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	C0273				port		CANDI	DATE	✓	СС	MMITTEE		LOBI	BYIST		
Name of Filing C	Committe	e, Candida	ate or Lo	obbyist:		AR	THUF	R HAY	WOOD									_
Street Address:																		
City:									State:				Zip Code	: 19	095			
TYPE OF	6TH TUES	SDAY	1.	2ND FRIDA	Y PRE	-	2.	30 DA	Y I	POST-	3. X		AMENDME	NT	Yes	No		1
REPORT	PRE-PRIM			PRIMARY				PRIMA					REPORT?			l L	*	_
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	E-	5.	30 DA		POST-	6.		TERMINAT REPORT?	TON	Yes	No	~	_
report type)	ANNUAL	REPORT	7.	Year 2022					NG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by	Candidat	e:						DATE 0	F ELE	CTION		District Number	Office Code	Par	ty Code	County	
GENIATOR IN T		D.4. 4005							МО	DAY	YEAF	₹	4	STS	DEN	1	5525	
SENATOR IN TH	HE GENE	RAL ASSE	MBLY						11		8 2	022		(SEE INS	TRUCTI	ONS FOR (CODES)	
Summary of	Receipts	s and	МО	DAY	YEAR	2			мо	DAY	YEAR	₹	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			5 3	2	022	T	0	6		6 2	022						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport			•	\$		•	. (0.00						
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$			2,623	3.45						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			2,623	3.45						
D. Total Expend	ditures (F	From Sche	dule II	I)				\$			623	3.45						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			2,000	.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$			0	.00						
G. Unpaid Debt	ts And Ob	ligations	(From S	chedule IV)			\$			C	0.00						
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate re	eport, d	candidat	te sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper	or by elect	ronic m	edium, ar	e to t	the best of	my know	/ledge	and beli	ef , true	
Sworn to and subs	cribed befo	ore me this		20							Sign	ature	of Person	Submitti	ing Rep	ort		
	_	Signatur	·a					- -					Printe	d Name				
My Commission Ex	cpires	Signatui	-										Email					
		мо	D	AY	YR					Are	ea Code		Daytime	Telepho	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 any p	rovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,	l
Sworn to and subsc		re me this										s	ignature of	Candida	te			
	day of							_					Printed	Name				
		Signature						-										
My Commission Exp	oires												Email					
	_	МО	D	AY	YR	ì		-		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		
ARTHUR HAYWOOD	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)			\$	2,623.45
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	2,623.45
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			\$	2,623.45

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 Ca	ndidate	R	eporting	Period		
		F	rom:		То	:
		·		DATE		AMOUNT
Full Name of Contributing Commit	ttee		МО	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				

PAGE TOTAL
0.00

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

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 o	or Candidate		Rep	oorting P	eriod			
			Fro	m:		To):	
					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 Candidate			Reporting	Period				
ARTHUR HAYWOOD			From:	<u>5/</u>	3/2022	То:	<u>6/6</u>	/2022
				DA	TE		AMOL	JNT
Full Name of Contributing Committee				мо	DAY	YEAR		
CAMPAIGN FOR COMPASSION CMTE.							 	2,000.00
Mailing Address				5	19	2022		,
City ELKINS PARK	State	Zip Code	e (Plus 4)		15	2022		
	PA	19027						
Full Name of Contributing Committee				мо	DAY	YEAR		
CAMPAIGN FOR COMPASSION CMTE.				140	DAI	ILAK	 	623.45
Mailing Address				5	19	2022		
City ELKINS PARK	State	Zip Code	e (Plus 4)		19	2022		
	PA	19027						

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 2,623.45

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			Rep	orting Pe	riod			
			Fron	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	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 Candidate		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Perio	d	
ARTHUR HAYWOOD	From:	<u>5/3/2022</u> To:	6/6/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Car	ndidate		Reportin	g Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
ARTHUR HAYWOOD	From	5/3/2022	То:	6/6/2022

			DATE			AMOUNT
		MO	DAY	VEAD		
		МО	DAT	TEAR		
		3	21	2022	\$	10.00
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA	19126	OPERAT	ING FEE/N	NOTARY		
		MO	DAY	VEAR		
		1-10		ILAK		
		3	18	2022	\$	31.80
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA	19046	OPERAT	ING FEE/S	SANITARY		
		MO	DAY	VEAR		
		1-10		ILAK		
		7	18	2022	\$	87.72
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA	19046	OPERAT	ING/PERIS	SHABLES		
		MO	DAY	VEAR		
		1-10		ILAK		
		3	19	2022	\$	23.85
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA	19095	OPERAT	ING FEES			
		MO	DAY	VEAD		
		1-10		ILAK		
		3	22	2022	\$	84.49
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA	17033	OPERAT	ING/FUEL			
		MO	DAY	VEAD		
		INO		ILAK		
		3	17	2022	\$	160.06
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA	19118	OPERAT	ING FEES			
	State PA State PA State PA State PA State PA State PA	State Zip Code (Plus 4) 19046	State	State	MO	MO DAY YEAR

To Whom Paid			МО	DAY	YEAR		
STAPLES CONNECT			МО	DAT	TEAR		
Mailing Address			3	17	2022	\$	15.11
City CHESTNUT HILL	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19118	OPERATING FEES				
To Whom Paid			мо	DAY	YEAR		
COMMONWEALTH OF PA			1-10		LAK		
Mailing Address			3	27	2022	\$	100.00
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure PETITION FEES				
	PA	17101					
To Whom Paid			мо	DAY	YEAR		
COMMONWEALTH OF PA			140		LAK		
Mailing Address			3	28	2022	\$	110.42
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
PA 17101				PETITION FEES			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	623.45