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 202	10246			Report		CANDI	DATE		СОМ	4ITTEE	✓	LOBB	YIST	
Name of Filing C	ommittee, Candi	date or L	obbyist:	PI	RESCO	D, PA	UL FRIE	NDS O	IDS OF						
Street Address:	5118 CATHA	RINE ST	REET												
City:	PHILADELPH	ΙA					State:	PA			Zip Cod	de: 19	9143		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	E-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PI ELECTION	RE-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	
report type)	ANNUAL REPORT	7. X	Year 2022				IG METHO				PAPER			DISKE	TE
Name of Office S	- Sought by Candida	ate:	-		-		DATE O	F ELE	СТІО	N	District Number	Office Code	Part	y Code	County Code
CENATOD IN T	HE GENERAL ASS	EMDLV					МО	DAY	YE	AR	8	STS	DEM		51
SENATOR IN TE	TE GENERAL ASS	DEMIDET					11		8	2022		(SEE IN	STRUCTIO	NS FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY YEA	\R		_	МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
			11 29	202	22 T	0	12		31	2022					
A. Amount Bro	ught Forward Fro	m Last R	eport			\$			2,8	83.57					
B. Total Moneta	ary Contributions	And Rec	eipts (From Sch	edu	ule I)	\$				0.00					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$			2,8	83.57					
D. Total Expend	ditures (From Scl	nedule II	I)			\$			2,8	83.57					
E. Ending Cash	Balance (Subtra	t Line D	From Line C)			\$				0.00					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	ule	II)	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00			'		
			AF	FΙΙ	DAVI	T SE	CTION								
PART I - If this is	a Committee rep	ort, trea	surer sign here	. If	this is	a Can	didate re	eport, c	andi	late sig	ın here.				
I swear (or affirm) correct and comple	that this report, inc ete.	cluding the	attached schedul	es f	iled on	paper (or by elect	ronic m	edium	are to t	he best o	f my kno	wledge a	ınd belie	f , true
Sworn to and subs	cribed before me th day of	is	20						s	ignature	of Perso	n Submit	ting Rep	ort	
	Signat	ure				- -					Prin	ted Nam	e		
My Commission Ex	_										Ema	il			
	мо	D	AY Y	R				Are	ea Cod	e	Daytin	ie Telepl	none Nur	nber	
Part II- If this is	a report of a car	didate's	authorized Com	mit	ttee, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief th	is p	olitical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc		;								s	ignature o	of Candid	ate		— I
	day of —— ————					_					Printe	ed Name			<u> </u>
	Signature					-									
My Commission Exp	ires										Ema	il			
	мо	D	AY Y	′R		-		Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PRESCOD, PAUL FRIENDS OF	From:	11/29/202	<u>2</u> To:	12/31/2022
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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting				
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0	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						
			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.)

lame of Filing Committee or Candidate				Reporting Period						
			Fror							
				D	ATE		АМ	OUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	s 4)							
Employer Name		•		Occupat	tion		•			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL		
		, .5.,				4	•	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 Ca	ndidate		Repor	ting Perio	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
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	z cammary r uge,	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 Per	iod	
PRESCOD, PAUL FRIENDS OF	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	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 Candidat	:e		Reporting	g 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 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				Re	porting	Period			
					Fro	om:		To:		
							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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

PAGE TOTAL

2,883.57

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Name of Filing Committee or Candidate						
PRESCOD, PAUL FRIENDS OF			From	11/29	9/2022	То:	12/31/2022
		DATE			AMOUNT		
To Whom Paid Nathaniel Holt			мо	DAY	YEAR		
Mailing Address 37 West Phil Ellena St.			12	12	2022	\$	594.00
City Philadelphia	State PA	Zip Code (Plus 4) 19119		otion of Exp al services			
To Whom Paid Paul Prescod			мо	DAY	YEAR		
Mailing Address 5118 Catha	arine St.		12	12	2022	\$	2,289.57
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Description of Expenditure Candidate compensation				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.