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 9500	237			Rep File			CANDI	DATE		COMMITTEE V LOBBYIST						
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		BAR	RAF	R, STE	PHEN FR	IENDS	OF							
Street Address:	1620 BALTIMO	ORE PIK	E,PO BOX	1705													
City:	CHADDS FOR)	_					State:	PA			Zip Code: 19317-1705					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	- 2	2.	30 DA		POST-	3. X		AMENDM REPORT?		Yes	No	•	/	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	Y PRE	<u>-</u> !	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2022					NG METHO				PAPER	PAPER DISKE			TTE	
Name of Office S	- Sought by Candidat	te:						DATE 0	OF ELECTION District Number C					Part	ty Code	Coun	
								МО	DAY	YI	AR	160	10000	REP		23	
								11		8	2022		(SEE IN	STRUCTIO	ONS FOR (CODES)	
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		5 3	2	022	Т	0	6		6	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			15,8	376.76						
B. Total Monet	ary Contributions A	And Rec	eipts (From	Sche	dule	I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			15,8	376.76						
D. Total Expenditures (From Schedule III)							\$			۷	11.95						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			15,4	64.81]					
F. Value Of In-	Kind Contributions	Receive	ed (From So	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00						
				AFF	IDA	\VI	T SE	CTION									
PART I - If this is	s a Committee repo	ort, trea	surer sign l	nere. I	If thi	is is	a Car	ndidate re	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	nedules	s filed	d on	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , tru	ıe
Sworn to and subs	cribed before me this day of	:	20							S	Signature	of Perso	n Submit	ting Rep	ort		_
	Signatur						- -					Prin	ted Name	e			-
My Commission Ex	-	e										Ema	il				-
	мо	D/	AY	YR					Are	ea Cod	le	Daytim	e Teleph	none Nui	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L	. 1333	s,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
-	day of						_					Printo	d Name				-
	Signature						-										_
My Commission Exp	-											Ema	il		_		
	МО	D	AY	YR	1		•		Area	Code		Da	aytime T	elephon	e Numb	er	⁻

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
BARRAR, STEPHEN FRIENDS OF	From:	<u>5/3/202</u>	<u>2</u> To:	6/6/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) 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	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	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) 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 onl with an aggregate val	-			•				
Name of Filing Comm	ittee or Candidate		Re	porting					
		From: To:					Го:		
		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:					
			l		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.

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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			Reporting Period					
		Fron	n:		То	·o:		
			D/	ATE		АМ	OUNT	
			МО	DAY	YEAR			
						\$	0.00	
State	Zip Code (Plus	s 4)						
			Occupat	ion				
e of	City			State		Zip Code	(Plus 4)	
dule I, Detailed Su	ımmary Page,	Section	on 3.				0.00	
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code	

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	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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		
BARRAR, STEPHEN FRIENDS OF	From:	<u>5/3/2022</u> To:	<u>6/6/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 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	Name of Filing Committee or Candidate				Re	porting	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	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	e		Reporti	ng Period			
BARRAR, STEPHEN FRIENDS OF			From	<u>5/:</u>	3/2022	То:	6/6/2022
				DATE		AMOUNT	
To Whom Paid USPS			МО	DAY	YEAR		
Mailing Address 1620 Baltimore Pik	5	6	2022	\$	8.95		
City Chadds Ford	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA 19317				1ail campa	ign docui	ments	
To Whom Paid TD Bank			МО	DAY	YEAR		
Mailing Address PO Box1377			5	31	2022	\$	3.00
City Lewiston	State ME	Zip Code (Plus 4) 04243	1	ent Fee=t			
To Whom Paid Stephen Mancini			МО	DAY	YEAR		
Mailing Address PO Box 585 1620 B	Mailing Address PO Box 585 1620 Baltimore Pike			3	2022	\$	400.00
City Chadds Ford State Zip Code (Plus 4) PA 19317			1	otion of Exp strative Fe			

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

PAGE TOTAL

411.95

\$