didate r	eport,	candi	date si	gn here.					
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	e attached so	hedule	s filed o	on pa	per o	or by elec	tronic m	edium	, are to	the best of	my know	vledge	and be	ief , tr	ue
Sworn to and subs	scribed before me this day of	5	20							5	Signatur	e of Persor	Submitt	ing Rep	oort		-
	Signatu	re				_						Print	ed Name				-
My Commission E	_											Emai	I				_
	мо	D	AY	YR					Ar	ea Co	le	Daytim	e Teleph	one Nu	mber		_
Part II- If this is	a report of a cand	didate's	authorized	Comr	nittee,	, Car	ndida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amend	) that to the best of n ed.	ny knowle	edge and bel	ief this	s politic	al co	ommi	ittee has i	not viola	ted ar	iy provis	sions of the	act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subscribed before me this day of 20											S	Signature o	f Candida	ite			-
<u> </u>												Printe	d Name				-
My Commission Exp	Signature pires											Emai	1				_
	мо	D	AY	YF	ł				Area	Code		Da	ytime Te	elephor	e Num	ber	-

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MCSWAIN, WILLIAM M From: <u>1/1/2022</u> **To:** <u>3/28/2022</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 5,500.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 5,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 5,500.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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				Reporting Period						
				From: To:			:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								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 Candida	te			oorting P	eriod					
			Fro	From: To				0:		
					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 Candidate			Reporting Period						
				То:					
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00	
Mailing Address							<b>]</b> *	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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						
MCSWAIN, WILLIAM M					<u>1/1/2022</u> <b>T</b>		o:	<u>3/28/2022</u>		
				DA	TE		AMOUNT			
Full Name of Contributor Bill McSwain				мо	DAY	YEAR	\$	5,500.00		
Mailing Address PO Box 2129				1	7	202	2			
City Philadelphia	State	Zip Code (Plus	; 4)	1	,					
	PA	19103								
Employer Name NA				Occupat	ion	Candid	ate			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)			
PO Box 2129		Philadelpi	а		PA		1910	3		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Sectio	on 3.			\$	<b>PAGE TOTAL</b> 5,500.00		

## 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 Candidate			Report	ing Peric	bd			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (	Plus 4)					
Receipt Description					•			
		_		_			PAGE TO	<b>AL</b>
Enter Grand Total of Part E on Schedu	le I, Detailed Sumn	nary Page,	Section	4.			\$	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	<b>Reporting Period</b>		
MCSWAIN, WILLIAM M	From:	<u>1/1/2022</u> <b>To:</b>	<u>3/28/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period						
F						То:			
				DATE		AMOUNT			
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				<b>7</b> \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Sur Section 2.					je,		PAGE TOTA	AL.	
						\$		0.00	

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period					
				From:						
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							<b>\$</b> 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	tion		•			
Employer Mailing Address/Principal Plac	e of Business C	lity	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			<b>PAGE TOTAL</b> 0.00			

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
MCSWAIN, WILLIAM M	From	<u>1/</u>	<u>1/2022</u>	<u>3/28/2022</u>						
		DATE	AMOUNT							
To Whom Paid			мо	DAY	YEAR					
Tuttle Marketing Services										
Mailing Address 992 Riflery Dr.			1	7	2022	\$	5,500.00			
City West Chester	State	Zip Code (Plus 4)	Description of Expenditure							
	Campai	gn Hats								
					PAGE TOTAL					
Enter Grand Total of Expenditu	D.			\$	5,500.00					