### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification	on 20	22C0536				port ed B		CAND	ANDIDATE COMMITTEE LOBBYIST						BYIST		
Name of Filing C	ommittee, Cand	idate or L	obbyist:	<u></u>	RYA	N P	. AUM	JMENT									
Street Address:																	
City:								State:				Zip Code	: 17	601			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	. [2	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDME REPORT?	NT	Yes	No		<b>/</b>
	6TH TUESDAY 4. 2ND FRIDAY PRE- PRE-ELECTION 5. 30 DAY ELECTION						POST-	6.		TERMINAT REPORT?	ION	Yes	No		<b>/</b>		
	ANNUAL REPOR	7.	<b>Year</b> 2022					NG METH CHECK O			PAPER		<b>√</b>	DISKE	TTE		
Name of Office S	ought by Candi	date:						DATE OF ELECTION District Number Code						Par	ty Code	Coun	
								МО	DAY	YEAR	ł	36	STS	REP		Cour	
SENATOR IN THE GENERAL ASSEMBLY  11								8 2	022		(SEE INS	TRUCTI	ONS FOR O	CODES	)		
Summary of I		МО	DAY Y	/EAR				МО	DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	trom:		5 3	20	022	Т	0	$\epsilon$	5	6 2	022						
A. Amount Bro	ught Forward Fi	om Last R	eport				\$			C	0.00						
B. Total Moneta	ary Contribution	s And Rec	eipts (From S	ichec	dule	: I)	\$			C	0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			C	0.00						
D. Total Expend	ditures (From S	:hedule II	. <b>I</b> )				\$			0	.00						
E. Ending Cash	Balance (Subtr	act Line D	From Line C)				\$			0	.00						
F. Value Of In-I	Kind Contribution	ns Receiv	ed (From Sch	edul	e II	[)	\$			0	.00						
G. Unpaid Debt	s And Obligatio	ns (From S	Schedule IV)				\$			0	.00		,				
			P	4FF	IDA	٩VI	T SE	CTION									
PART I - If this is		• •							•		_						
I swear (or affirm) correct and comple		ncluding the	₃ attached sched	dules	filed	d on	paper o	or by elect	tronic m	edium, ar	e to t	the best of 1	my know	/ledge	and belie	ef , tr	ıe
Sworn to and subse	cribed before me t day of	his	20							Sign	ature	of Person	Submitti	ing Rep	ort		_
	Signa			_	_	_	<u>-</u>					Printe	d Name				-
My Commission Ex	_	ture										Email					-
	мо	D	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a ca	ındidate's	authorized Co	omm	iitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and belief	this	polit	tical	commi	ittee has r	not viola	ted any p	rovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		is									S	ignature of	Candida	te			-
	day of						_					Printed	Nama				_
	Signatu			—			-					Filliteu	Name				
My Commission Exp	_	-										Email					_
	МО	D	PAY	YR			-		Area	Code		Day	time Te	lephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
RYAN P. AUMENT	From:	5/3/202	<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	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 Fining Committee of Canadate					Reporting Period From: To:					
					DATE		ı	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0	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 Candidate	ame of Filing Committee or Candidate Report			ting 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 Candidate				Reporting Period					
			Froi	m:		To	То:		
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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 Ca	ndidate		Repor	ting Perio	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
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	z cammary 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 Period		
RYAN P. AUMENT	From:	<u>5/3/2022</u> <b>To:</b>	<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 Candid	Name of Filing Committee or Candidate Re					Reporting Period					
	From:		To:								
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address						<b>\$</b>	0.00				
City	State	Zip Code (Plus 4)									
Description of Contribution:											
Enter Grand Total of Part F on S	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary Pag	je,		PAGE TOTAL				
Section 2.						\$	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					porting	Period				
						From:			То:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Sci Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed					PAGE TOTAL 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporti						
			From			То:	
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L	).			\$	0.00