Campaign Finance Report

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

Filer Identificat Number :	ion	20220	0289			Report Filed B		CANDI	DATE	✓	СС	OMMITTEE		LOBE	BYIST	
Name of Filing (Committee, Ca	ndida	te or Lo	bbyist:		FRANK	FARR	Y								
Street Address:																
City:								State:				Zip Cod	e: 19	047		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDA PRIMARY	D FRIDAY PRE- MARY 2. 30 DA PRIMA				POST- 3.			AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDA ELECTION	y pre	5.	30 DA ELECT		POST- 6.			TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL REP	PORT	7. X	Year 2022				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by Can	didate	e:					DATE O	FELE	CTION		District Number	Office Code	Par	ty Code	County Code
CENATOD IN T		ACCE	MDLV					мо	DAY	YEA	R	6	STS	REP		
SENATOR IN T	HE GENERAL	ASSE	MDLT					11		8	2022		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		nd	мо	DAY	YEAR	2		мо	DAY	YEA	R	FOI	ROFFIC	e use	ONLY	
Expenditures	s from:		1	.1 29	2	022 T	0	12	3	1	2022					
A. Amount Bro	ught Forward	From	Last Re	eport			\$				0.00					
B. Total Monet	ary Contributi	ions A	nd Rece	eipts (From	Sche	dule I)	\$				0.00					
C. Total Funds	Available (Su	m Of I	Lines A	and B)			\$				0.00					
D. Total Expen	ditures (From	Sche	dule III	:)			\$				0.00]				
E. Ending Cash	Balance (Sub	otract	Line D I	From Line (C)		\$				0.00					
F. Value Of In-	Kind Contribu	itions	Receive	ed (From S	chedu	le II)	\$				0.00	-				
G. Unpaid Deb	ts And Obligat	tions (From S	chedule IV)		\$				0.00					
					AFF	IDAVI	T SE	CTION								
PART I - If this i		-	•	-					• •			-				
I swear (or affirm correct and compl		t, inclu	iding the	attached sc	hedules	s filed on	paper	or by elect	ronic me	dium, a	are to 1	the best of	my know	ledge	and beli	ef , true
Sworn to and subs	scribed before m day of	ne this		20						Sig	Inature	e of Person	Submitt	ing Rep	ort	
		gnature	9				_					Printe	ed Name			
My Commission E							_					Email				
	мо		DA	Y	YR		_		Are	a Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a	candi	idate's a	authorized	Comn	nittee, C	andid	ate shall	sign he	re.						
I swear (or affirm) No 320) as amend		st of my	y 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 day of	e this		20		Signature of Candidate										
							-					Printed	Name			
My Commission Exp	Signa	ture					-					Email				
							-									
	M	D	DA	Y	YR				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** From: <u>11/29/2022</u> **To:** FRANK FARRY 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				Reporting Period						
				From: To:			:			
		·			DATE			AMOUNT		
Full Name of Contributing 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		

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 Candidate Reporting Period										
			From: To): 				
					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						
				То:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sec							\$	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:				m:			То:			
				D	ATE		АМ	IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							P#	AGE TOTAL 0.00		

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 Candidate			Reporting Period							
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description						•				
		_	.					PAGE TO	TAL	
inter Grand Total of Part E on Schedule I, Detailed Summary 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	d	
FRANK FARRY	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 PART	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 R			Reporting Period						
	From:			То:					
	DATE			AMOUNT					
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai Section 2.				ailed Summary Page,			PAGE TOTAL		
						\$		0.00	

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

Name of Filing Committee or Candidate				Reporting Period						
				From:						
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Place of Business City				e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
	From			То:					
		DATE		AMOUNT					
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	Zip Code (Plus 4)) Description of Expenditure							
Enter Grand Total of Exponditures	`				PAGE TOTAL				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	0.00		