#### **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	C0289				port ed B		CAN	NDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, C	andida	ndidate or Lobbyist: FRANK FARRY																
Street Address:																			
City:									State:					Zip Code	: 190	047			
TYPE OF REPORT	6TH TUESDA' PRE-PRIMAR'		1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No		<b>/</b>
(place X to the right of	6TH TUESDA PRE-ELECTIC		4.	2ND FRIDAY ELECTION	PRE	-	5. <b>X</b>	30 DA ELECT							Yes	No		<b>\</b>	
report type)	ANNUAL RE	PORT	7.	<b>Year</b> 2022						METHOD PAPER IECK ONE					DISKE	TTE			
Name of Office S	ought by Ca	ındidat	e:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YEAR	≀		STS	REP			
SENATOR IN TH	HE GENERAL	_ ASSE	MBLY							11		8 2	022		(SEE INS	TRUCTIO	ONS FOR (	CODES	)
Summary of		nd	МО	DAY	YEAR				МО		DAY	YEAF	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			9 20	20	022	Т	0		10	2	24 2	022						
A. Amount Bro	ught Forwar	d From	ı Last R	eport				\$				C	0.00						
B. Total Moneta	ary Contribu	tions A	and Rec	eipts (From	Sche	dule	<b>I</b> )	\$				C	0.00						
C. Total Funds	Available (S	um Of	Lines A	and B)				\$				C	0.00						
D. Total Expend	ditures (Fror	m Sche	dule II	[)				\$				O	0.00						
E. Ending Cash	Balance (Su	ıbtract	Line D	From Line C	)			\$				0	.00						
F. Value Of In-	Kind Contrib	utions	Receive	ed (From Sci	hedu	le II	()	\$				0	.00						
G. Unpaid Debt	s And Obliga	ations (	(From S	chedule IV)	١			\$				C	0.00						
					AFF	IDA	AVI	T SE	CTIO	Ν									
PART I - If this is	a Committe	e repo	rt, trea	surer sign h	ere. 1	[f th	is is	a Can	didate	re	port, c	andidat	e sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	uding the	attached sch	edules	file	d on	paper o	or by ele	ectr	onic m	edium, ar	e to t	he best of r	ny know	ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before of	me this		20						•		Sign	ature	of Person S	Submitti	ng Rep	ort		
		Signatur						-		•				Printe	d Name				-
My Commission Ex		ngnatur	-							-				Email					-
	мо		D#	ΑY	YR					•	Are	ea Code		Daytime	Telepho	ne Nu	mber		
Part II- If this is	a report of	a cand	idate's	authorized (	Comm	nitte	e, C	andida	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and belie	f this	polit	tical	commi	ittee ha	s no	ot viola	ted any p	rovisi	ions of the a	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		ne this											S	ignature of	Candida	te			-
	day of — —							-						Printed	Name				-
	Sign	nature						-		_									_
My Commission Exp	ires													Email					
		мо	D/	AY	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		
FRANK FARRY	From:	9/20/202	<u>2</u> To:	10/24/2022
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	g 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

Name of Filing Committee or Candidate				ng Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing Committee		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

## 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 Candidate					Reporting Period					
			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	ame of Filing Committee or Candidate Reportin					ng 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	ame of Filing Committee or Candidate					Reporting Period						
			Fron	n:		To	То:					
				D	ATE		A	AMOUNT				
Full Name of Contributor				МО	DAY	YEAR						
Mailing Address							\$	0.00				
City	State	Zip Code (Plus	s <b>4</b> )									
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				
							<b>\$</b>	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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Perio	d	
FRANK FARRY	From:	<u>9/20/2022</u> <b>To:</b>	10/24/2022
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 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					porting	Period				
					Fro	om:		То	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	Name of Filing Committee or Candidate					Reporting Period					
			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				