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 :	ion	20220	0119			Repo Filed		CAND	IDATE		СОМІ	MITTEE	\checkmark	LOB	BYIST	
Name of Filing C	Committee,	, Candida	ate or Lo	obbyist:		FRIEN	DS OF	ELLIS								
Street Address: 922 3RD AVE																
City:	HARR	ISBURG						State:	PA			Zip Co	de: 17	113-1	.403	
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRIDAY PRE- 2. PRIMARY				AY IARY	POST-	POST- 3. X			AMENDMENT REPORT?		No	\checkmark
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRIDA ELECTION	Y PRE	E- 5.	30 D ELEC	AY CTION	POST-	6.		TERMIN REPORT		Yes	V No	
report type)	ANNUAL I	REPORT	7.	Year 2022				NG METH CHECK C		-		PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by (Candidat	e:					DATE (OF ELE	СТІО	N	District Number	Office Code	Pa	rty Code	County Code
DEDDECENTATI								мо	DAY	YE	AR	104	STH	DEI	М	
REPRESENTATI	IVE IN THE	E GENER	AL ASS	EMBLY				11	1	8	2022		(SEE INS	STRUCTI	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:			5 3	2	022	то	6	5	6	2022					
A. Amount Bro	ught Forw	ard From	1 Last R	eport			\$	5			0.00					
B. Total Monet	ary Contril	butions A	and Reco	eipts (Fron	1 Sche	dule I)	4	5			0.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)			\$	5			0.00					
D. Total Expen	ditures (Fr	rom Sche	dule II	[)			4	5			0.00					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			5		1	00.00					
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II)	4	5			0.00					
G. Unpaid Deb	ts And Obli	igations	(From S	chedule IV	()		4	5			0.00					
					AFF	IDAV	IT SE	ECTION								
PART I - If this is	s a Commi ^s	ttee repo	ort, trea	surer sign	here.	If this	is a Ca	ndidate r	eport, c	andi	date sig	gn here.				
I swear (or affirm) correct and comple		eport, inclu	uding the	attached sc	hedule	s filed o	n paper	or by elec	tronic me	edium	, are to	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	cribed befo day of	re me this		20						s	ignatur	e of Perso	on Submitt	ing Re	port	
		Signatur	e	-			_					Prir	ited Name			
My Commission E	kpires	e.g.utu.	-									Ema	il			
	M	10	DA	AY	YR				Are	ea Cod	le	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report o	of a cand	idate's	authorized	Comn	nittee,	Candio	date shall	l sign he	ere.						
I swear (or affirm) No 320) as amendo		best of m	y knowle	edge and beli	ef this	politica	l comr	nittee has i	not violat	ted an	y provis	ions of th	e act of Ju	ıne 3,1	937 (P.L	. 1333,
Sworn to and subso	ribed before day of	e me this		20							s	ignature	of Candida	ite		
												Printe	ed Name			
My Commission Ever		ignature										Ema	nil			
My Commission Exp							_									
		мо	DA	AY	YR		_		Area	Code		D	aytime Te	elephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF ELLIS From: <u>5/3/2022</u> **To:** 6/6/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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					Reporting Period					
Fro						:				
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							Γ	PAGE TOTAL		

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

0.00

\$

PART B 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 Candidat	e		Rep Froi	oorting P m:	eriod	тс):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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	g Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

PART D **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	
	From:	То:

			D	ATE		AMOU	JNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Employer Name			Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip Code (F	Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page, Sectio	on 3.		\$		E TOTAL 0.00

PART E **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			Reporting Period						
	From: To				:				
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I			1	1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc		Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	i Summaly Paye,	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 Period		
FRIENDS OF ELLIS	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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate				Reporting Period					
	From:			То:					
				DATE		AMOUN	NT		
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	ailed Sum	mary Pag	je,	PAGE T	OTAL		
					4	•	0.00		

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	otion o	of Contribution
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	d				PAGE TOTAL

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti	ng Period					
	From			То:			
		DATE		AMOUNT			
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Exp	penditure		
Enter Grand Total of Expenditures	an Pago 1. Poport C	over Dage Item F	`				PAGE TOTAL
	on rage 1, Report C	over rage, Item L				\$	0.00