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 20	02102	299				Repor Filed I	_	CA	NDII	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Can	ndidat	e or Lo	bbyis	t:	F	RIEND	S OF	TONY	DPI	HAX K	ING							
Street Address:																			
City:	PHILA								State	e:	PA			Zip Cod	le: 1				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND F PRIMA	RIDAY ARY	PRE-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?	Yes	N	0	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND F ELECT	RIDAY ION	PRE-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?	Yes	N	0	\	
report type)	ANNUAL REPO)RT 7.	. X	Year	2022				NG ME					PAPER		√	DISK	ETTE	
Name of Office S	ought by Cand	lidate:	:						DAT	ΈO	F ELE	CTIC	N	District Number	Office Code	Par	ty Cod	Code	
									МО		DAY	YI	AR		•	DEI	1		
										11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		d [МО	DA	Y	YEAR			МО		DAY	ΥI	EAR	FO	R OFFIC	E USE	ONLY	,	
Expenditures	Trom:		1	.1	29	20	22 1	ГО		12	,	31	2022						
A. Amount Bro	ught Forward F	From I	Last Re	eport				\$					0.00						
B. Total Moneta	ary Contributio	ns An	d Rece	eipts (From	Sched	ule I)	\$;				0.00						
C. Total Funds	Available (Sun	n Of Li	ines A	and B	5)			\$;				0.00						
D. Total Expend	ditures (From S	Sched	ule III	()				\$;				0.00						
E. Ending Cash	Balance (Subt	ract L	ine D l	From	Line C)		\$					0.00						
F. Value Of In-	Kind Contribut	ions R	leceive	ed (Fr	om Scl	hedule	II)	\$,				0.00						
G. Unpaid Debt	s And Obligation	ons (F	rom S	chedu	ıle IV)			\$;				0.00		,				
						AFFI	DAVI	IT SE	CTI	NC									
PART I - If this is	a Committee	report	t, treas	surer	sign h	ere. If	this is	s a Ca	ndida	te re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		, includ	ling the	attach	ed sche	edules f	filed on	paper	or by e	electr	ronic m	edium	, are to t	he best of	f my knov	/ledge	and be	lief , tr	ue
Sworn to and subs	cribed before me day of	this:		20								9	ignature	of Persoi	n Submitt	ing Re _l	ort		_
	- Siar	nature		• .				_						Print	ted Name				_
My Commission Ex	_									•				Emai	i				
	МО		DA	Υ		YR					Arc	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candid	late's a	autho	rized C	Commi	ttee, (Candid	late sl	halls	sign he	ere.							
I swear (or affirm) No 320) as amende		of my	knowle	dge an	d belie	f this p	olitical	comm	ittee h	as no	ot viola	ted an	y provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc		this		22									s	ignature o	of Candida	te			_
	day of ————————————————————————————————————			20 -				_						Printe	d Name				-
	Signati	ure						_											_
My Commission Exp	ires													Emai	il				
	МО		DA	ΛΥ		YR		_			Area	Code		Da	ytime Te	lephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF TONY DPHAX KING	From:	11/29/202	<u>22</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
			1	
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

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						
		F	rom:		То	:			
		•		DATE			AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

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.

Name of Filing Com	nittee or Candidate	1	Reporting	Period			
		1	From:		To) :	
		<u> </u>		DATE			AMOUNT
Full Name of Contribu	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
	I			1	1		PAGE TOTAL

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	me of Filing Committee or Candidate				Reporting Period					
			From:			То:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00	
Mailing Address							+	U	.00	
City	State	Zip Code	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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	ame of Filing Committee or Candidate				Reporting Period				
	F						То:		
				D	ATE		AI	MOUNT	
Full Name of Contributor				МО	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Pl	ıs 4)						
Employer Name		•		Occupa	tion				
Employer Mailing Address/Principal Pla	ice of Business	City		•	State		Zip Cod	le (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Pag	e, Secti	on 3.			P.	O.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 Candidate		Report	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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	
FRIENDS OF TONY DPHAX KING	From:	11/29/2022 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 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 Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
							То:			
						DATE			AMOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address] \$	\$ 0.0	0
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zij	p Code(Plus 4)	Descr	iptio	on of Contribution	
Enter Grand Total of Part G on Sch	edule II. In-Kir	nd (Contributions D	etaile	ed				PAGE TOTAL	
Summary Page, Section 3.									0.0	0

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Evnenditures	on Dago 1 Bonort C	over Page Item F					PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			, .			\$	0.00		