Campaign Finance Report

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

Filer Identificat	ion 2022	C0195			Repor Filed I		CANDI	DATE	✓	CC	OMMITTEI		LOBI	BYIST		
Name of Filing (Committee, Candid	ate or Lo	obbyist:	I		-	/ILLIAM N	Ч								
Street Address:																
City:							State:				Zip Cod	Zip Code: 19380				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X	30 DA PRIM		POST-	3.		AMENDMI REPORT?	AMENDMENT REPORT?		Nc	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		POST-	6.		TERMINA REPORT?	TION	Yes	Nc	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2022				FILING METHOD () CHECK ONE						\checkmark	DISKE	TTE	
Name of Office Sought by Candidate:							DATE C)F ELE			District Number	Office Code	Par	ty Code	County Code	
GOVERNOR							мо	DAY	YE/	R	-1	GOV	REP		15	
GOVERNOR							11		8	2022]	(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:		3 29	2	022 T	0	5	;	2	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport			\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$			70,00	00.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			70,00	00.00						
D. Total Expen	ditures (From Sche	edule II	[)			\$			70,00	0.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$				0.00						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	()		\$	•			0.00						
				AFF	IDAVI	T SE	CTION									
	s a Committee repo		-								-					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedules	s filed on	paper	or by elect	ronic m	edium, a	are to	the best of	my know	ledge	and beli	ef , true	
Sworn to and subs	scribed before me this day of	5	20						Sig	gnatur	e of Person	Submitt	ing Rep	oort		
	Signatu	re				_					Print	ed Name				
My Commission E	xpires					_					Email					
	мо	DA	AY	YR				Ar	ea Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee, C	Candid	late shall	sign h	ere.							
I swear (or affirm) No 320) as amend) that to the best of n ed.	ıy knowle	dge and beli	ef this	political	comm	ittee has r	iot viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subso	cribed before me this day of		20							s	ignature o	f Candida	te			
						_					Printeo	l Name				
My Commission Exp	Signature					-					Emai	1				
						_										
	МО	DA	AY .	YR				Area	Code		Da	ytime Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MCSWAIN, WILLIAM M	From:	<u>3/29/202</u>	2 To:	<u>5/2/2022</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)			\$	70,000.00
TOTAL for the Reporting	g Period	(3)	\$	70,000.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	70,000.00

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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:					
					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	orting P	eriod				
From: To:									
					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	<u>.</u>		\$	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 Cand	Name of Filing Committee or Candidate			J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	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	Name of Filing Committee or Candidate				riod				
MCSWAIN, WILLIAM M			Fron	n:	<u>3/29/2</u>	<u>022</u> То	To: <u>5/2/2022</u>		
				D/	ATE		AMOUNT		
Full Name of Contributor Bill McSwain				мо	DAY	YEAR			
Mailing PO Box 2129 Address							\$ 70,000.00		
CityPhiladelphiaStateZip Code (PlusPA19103				4	22	2022	2		
Employer Name _{NA}				Occupat	c ion	Candida	te		
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (Plus 4)		
PO Box 2129		Philadelp	hia		РА		19103		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	immary Page,	Sectio	on 3.			PAGE TOTAL \$ 70,000.00		

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	2		Report	ing Perio	od				
			From:			То:			
				D	ATE			AMOUNT	ſ
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·					•	•		
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
			20000				\$		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		
MCSWAIN, WILLIAM M	From:	<u>3/29/2022</u> To:	<u>5/2/2022</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	ΓF)		
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	Name of Filing Committee or Candidate			g Period			
F			From:			То:	
				DATE		АМО	UNT
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	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate			Rej	porting F	Period					
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(I	Plus 4)						
Employer of Contributor			•			Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	otion	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De			taile	ed				PAGE TOTAL		
Summary Page, Section 3.	,							0.00		

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5/5/2024	0:33:34	PIM

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
MCSWAIN, WILLIAM M				<u>3/29</u>	То:	<u>5/2/2022</u>				
				DATE AMOU						
To Whom Paid McSwain for Governor				DAY	YEAR					
Mailing Address PO Box 2129			4	22	2022	\$	70,000.00			
City Philadelphia	State PA	Zip Code (Plus 4) 19103		otion of Exp Campaigr		1				
							PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.).			\$	70,000.00			