Campaign Finance Report

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

						l_			CAN	DTI	DATE		/ 60	MMITTEE		LORE	SYIST			
Filer Identificati Number :	on	20220	C0718				port ed B		CAN	ונט	DATE	~		MMITTEE		LODI	,,,,,			
Name of Filing C	Committe	e, Candida	ate or L	obbyist:		FRI	EL, I	PAULI	F JR.											
Street Address:																				
City:									State:					Zip Code: 19460						
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDMENT Yes N REPORT?					√	
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	≣-	5.	30 DA ELECT		POST- 6. X TERMINATION REPORT?					No)	\checkmark			
report type)	ANNUAL	. REPORT	7.	Year 2022					IG MET					PAPER		$\overline{}$	DISKE	TTE		
Name of Office S	Sought by	/ Candidat	:e:						DATE	TE OF ELECTION District Office Number Code					ty Code	Cour				
									МО		DAY	•	YEAR	26	STH	DEN	1	Teode	•	
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					:	11		8	2022		(SEE INS	TRUCTIO	ONS FOR	CODES)	
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО		DAY	,	YEAR	FOF	OFFIC	E USE	ONLY			
Expenditures	from:			10 25	2	022	Т	0		11	2	28	2022							
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)	\$					0.00							
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$					0.00							
D. Total Expend	ditures (I	From Sche	edule II	I)				\$					0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$					0.00							
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$					0.00							
G. Unpaid Debt	ts And Ob	oligations	(From S	Schedule IV	')			\$					0.00		'					
					AFF	ID/	AVI	T SE	CTIO	Ν										
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate	re	port, c	and	didate sig	ın here.						
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper (or by ele	ectr	ronic me	ediu	m, are to t	he best of	my know	ledge :	and beli	ef , tr	ue	
Sworn to and subs	cribed before day of	ore me this		20									Signature	of Person	Submitt	ng Rep	ort			
	_	Signatur	·e					- -						Printe	d Name				-	
My Commission Ex	cpires							_		•				Email						
		мо	D	AY	YR						Are	ea C	ode	Daytime	Telepho	ne Nu	mber			
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andida	ate sha	all s	sign he	ere.								
I swear (or affirm) No 320) as amende		ne best of m	ıy knowle	edge and beli	ef this	poli	itical	commi	ittee ha	s no	ot violat	ted a	any provis	ions of the	act of Ju	ne 3,1	937 (P.I	133	3,	
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	1		-			Area	Cod	e	Day	time Te	lephon	e Numb	er	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIEL, PAUL F JR.	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
			I	
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 Comm	Name of Filing Committee or Candidate				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			AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)	1							

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	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.)

					Reporting Period						
Fr					From: To:						
			D/	ATE			AMOUNT				
			МО	DAY	YEAR						
						\$	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 Car	ame of Filing Committee of Candidate				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
	2, 2000		22300				\$	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	
FRIEL, PAUL F JR.	From:	<u>10/25/2022</u> To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidate	lame of Filing Committee or Candidate				Reporting Period					
	From:			То:						
				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 Sche	dule II. In-Kind C	Contributions Deta	iled Sum	marv Pac	ıe.		PAGE TOTAL			
Section 2.	,			, , ,		\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										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 Expenditures on Page 1, Report Cover Page, Item D).			\$	0.00