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 2	019010	2			Repo Filed		CAI	NDII	DATE		СОМ	1ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Car	ndidate	or Lob	byist:		WARM	INSTE	R FIRS	ST			•						
Street Address:	414 BRAN	IDYWIN	E CT										-					
City:	WARMINS	TER						State	e:	PA			Zip Code: 18974					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		ND FRIDA RIMARY	Y PRE-	· 2.	30 D PRIM	AY 1ARY	Р	POST- 3. X			AMENDM REPORT		Yes	No)	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- ELECTION 5. 30 DAY ELECTION						Ρ	POST- 6.			TERMIN/ REPORT		Yes	No	· 🔻	
report type)	ANNUAL REPO	DRT 7.	Y	'ear 2022				NG ME					PAPER		\checkmark	DISKE	TTE	
Name of Office Sought by Candidate: DATE OF ELECT							СТІО	N	District Number	Office Code	Par	ty Code	County	,				
								мо		DAY	YE	AR			DEM	1	09	
11									8	2022		(SEE INS	TRUCTIO	ONS FOR	CODES)			
Summary of		d M	0	DAY	YEAR			мо		DAY	YI	EAR	FC	R OFFIC	e use	ONLY		
Expenditures	s from:		5	3	20)22 -	ГО		6		6	2022						
A. Amount Bro	ught Forward	From La	st Rep	oort			ģ	5			3,2	280.28						
B. Total Monet	ary Contributio	ons And	Recei	pts (Fron	1 Sche	dule I)		\$			5,0	00.00						
C. Total Funds	Available (Sur	n Of Lin	es A a	nd B)			9	\$			8,2	280.28						
D. Total Expen	ditures (From	Schedul	e III)				9	\$			3,5	568.46						
E. Ending Cash	Balance (Sub	tract Lin	e D Fr	om Line	C)			\$			4,7	11.82	-					
F. Value Of In-	Kind Contribut	ions Re	ceived	l (From S	chedul	le II)		\$				0.00	-					
G. Unpaid Debt	ts And Obligati	ons (Fre	om Sch	hedule IV	/)		9	\$				0.00						_
					AFF	IDAV	IT SI	ECTIC	ΟN									
PART I - If this is				-						• •		_						
I swear (or affirm) correct and comple		, includin	g the a	ttached sc	hedules	filed or	ı papeı	or by e	electr	onic me	edium	, are to i	the best o	f my know	ledge	and beli	ef , true	1
Sworn to and subs	cribed before me day of	e this	2	20							s	ignature	e of Perso	n Submitt	ng Rep	ort		
	Sig	nature					_						Prin	ted Name				•
My Commission Ex	cpires								-				Ema	il				
	мо		DAY		YR					Are	ea Coc	le	Daytim	e Telepho	one Nu	mber		
Part II- If this is	a report of a	candida	te's au	uthorized	Comm	nittee,	Candi	date sh	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		: of my kr	nowledg	ge and beli	ef this	politica	l comr	nittee h	as no	ot viola	ed an	y provis	ions of th	e act of Ju	ne 3,1	937 (P.I	. 1333,	
Sworn to and subso	ribed before me day of	this	-	20								S	ignature o	of Candida	te			
			^				_						Printe	d Name				
My Commission Exp	Signat	ure							-				Ema	il				
-							_											
	мо		DAY		YR					Area	Code		D	aytime Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** WARMINSTER FIRST From: <u>5/3/2022</u> **To:** 6/6/2022 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)** 5,000.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 5,000.00 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 \$ 5,000.00 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			Re	porting	Period			
			Fro	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			orting P	eriod				
			Fro	m:		Тс):		
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	0.00	

PAGE 5

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 Repo				Reporting Period						
WARMINSTER FIRST	From:	<u>5/</u>	3/2022		6/6/2022					
				DA	TE		А	MOUNT		
Full Name of Contributing Comm Committee for Goood Governm				мо	DAY	YEAR				
Mailing Address PO Box 212							\$	5,000.00		
City Chalfont	State PA	Zip Cod 18914	e (Plus 4)	5	20	2022				
				_		ſ		PAGE TOTAL		
Enter Grand Total of Part C of	n Schedule I, Deta	iled Summary Pa	age, Sectio	n 3.			\$	5,000.00		

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		АМС	DUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Employer Name			Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip Code ((Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Page, Sectio	on 3.		\$		бе тота L 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 Candidate	Name of Filing Committee or Candidate			ing Perio	d				
			From:			То:			
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	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		
WARMINSTER FIRST	From:	<u>5/3/2022</u> то:	<u>6/6/2022</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 PART	ſ F)		
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, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
			From:			То:	
				DATE		AMOU	INT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE 1	TOTAL
					4		0.00

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

Name of Filing Committee or Candidate					Reporting Period					
					Fro	From: To:				
							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 o	f Contribution

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	3		Reporti	ng Period			
WARMINSTER FIRST			From	<u>5/:</u>	<u>3/2022</u>	То:	<u>6/6/2022</u>
				DATE			AMOUNT
To Whom Paid USPS			мо	DAY	YEAR		
Mailing Address 8 Atkinson Dr.			5	12	2022	\$	865.46
CityDoylestownStateZip Code (Plus 4)PA18901			Descrip Mailing	otion of Exp	penditure	2	
To Whom Paid Warminster Township Democratic Orga	anization		мо	DAY	YEAR		
Mailing Address 438 Chestnut Rd.			5	24	2022	\$	2,700.00
City Warminster	State PA	Zip Code (Plus 4) 18974	Descrip Contrib	otion of Exp oution	penditure	•	
To Whom Paid TD Bank			мо	DAY	YEAR		
Mailing Address PO Box 5094			5	31	2022	\$	3.00
City Mt Laurel	State NJ	Zip Code (Plus 4) 08094		ign Financ			nent Fee
Enter Grand Total of Expenditures	on Page 1 R	enort Cover Page Item [<u>.</u>				PAGE TOTAL
	on rage 1, N	leport cover rage, item i				\$	3,568.46