### **Campaign Finance Report**

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

Filer Identification	on	20200	C1467				port ed B		CAN	NDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee,	Candida	ate or Lo	obbyist:		GRE	EG H	AYES							_				
Street Address:																			
City:									State:					Zip Code	: 16	412			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		P	POST- 3.			AMENDME REPORT?	NT	Yes	No	•	$\checkmark$
	6TH TUESDA PRE-ELECTION		4.	4. 2ND FRIDAY PRE- ELECTION 5.X 30 DAY PO ELECTION				POST- 6.			TERMINAT REPORT?	ION	Yes	No		$\checkmark$			
	ANNUAL RI	EPORT	7.	<b>Year</b> 2020					ILING METHOD  ( ) CHECK ONE					PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	ought by C	andidat	:e:						DATE OF ELECTION					District Number	Office Code	Par	ty Code	Coun	
	-								МО		DAY	YEAR	₹	3	STH	REP	,		
REPRESENTATI	VE IN THE	GENERA	AL ASS	EMBLY						11		3 2	020		(SEE INS	TRUCTI	ONS FOR (	CODES	,
Summary of I		and	МО	DAY	YEAR	Ł			МО		DAY	YEAI	₹	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			9 15	2	020	<b>T</b>	0		10		19 2	2020						
A. Amount Brou	ught Forwa	rd From	ı Last R	eport				\$				6,000	0.00						
B. Total Moneta	ary Contribu	utions A	ınd Rec	eipts (From	Sche	dule	e I)	\$				13,300	0.00						
C. Total Funds	Available (S	Sum Of	Lines A	and B)				\$				19,300	0.00						
D. Total Expend	ditures (Fro	om Sche	dule II	(1)				\$				19,503	3.00						
E. Ending Cash	Balance (S	ubtract	Line D	From Line (	۵)			\$				(203.	19)						
F. Value Of In-I	Kind Contril	butions	Receive	ed (From So	chedu	le II	I)	\$				C	.00						
G. Unpaid Debt	s And Oblig	jations (	(From S	chedule IV	)			\$				C	0.00		'				
					AFF	·ID/	AVI	T SE	CTIO	Ν									
PART I - If this is	a Committ	tee repo	rt, trea	surer sign l	here. I	If th	nis is	a Can	didate	re	port, c	andidat	te sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	ıding the	attached sch	nedules	s file	ed on	paper (	or by ele	ectr	onic me	edium, aı	e to t	he best of ı	my know	vledge	and beli	ef , tri	ıe
Sworn to and subse	cribed before day of	e me this		20						-		Sigr	nature	of Person	Submitt	ing Rep	oort		_
		Signature						- -		•				Printe	d Name				-
My Commission Ex		Jigilata.	-							-				Email					-[
	мс	0	D/	AY	YR	_					Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of	f a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and belie	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted any p	rovis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this											s	ignature of	Candida	ite			-
	day of — —			_ 20				-						Printed	Name				-
	Sig	gnature						-		_									_
My Commission Exp	ires													Email					
		мо	Di	AY	YR	L .		-			Area	Code		Day	time Te	elephor	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Detailed Summary rage				
Name of Filing Committee or Candidate	Reporting	) Period		
GREG HAYES	From:	9/15/202	<u>20</u> To:	10/19/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	1,564.00
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 antotals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	1,564.00

#### **PART A**

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

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Reporting Period					
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng 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.

**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 or Candi	date			Reporting Period					
				From: To			):		
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
								$\overline{}$	

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			Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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			Rep	orting Pe	riod			
			Fron	n:		To	<b>)</b> :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla Business	ce of	City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Detailed Su	ımmary Page,	Section	on 3.			\$	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	Candidate		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
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. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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 Perio	d								
GREG HAYES	From:	9/15/2020 <b>To:</b>	10/19/2020							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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	Reporting Period						
			From:			То:	
				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	e				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 Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.									PAGE TOTAL 0.00	

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Co	ommittee or Candidate	1		Reporti	ng Period					
GREG HAYES				From	9/1	5/2020	То:	10/19/2020		
					DATE #					
To Whom Paid ST NICHOLAS GR	ROVE			мо	DAY	YEAR				
Mailing Address	1115 EAST AVE			7	9	2020	\$	875.00		
City ERIE State Zip Code (Plus 4) PA 16503					Description of Expenditure EVENT VENUE					
<b>To Whom Paid</b> KATHY HENNING	мо	DAY	YEAR							
Mailing Address	7	29	2020	\$	254.00					
City ERIE		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16508		Description of Expenditure REIMBURSEMENT AUCTION ITEMS					
<b>To Whom Paid</b> PHANTOM GRAPH	HICS			мо	DAY	YEAR				
Mailing Address	2075 SUNNYSIDE R	D		7	31	2020	\$	1,806.00		
City CLYMER		State NY	<b>Zip Code (Plus 4)</b> 14724		Description of Expenditure T-SHIRTS					
<b>To Whom Paid</b> TERESA SUB / DE	ELE			мо	DAY	YEAR				
Mailing Address	810 E. 38TH			8	3	2020	\$	324.28		
City ERIE		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16504	<b>Descrip</b> FUNDR	otion of Exp					
To Whom Paid SMITTY'S BEER				МО	DAY	YEAR				
	3081 STATION RD			<b>MO</b> 8	<b>DAY</b> 3	<b>YEAR</b> 2020	\$	115.00		

16510

PA

FUNDRAISER

							PAGE 12	
<b>To Whom Paid</b> R. BRILLIANT MEDIA			МО	DAY	YEAR			
Mailing Address 1 PO BO	X 8505		8	14	2020	\$	2,496.30	
City ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16505	Description of Expenditure SIGNS/YARD					
<b>To Whom Paid</b> LINDO PAZZAR			МО	DAY	YEAR			
Mailing Address 4040 PAG	9	14	2020	\$	111.29			
City ERIE		otion of Exp						
<b>To Whom Paid</b> R. BRILLIANT	МО	DAY	YEAR					
Mailing Address P.O. BOX	9	17	2020	\$	8,000.00			
City ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16505	<b>Descrip</b> BILL BO	otion of Exp DARDS	penditure			
To Whom Paid DE SANTIS SIGNS	·		МО	DAY	YEAR			
Mailing Address 540 W. 1	18TH ST		9	25	2020	\$	1,733.10	
City ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16507	Description of Expenditure YARD SIGNS					
To Whom Paid ERIE YACHT CLUB			МО	DAY	YEAR			
Mailing Address 1 RAVIN	9	22	2020	\$	3,788.22			
City ERIE State Zip Code (Plus 4) Descrip PA 16506 FUNDRA					penditure ENT			
Enter Grand Total of Expe	enditures on Page 1. Re	port Cover Page. Item D					PAGE TOTAL	
			-			\$	19,503.19	