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				port ed B		CANI	DID	ATE	✓	СО	MMITTEE		LOB	BYIST		
Name of Filing C	Committee, Cand	idate or L	obbyist:		JAR	RET	T COL	EMAN		-								
Street Address:																		
City:	_							State:					Zip Code	e: 18	8031			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMAR	IDAY PRE Y	-	2. X	30 DA PRIMA		PC	OST-	3.		AMENDME REPORT?	NT	Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI	iday pre DN	Ē-	5.	30 DA		PC	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	٨	0	\
report type)	ANNUAL REPOR	₹T 7.	Year 20)22				NG MET CHECK					PAPER		\	DISK	ETTE	
Name of Office S	Sought by Candid	date:						DATE	OF	ELE	CTIC	ON	District Number	Office Code	Pai	ty Cod	e Cou	
								МО		DAY	Y	EAR	16	STS	REF)	1	
SENATOR IN TH	HE GENERAL AS	SEMBLY						1	11		8	2022		(SEE IN:	STRUCTI	ONS FOI	CODES	5)
	Receipts and	МО	DAY	YEAR	ł			МО		DAY	Y	EAR	FOF	OFFIC	CE USE	ONLY	7	
Expenditures	s from:		3	29 2	022	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 (Fi	rom Sche	dule	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 Li	ne C)			\$				(6,5	00.00)						
F. Value Of In-	Kind Contribution	ns Receiv	ed (Fron	n Schedu	le II	I)	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From S	Schedule	e IV)			\$					0.00						
				AFF	·ID/	AVI	ΓSE	CTIO	N									
PART I - If this is		• /		=					-			_						
I swear (or affirm) correct and comple		ncluding the	e attached	d schedule:	s file	d on	paper	or by ele	ectro	onic me	ediun	n, are to t	he best of	my knov	wledge	and be	lief , tı	rue
Sworn to and subs	cribed before me t day of	his	20						-		:	Signature	of Person	Submit	ting Re	oort		_
	Signa	iture	_				-		-				Printe	ed Name	•			
My Commission Ex	cpires						_		-				Email					
	МО	D	AY	YR						Are	ea Co	de	Daytime	Teleph	one Nu	mber		\perp
Part II- If this is	a report of a ca	ndidate's	authoriz	zed Comn	nitte	ee, C	andid	ate sha	ıll s	ign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and	belief this	poli	itical	comm	ittee has	s no	t violat	ted a	ny provisi	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						•			Si	ignature of	Candida	ate			_
							-		-				Printed	Name				-
My Commission Exp	Signatur	e					-		_				Email					-
,																		_
	МО	D	AY	YR	ł					Area	Code		Day	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:	3/29/202	<u>2</u> To:	5/2/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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	J 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	j 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

	his Part to itemize only with an aggregate valu							
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		-			DATE			AMOUNT
Full Name of Contribution	ng 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	

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 C	andidate		Rep Fro	oorting P m:	eriod	To) :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$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				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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 Candid	ate			Rep	orting Pe	riod			
				Fro	m:		То):	
					D	ATE		AN	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name		•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on S	chedule I, Deta	iled Sumr	mary Page,	Secti	on 3.			P	AGE 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Summary r 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 Pe	riod	
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)R	
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	1				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti	ng Period			
JARRETT COLEMAN	From	<u>3/29</u>	9/2022	To:	5/2/2022
		DATE			AMOUNT

NOCKNOOD STATEGIES E							
Mailing Address 5288 POINT PLEASANT PIKE			3	17	2022	\$	3,000.00
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18902	Description of Expenditure POLLING				
To Whom Paid PATRIOTS FOR COLEMAN			МО	DAY	YEAR		
Mailing Address PO BOX 451			4	18	2022	\$	3,500.00
City WHITEHALL	State PA	Zip Code (Plus 4) 18052	Description of Expenditure CONTRIBUTION				
							PAGE TOTAL