#### **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 2018	0052			Repoi		CAI	NDI	DATE		COM	AITTEE	<b>~</b>	L	UBBI	151	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		ENERG	IOV Y	CES P.	AC	•								
Street Address:	2200 GEORGE	TOWNE	E DR, STE 5	500													
City:	SEWICKLEY						State	e:	PA			Zip Co	de: 1	.514	3-87	53	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA		P	POST-	3.		AMENDMENT REPORT?		Υe	es	No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	÷ 5.	30 DA						TERMINATION REPORT?			es	No	<b>\</b>
report type)	report type) ANNUAL REPORT 7. Year 2020						FILING METHOD ( ) CHECK ONE					PAPER				DISKET	TE
Name of Office S	- Sought by Candida	te:					DAT	ΕO	F ELEC	CTIO	N	District Number	Office Code		Party	Code	County Code
							МО		DAY	YE	AR						
								11		3	2020		(SEE I	NSTRU	JCTION	IS FOR CO	DDES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	R OFF	ICE L	JSE C	NLY	
Expenditures	from:		1 1	. 20	020	ТО		3		9	2020						
A. Amount Bro	ught Forward Fron	n Last R	eport			\$					36.76						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	;				0.21						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	;				36.97						
D. Total Expend	ditures (From Sch	edule II	I)			\$	;				0.00						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$	)				36.97						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	\$	i				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$	;				0.00			•			
					IDAV												
I swear (or affirm)	that this report, incl	*	_						-		_		f my kno	owled	lge ar	nd belie	f , true
Sworn to and subs	ete. cribed before me this																
	day of		20			_				5	ignature	of Perso	n Submi	itting	керо	rt	
	Signatu	re				_						Prin	ted Nan	1e			
My Commission Ex	rpires					_		•				Ema	il				
	МО	D.	AY	YR					Are	a Cod	e	Daytin	ne Telep	hone	Num	ber	
	a report of a cand				•									_			
No 320) as amende		iy knowi	eage and bei	ier this	politica	ı comm	iittee n	as n	ot violat	ea an	y provis	ions or th	e act or	June	3,193	67 (P.L.	
SWOTH TO AND SUDSC	ribed before me this day of		20								S	ignature	of Candi	date			
			_			_						Printe	ed Name	)			
My Commission Exp	Signature ires							,				Ema	il				-
	МО	D	AY	YR		_			Area	Code		D	aytime	Telep	hone	Numbe	 r

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
ENERGY VOICES PAC	From:	1/1/20	<u>)20</u> To:	<u>3/9/2020</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.21
Γ			<u> </u>	
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			\$	0.21

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2		) in the			
Name of Fining Committee of Canadate			From:			То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	<b>!</b>	<b>I</b>	!		<u> </u>			DAGE TOTAL

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

PAGE TOTAL
\$ 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 Filing Committee	e or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	<b>)</b> :	
					DATE		A	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.

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate Repor				rting 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	ame of Filing Committee or Candidate				Reporting Period						
			Fron	n:		То	То:				
				D/	ATE		АМ	OUNT			
Full Name of Contributor				МО	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plu	5 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 Su	ımmarv Page.	Section	on 3.			PA	GE 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 Candidate			Report	ing Perio	d			
ENERGY VOICES PAC					1/1/202	3/9/2020		
				D	ATE		AMOUNT	
Full Name Fidelity Investments				МО	DAY	YEAR		
Mailing Address 450 N. Federal H	lighway, Ste. 200						\$ 0	).21
<b>City</b> Ft. Lauderdale	<b>State</b> FL	<b>Zip Code (I</b> 33301	Plus 4)	3	9	2020		
Receipt Description Bank Intere	st							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL**\$ 0.21

#### **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 Period	d	
ENERGY VOICES PAC	From:	<u>1/1/2020</u> <b>To:</b>	<u>3/9/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
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 Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	me of Filing Committee or Candidate				Re	porting F	Period				
					Fro	om:		To:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									<b>\$</b>	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	tion		•		
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00	

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (	Name of Filing Committee or Candidate					Reporting Period					
	From			То:							
				DATE			AMOUNT				
To Whom Paid			МО	DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure						
							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D	).			\$	0.00				