### **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	2022	C0289				port		CANDI	DATE	<b>√</b>	cc	MMITTEE		LOBE	BYIST	
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		FRA	ANK	FARRY	Y								
Street Address:																	
City:									State:				Zip Code	: 19	047		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2. <b>X</b>	30 DA PRIMA		POST- 3. AMENDMENT REPORT?						No	<b>\</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?			No	<b>\</b>
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2022					NG METHO				PAPER		$\checkmark$	DISKE	TTE
Name of Office S	L Sought by	, Candidat	e:						DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code
									МО	DAY	YEAI	R	6	STS	REP		Code
SENATOR IN TH	HE GENE	RAL ASSE	MBLY						11		8 2	2022		(SEE INS	TRUCTIO	ONS FOR C	ODES)
Summary of	Receipts	s and	МО	DAY	YEAF	2			МО	DAY	YEA	R	FOR	OFFIC	E USE	ONLY	
Expenditures	from:			3 29	2	022	T	0	5		2 2	2022					
A. Amount Bro	ught Forv	ward Fron	1 Last R	eport	•		1	\$	-	•	. (	0.00					
B. Total Moneta	ary Contr	ibutions <i>F</i>	And Rec	eipts (From	Sche	dule	e I)	\$			(	0.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			(	0.00					
D. Total Expend	ditures (I	From Sche	edule II	I)				\$			(	0.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			C	0.00					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$			(	0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	<b>'</b> )			\$			(	0.00		,			
					AFF	ID	AVI	T SE	CTION								
PART I - If this is	a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport, o	candida	te sig	ın here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper (	or by elect	ronic m	edium, a	re to t	he best of	my know	ledge	and belie	ef , true
Sworn to and subs	cribed befo	ore me this		20							Sign	nature	of Person	Submitti	ng Rep	ort	
	_	Signatur	re					- -					Printe	ed Name			
My Commission Ex	pires							_					Email				
		мо	D	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has n	ot viola	ted any p	orovis	ions of the	act of Ju	ne 3,1	937 (P.L.	1333,
Sworn to and subsc		re me this										s	ignature of	Candida	te		
	day of —							-					Printed	Name			
		Signature						-									
My Commission Exp	ires												Email				
	_	МО	D	AY	YR	ł		-		Area	Code		Day	rtime Te	lephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRANK FARRY	From:	3/29/202	<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	y 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	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 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

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 R			eporting	Period			
		F	rom:		То	:	
				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.

PAGE TOTAL
0.00

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	e or Candidate		Rep	orting P	eriod			
			Fro	m:		To	):	
					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.

#### **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 Ca	ame of Filing Committee or Candidate			Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00
Mailing Address							<b>*</b>	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	n Schedule I, Detailed	d 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.)

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				orting Pe	riod					
				Fron	n:		1	Го:			
					D	ATE			AN	MOUNT	
Full Name of Contributor					МО	DAY	YEAR	2	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		Zi	ip Cod	e (Plus 4)	)
Enter Grand Total of Part C on Sche	dule I, Detailed Sเ	umm	ary Page,	Section	on 3.				P	AGE TOTA	\L
								\$		C	0.00

## 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 Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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	Reporting Perio	od	
FRANK FARRY	From:	3/29/2022 <b>To:</b>	5/2/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS F	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 Can	Reporting Period							
	From: To:							
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>7</b> \$	0.0	10
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detaile			ailed Summary Page,			PAGE TOTAL		
Section 2.						\$	0.0	0

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				porting	Period			
					m:	То:			
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
						То:			
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Expenditures	on Dago 1 Bonort C	Cover Page Item F					PAGE TOTAL		
Lines Grand Total of Expenditures (	ni rage 1, keport c	Lovei Fage, Itelli L	<b>,</b> .			\$	0.00		