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 2017	0035			Repo Filed			CANDI	DATE		СОМ	4ITTEE	√	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:	F	RIEN	DS OF	SA	RA JOI	HNSON	I ROT	HMAN						
Street Address:	8 LINDENWO	LD TERF	₹														
City:	AMBLER						St	tate:	PA			Zip Cod	le: 19	0002			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PF PRIMARY	RE-	2.	30 D PRIM			OST-	3.		AMENDM REPORT		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY P ELECTION	RE-	5.	30 D ELEC			POST- 6.			TERMINA REPORT		Yes	No		\
report type)	ANNUAL REPORT	7. X	Year 2022				FILING METHOD () CHECK ONE					PAPER		\	DISKE	TTE	
Name of Office S	Sought by Candida	te:	•		•		D	ATE O	OF ELECTION District					Par	ty Code	Coun	
	- ,						М	0	DAY	YE	AR	Number	Code	DEN	1	couc	
11 8							2022		(SEE IN	STRUCTI	ONS FOR (ODES)				
	Receipts and	МО	DAY YEA	AR			М	0	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		11 29	20	22	ТО		12	,	31	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$	\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (From Sch	ned	lule I	9	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			9	\$				0.00						
D. Total Expend	ditures (From Sch	edule II	I)			9	\$				0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			9	\$			1,2	03.73						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	lule	e II)	9	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			9	\$				0.00						
			AF	FI	DAV	IT SE	ECT	ΓΙΟΝ									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	e. I1	f this	is a Ca	ndi	date re	port, c	andio	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached schedu	les	filed o	n papeı	r or l	by electi	onic m	edium	, are to t	he best o	f my knov	wledge	and beli	ef , tr	ue,
Sworn to and subs	cribed before me thi day of	S	20							s	ignature	of Perso	n Submit	ting Rep	ort		_
	Signatu	ire				_						Prin	ted Name	.			_
My Commission Ex	cpires							•				Ema	il				_
	МО	D	AY Y	'R					Are	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Con	nmi	ittee,	Candi	date	e shall s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief th	nis p	oolitica	l comr	nitte	ee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candida	ate			-
	day of —— ————					_						Printe	d Name				-
	Signature					_											_
My Commission Exp	ires											Ema	il				
	мо	D	AY	YR		_			Area	Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF SARA JOHNSON ROTHMAN	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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Committee or Candidate				porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE 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 Fining 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)					

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.

ame 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.)

Name of Filing Committee or Candidate					Reporting Period					
	Fr					To	То:			
				D	ATE		А	MOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name		•		Occupa	tion		•			
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	PAGE TOTAL 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	Name of Filing Committee or Candidate			ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Peri	od	
FRIENDS OF SARA JOHNSON ROTHMAN	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	ł .	
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, 1		\$	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					Reporting Period					
	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	Period				
						From:			То:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3.			etaile	ed					PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	Reporti						
	From			То:			
		•		DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure		
Forting Council Total of Forman distance					PAGE TOTAL		
Enter Grand Total of Expenditure	s on Page 1, Ro	eport Cover Page, Item D	·-			\$	0.00