## **Campaign Finance Report**

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

					1							-			
Filer Identificat Number :	ion 2022	C0516			Report Filed B		CANDI	DATE	~	co	OMMITTE		LOBE	BYIST	
Name of Filing (	Committee, Candid	ate or Lo	obbyist:		DAVIES	, ROE	BERT								
Street Address:															
City:							State:				<b>Zip Code:</b> 19438				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIM		POST-	3.		AMENDMI REPORT?	ENT	Yes	No	$\checkmark$
(place X to the right of	6TH TUESDAY 4. 2ND FRIDAY PRE- PRE-ELECTION 4. ELECTION 5. 30 DAY POST- ELECTION ELECTION				POST-	6.		TERMINA REPORT?	TION	Yes	No	$\checkmark$			
report type)							PAPER		$\checkmark$	DISKE	TTE				
Name of Office	Sought by Candida	te:					DATE O	F ELE			District Number	Office Code	Par	ty Code	County Code
				мо	DAY	YEA	AR	12	STS	REP					
SENATOR IN T	HE GENERAL ASSI	EMBLI					11		8	2022		(SEE INS	TRUCTIO	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAF	2		мо	DAY	YE	AR	FOI	ROFFIC	E USE	ONLY	
Expenditures	s from:	1	1 29	2	022 <b>T</b>	0	12	3	31	2022	-				
A. Amount Bro	ught Forward From	n Last Ro	eport	-		\$				0.00					
B. Total Monet	ary Contributions	And Reco	eipts (From	n Sche	edule I)	\$		0.00							
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				0.00					
D. Total Expen	ditures (From Sch	edule II	[)			\$				0.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$			(1,910	).91)					
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')		\$				0.00					
				AFF	IDAVI	T SE	CTION								
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this is	a Cai	ndidate re	eport, c	andid	ate sig	gn here.				
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	attached sc	hedule	s filed on	paper	or by elect	ronic me	edium,	are to	the best of	my know	/ledge a	and beli	ef , true
Sworn to and subs	scribed before me this day of	5	20						Sig	gnatur	e of Person	Submitt	ing Rep	ort	
			-			-					Print	ed Name			
My Commission E	Signatu xpires	re									Email				
	мо	DA	AY	YR		-		Are	a Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a cano	didate's	authorized	Comr	nittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amend	) that to the best of n ed.	ny knowle	dge and beli	ef this	political	comm	ittee has n	ot violat	ed any	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,
Sworn to and subse	cribed before me this									s	ignature of	Candida	te		
	day of					_					Duinte	Name			
	Signature					_		Printed Name							
My Commission Exp								Email							
	мо	D/	AY .	YR	ł	-		Area	Code		Da	ytime Te	lephon	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DAVIES, ROBERT From: <u>11/29/2022</u> **To:** 12/31/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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 Candidate			Reportin	g Period			
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4	•)				
						Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

PART B 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 Candidat	e			orting P	eriod			
			Fro	m:		Тс	):	
					DATE			AMOUNT
Full Name of Contributor				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								

## 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				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

## PART D 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	
	From:	То:

				D	ATE			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of		City		State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$		0.00

I

### PART E **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	Name of Filing Committee or Candidate			ting Perio	od			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$ i	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description					1	1		
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4			PAGE TOT	AL
		i Suillilai y Page,	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	od	
DAVIES, ROBERT	From:	<u>11/29/2022</u> то:	<u>12/31/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Rep				g Period			
	From: To:						
				DATE		АМО	UNT
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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or C	ame of Filing Committee or Candidate				Repo	orting P	eriod			
					Fron	n:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(	Plus 4)						
Employer of Contributor	I				-	Occupat	tion		[	
Employer Mailing Address/Prin Business	cipal Place of	City		State	1	Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Crand Total of Dart (		Tra Kinad	Contributi					İ		PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From			То:			
				DATE			AMOUNT
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrij	tion of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
	on rage 1, Report C	over rage, Item L				\$	0.00

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