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 | 20220 | C0536 | | | | port | | CANDI | DATE | √ | cc | MMITTEE | | LOBI | BYIST | | |
|--|----------------------|-------------------|-----------|-----------------------|---------|--------|-------------|---------------|-------------|----------|----------|----------|------------------------|----------------|---------|-----------|-----------|----|
| Name of Filing C | committe | e, Candida | ate or Lo | obbyist: | | RYA | AN P | . AUM | ENT | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | Zip Code: 17601 | | | | | |
| TYPE OF REPORT | 6TH TUES | | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. X | 30 DA | | POST- | 3. | | AMENDMENT Yes REPORT? | | | | Y | |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDA ELECTION | y pri | E- | 5. | 30 DA | | POST- | 6. | | TERMINAT REPORT? | ΓΙΟΝ | Yes | No | ~ | |
| report type) | ANNUAL | . REPORT | 7. | Year 2022 | | | | | IG METHO | | | | PAPER | | ✓ | DISKE | TTE | |
| Name of Office S | ought by | , Candidat | e: | | | | | | DATE O | F ELE | CTIO | N | District Number | Office Code | Par | ty Code | County | , |
| | , oug 2, | | | | | | | | МО | DAY | YE | AR | 36 | STS | REP | | code | |
| SENATOR IN TH | HE GENE | RAL ASSE | MBLY | | | | | | 11 | | 8 | 2022 | - | (SEE INS | TRUCTI | ONS FOR (| CODES) | _ |
| Summary of | Receipts | s and | МО | DAY | YEAR | 2 | | | МО | DAY | YE | AR | FOF | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 3 29 | 2 | 022 | T | 0 | 5 | ; | 2 | 2022 | | | | | | |
| A. Amount Bro | ught Forv | ward Fron | ı Last R | eport | | | | \$ | • | • | • | 0.00 | | | | | | |
| B. Total Moneta | ary Contr | ibutions <i>A</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 | dule II | I) | | | | \$ | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line (| 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 | chedule IV |) | | | \$ | | | | 0.00 | | , | | | | |
| | | | | | AFF | ID | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Comm | nittee repo | ort, trea | surer sign | here. | If th | nis is | a Car | ndidate re | eport, o | candio | date sig | gn here. | | | | | |
| I swear (or affirm) correct and comple | | report, incl | uding the | attached scl | hedule | s file | ed on | paper | or by elect | tronic m | edium | , are to | the best of | my know | /ledge | and beli | ef , true | ١. |
| Sworn to and subs | cribed bef | ore me this | | 20 | | | | | | | s | ignature | e of Person | Submitt | ing Rep | ort | | |
| | _ | Signatur | e | | | | | - - | | | | | Printe | ed Name | | | | |
| My Commission Ex | cpires | | | | | | | _ | | | | | Email | | | | | |
| | | мо | D | AY | YR | | | | | Ar | ea Cod | e | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report | of a cand | idate's | authorized | Comn | nitte | ee, C | andid | 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 | comm | ittee has n | ot viola | ted an | y provis | ions of the | act of Ju | ne 3,1 | 937 (P.L | . 1333, | |
| Sworn to and subsc | ribed befo day of | re me this | | 20 | | | | | | | | s | ignature of | Candida | te | | | |
| | | | | | | | | _ | | | | | Printed | Name | | | | |
| | : | Signature | | | | | | _ | | | | | | | | | | |
| My Commission Exp | ires | | | | | | | | | | | | Email | | | | | |
| | _ | МО | D | AY | YR | ł | | - | | Area | Code | | Day | time Te | lephon | e Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Period | | | | | |
|--|------------------|----------|--------------|----------|--|--|
| RYAN P. AUMENT | 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 | 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) | | | \$ | 0.00 | | |
| TOTAL for the Reporting | J 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 ar 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 onl with an aggregate val | - | | | • | | | |
|---------------------------|--|-------------------|-----|---------|--------|------|----|------------|
| Name of Filing Comm | Name of Filing Committee or Candidate | | | porting | Period | | | |
| | | | Fre | om: | | То | : | |
| | | 1 | | | DATE | | | AMOUNT |
| Full Name of Contribution | ng Committee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) |) | | | | | |
| | • | • | | | • | • | | PAGE TOTAL |

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

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 Filling Committee of Candidate | | | Reporting Period From: To: | | | | | |
|--|-------|-------------------|----------------------------|----|------|------|----|-------|
| | | | | | DATE | | Al | MOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | ١ | | | | | |

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 | | | | | |
|---------------------------------------|----------------------|----------|-------------|------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | A | MOUNT |
| Full Name of Contributing Committee | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sum | 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 | | | Reporting Period | | | | | |
|---|---------------------|----------------|------------------|---------|-------|------|-----------|-------------|
| | F | | | | | To |): | |
| | | | | D | ATE | | A | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus | s 4) | | | | | |
| Employer Name | | | | Occupat | tion | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | | State | | Zip Co | de (Plus 4) |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ımmary Page, | Section | on 3. | | | 1 | 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 Car | Name of Filing Committee or Candidate | | | | od | | | |
|---------------------------------|---------------------------------------|-----------------|---------|----|-----|------|----|-----------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | А | MOUNT |
| Full Name | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | · | | • | | | • | |
| Enter Grand Total of Part E on | Schedule T. Detailed | l Summary Page. | Section | 4. | | | P | AGE TOTAL |
| | 2, 2000 | | 22300 | | | | \$ | 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 Per | iod | |
|--|----------------|----------------------|----------|
| RYAN P. AUMENT | 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 Candidate Re | | | | g Period | | | |
|--|--------------------|-----------------------|-------------|-------------|-------|-----------|------------|
| | From: | | | | | | |
| | | | | 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 | | | | Re | porting P | Period | | | |
|--|----------------|--------|------------------|--------|-----------|-----------|--------|---------|--------------------|
| | | | | Fro | om: | | То: | | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | |
| Employer of Contributor | | | | | Occupa | tion | | | |
| Employer Mailing Address/Principal Plac Business | ce of Cit | ity | State | | Zip 4) | Code(Plus | Descri | ption o | f Contribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, In-K | Cind C | Contributions De | etaile | ed | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or (| Reporting Period | | | | | | |
|-------------------------------|--|-------------------|--------|-------------|-----------|----|------------|
| | From | | | То: | | | |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | | | | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | Descri | ption of Ex | penditure | | |
| | | | | | | | PAGE TOTAL |
| Enter Grand Total of Expen | Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D | | | | | \$ | 0.00 |