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 20	22C0605				eport led B		CAN	NDIDATE COMMITTEE LOBBYIST									
Name of Filing C	Committee, Cand	idate or L	obbyist	:	JAF	RRET	T COL	EMAN		-								
Street Address:																		
City:	_							State:					Zip Cod	e: 18	3031			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR	RIDAY PRE RY	-	2. X	30 DA PRIMA		PC	OST- 3. AMENDMENT Yes No REPORT?							lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTI	RIDAY PR ON	.E-	5.	30 DA		POST- 6. TERMINATION Yes REPORT?							١	lo	/
report type)	ANNUAL REPOR	₹T 7.	Year 2	022				NG MET CHECK								DISK	ETTE	
Name of Office S	Sought by Candid	date:						DATE	OF	ELE	CTIC	ON	District Number	Office Code	Pai	rty Cod	e Cou	
								МО		DAY	Y	EAR	16	STS	REF)		
SENATOR IN TH	HE GENERAL AS	SEMBLY						1	11		8	2022		(SEE IN	STRUCTI	ONS FO	R CODES	5)
	Receipts and	МО	DAY	YEA	R			МО		DAY	Y	EAR	FOI	OFFI	CE USE	ONL	′	
Expenditures	s from:		3	29 2	2022	2 T	0		5 2 2022									
A. Amount Bro	ught Forward Fr	om Last R	eport				\$		0.00									
B. Total Moneta	ary Contribution	s And Rec	eipts (F	rom Sch	edul	e I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Se	:hedule II	I)				\$				6,	500.00						
E. Ending Cash	Balance (Subtra	act Line D	From L	ine C)			\$				(6,5	00.00)						
F. Value Of In-	Kind Contribution	ns Receiv	ed (Fro	m Schedu	ıle I	Ί)	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From S	Schedul	e IV)			\$					0.00						
				AFI	FID	AVI	ΓSE	CTIO	N									
PART I - If this is		• /							-			_						
I swear (or affirm) correct and comple		ncluding the	e attache	d schedule	es file	ed on	paper	or by ele	ectro	onic me	ediun	n, are to t	he best of	my knov	wledge	and be	lief , tr	rue
Sworn to and subs	cribed before me t day of	his	20						-		;	Signature	of Person	Submit	ting Re	port		_
	Signa	iture					-		-				Print	ed Name	•			
My Commission Ex	cpires						_		-				Email					
	МО	D	AY	YR	1					Are	ea Co	de	Daytime	Teleph	one Nu	mber		\perp
Part II- If this is	a report of a ca	ndidate's	authori	zed Com	mitte	ee, C	andid	ate sha	ıll s	ign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and	belief thi	s poli	itical	comm	ittee has	s no	t violat	ted a	ny provis	ions of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me th day of	is	20									s	ignature of	Candid	ate			_
	<u> </u>						-						Printed	l Name				-
My Commission Exp	Signatur	e					-		_				Email					-
,																		_
	МО	D	AY	YI	R					Area	Code		Da	ytime T	elephor	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
JARRETT COLEMAN	From:	<u>3/29/202</u>	<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	y 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 Candida	te	1	Reporting	Period			
		-1	From:		То	•	
		•		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address	_	_				\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 Commit	tee or Candidate	R	eporting F	Period			
		Fi	rom:		To) :	
		·		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
l	State	Zip Code (Plus 4)					
City							

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					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary 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	2			Rep	orting Pe	riod			
				Fror	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	p Code (Plus	s 4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE TOTAL
								\$	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:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>				•		<u> </u>	
Futor Curred Total of Doub	For Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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 Peri	od	
JARRETT COLEMAN	From:	3/29/2022 To:	5/2/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	۲	
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 Candidate			Reporting	g Period				
			From:			To:		
				DATE			AMOUNT	
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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						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	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

PAGE TOTAL

6,500.00

\$

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
JARRETT COLEMAN			From	<u>3/29</u>	9/2022	То:	5/2/2022
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
ROCKWOOD STRATEGIES LP							
Mailing Address		3	17	2022	\$	3,000.00	
City DOYLESTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18902	POLLIN	G			
To Whom Paid			мо	DAY	YEAR		
PATRIOTS FOR COLEMAN			140		ILAK		
Mailing Address			4	18	2022	\$	3,500.00
City WHITEHALL	City WHITEHALL State Zip Code (Plus 4)			tion of Exp	enditure		
	PA	18052	CONTR	IBUTION			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.