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 :	i on 2022	C0605			Report Filed E		CANDI	DATE	\checkmark	СС	OMMITTE		LOBI	BYIST			
Name of Filing C	Committee, Candida	ate or Lo	obbyist:	I	JARRET	T COI	LEMAN										
Street Address:																	
City:							State:				Zip Cod	Zip Code: 18031					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA PRIM		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 D/ ELEC		POST- 6.			TERMINATION REPORT?		Yes	No	\checkmark		
report type)	ANNUAL REPORT	7. X	Year 2022				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE		
Name of Office S	Gought by Candidat	te:					DATE O	F ELE			District Number	Office Code	Par	ty Code	County Code		
							мо	DAY	YE/	AR	16	STS	REP				
SENATOR IN THE GENERAL ASSEMBLY							11		8	2022]	(SEE INS	TRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FOI	R OFFIC	E USE	ONLY			
Expenditures	s from:	1	1 29	20	022 T	0	12	3	31	2022							
A. Amount Bro	ught Forward Fron	n Last Ro	eport			\$				0.00							
B. Total Monet	ary Contributions A	And Reco	eipts (From	1 Sche	dule I)	\$	\$ 0.00										
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5			0.00							
D. Total Expen	ditures (From Sche	edule II	[)			\$	5			0.00							
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$	5			0.00							
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$;			0.00							
G. Unpaid Debt	ts And Obligations	(From S	chedule IV	')		\$				0.00							
				AFF	IDAVI	T SE	CTION										
PART I - If this is	s a Committee repo	ort, trea	surer sign	here. 1	lf this is	a Ca	ndidate re	eport, c	andida	ate sig	gn here.						
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached scl	hedules	s filed on	paper	or by elect	ronic me	edium,	are to	the best of	my know	ledge	and beli	ef , true		
Sworn to and subs	cribed before me this day of	;	20						Sig	gnatur	e of Person	Submitt	ing Rep	oort			
	Signatu	*0	-			_					Print	ed Name					
My Commission Ex	-	le									Email						
	мо	DA	AY	YR		-		Are	a Code		Daytime	e Telepho	one Nu	mber			
Part II- If this is	a report of a cand	lidate's a	authorized	Comm	nittee, C	andid	late shall	sign he	ere.								
I swear (or affirm) No 320) as amende	that to the best of med.	ıy knowle	dge and beli	ef this	political	comm	nittee has n	ot violat	ed any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,		
Sworn to and subsc	ribed before me this day of		20							s	ignature of	f Candida	te				
						-					Printeo	i Name					
My Commission Exp	Signature					-					Email						
,						_											
	мо	DA	AY .	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** JARRETT COLEMAN 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			Rep	Reporting Period					
Fro				om:		:			
			•		DATE			AMOUNT	
Full Name of Contributing Committe	e			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			
			Fror	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		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Place of City Business				State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	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 Candidate			Report	ing Perio	od				
From			From:	m: To:					
				D	ATE			AMOUNT	Г
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·						•		
Enter Grand Total of Part E on Sched	ule I. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
	are 1, Detailed Sum	iniai y Faye,	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	
JARRETT COLEMAN	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 R			Reporting Period					
F						То:		
				DATE		АМО	UNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	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	

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

Name of Filing Committee or Candidate				Rep	oorting P	Period				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State					Zip 4)	Code(Plus	Descri	ption o	of Contribution	

	1
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

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