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 20	22C0516				Report		CA	NDI	DATE	√	C	OMMITTE		LOB	BYIST		
Name of Filing C	ommittee, Cand	lidate or L	obbyist	t:	D	AVIES	, ROE	BERT										
Street Address:																		
City:								State	e:				Zip Cod	e: 19	9438			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FF PRIMA		PRE-	2.	30 DA		Р				AMENDM REPORT?	ENT	Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FI		PRE-	5.	30 DA		Р	OST-	6. 2	X	TERMINA REPORT?	TION	Yes	N	0	/
report type)	ANNUAL REPOR	₹T 7.	Year 2	2022				NG ME					PAPER		V	DISK	ETTE	
Name of Office S	ought by Candi	date:	-			•		DAT	ΈO	F ELE	СТІ	ON	District Number	Office Code	Pai	ty Cod	Code	
SENATOR IN THE GENERAL ASSEMBLY								МО		DAY	١	YEAR	12	STS	REF)	46	
SLINATOR IN TI	IL GLINERAL AS	SLINDLI							11		8	2022		(SEE IN	STRUCTI	ONS FOR	CODES	6)
Summary of Expenditures		МО	DAY		YEAR	_		МО		DAY		YEAR	FO	R OFFI	CE USE	ONLY	,	
			10	25	20	22	·О		11		28	2022	4					
	ught Forward Fr		•		6-14		\$				(1,	910.91) 0.00	4					
	ary Contribution				Scheu	uie 1)	\$						1					
	Available (Sum			,			\$				(1,	910.91)	-					
-	ditures (From Se						\$					0.00	4					
E. Ending Cash	Balance (Subtra	act Line D	From L	ine C	:)		\$				(1,9	910.91)	-					
F. Value Of In-	Kind Contributio	ns Receiv	ed (Fro	m Sc	hedule	e II)	\$					0.00	-					
G. Unpaid Debt	s And Obligation	ns (From S	Schedu	le IV))		\$					0.00						
					AFFI	DAVI	T SE	CTI	NC									
PART I - If this is		•											=1					
I swear (or affirm) correct and complete		ncluding the	e attacne	ea scn	eaules 1	rilea on	paper	or by (eiecti	ronic m	eaıu	m, are to	tne best of	ту кпо	wieage	and be	lier , tr	ue
Sworn to and subs	cribed before me t day of	:his	20						,			Signatur	e of Person	Submit	ting Re	oort		
	Signa	ature					- -						Print	ed Name	e			_
My Commission Ex	pires								•				Emai	l				
	мо	D	AY		YR					Ar	ea C	ode	Daytime	e Telepl	one Nu	mber		
Part II- If this is	a report of a ca	ındidate's	author	ized (Commi	ttee, C	andid	ate s	hall s	sign h	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and	d belie	f this p	olitical	comm	ittee l	nas no	ot viola	ted a	any provi	sions of the	act of J	une 3,1	937 (P	L. 133	з,
Sworn to and subsc		ıis											Signature o	f Candid	ate			-
	day of						_						Printe	d Name				-
My Commission F	Signatur	 re					-						Emai	1				$ \Big $
My Commission Exp							_											_
	МО	D	AY		YR					Area	Code	e	Da	ytime T	elephor	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DAVIES, ROBERT	From:	10/25/202	<u>2</u> To:	11/28/2022
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

	this Part to itemize onl with an aggregate val							
Name of Filing Committee or Candidate				porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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 Filling Committee of Candidate					Reporting Period From: To:					
					DATE		Al	MOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)	١							

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 Re				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.)

						Reporting Period						
Fro					From: To:							
			D/	ATE			AMOUNT					
			МО	DAY	YEAR							
Mailing Address						\$	0.00					
Ziţ	p Code (Plus	4)										
			Occupat	tion								
	City			State		Zip Co	ode (Plus 4)					
d Sumn	nary Page,	Section	n 3.				PAGE TOTAL 0.00					
		City		Zip Code (Plus 4) Occupat	Zip Code (Plus 4) Occupation City State	Zip Code (Plus 4) Occupation City State	MO DAY YEAR \$ Zip Code (Plus 4) Occupation City State Zip Co					

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		Repor	ting Perio	od			
			From:			To:		
				D	ATE		АМС	DUNT
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. Detailer	d Summary Page	Section	4			PAG	E TOTAL
	on concadio 1, betanet	a cammur, ruge,	200.011	••			\$	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 Per	iod					
DAVIES, ROBERT	From:	<u>10/25/2022</u> To:	11/28/2022				
L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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	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						
	From:						
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:				
					•		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 Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (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		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00