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	180183				Repo			CA	NDII	DATE		COM	4ITTEE	✓ [LOB	BYIST		
Name of Filing C	ommittee, Can	didate or	Lobby	ist:		GUID	OI, S	SHAR	ON T	HE C	СОММ	TTE	TO EL	ECT PA	HOUSE 4	40			
Street Address:	221 OLD O	AK RD																	
City:	MCMURRAY	′							State	e:	PA			Zip Cod	le: 15	317-2	710		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		FRIDAY 1ARY	PRE-	2		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	√ No	,	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		FRIDAY CTION	/ PRE	- 5	.Х	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	No		√
report type)	ANNUAL REPO	RT 7.	Yea	r 2021					IG ME		_			PAPER		√	DISKE	TTE	
Name of Office S	ought by Candi	date:	•			-			DAT	E O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Cour	
									МО		DAY	Y	EAR						
										11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		МО	D	AY	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	trom:		9	14	20	021	T	0		10	:	18	2021						
A. Amount Bro	ught Forward F	rom Last	Repor	t				\$				18,	709.09						
B. Total Moneta	ary Contribution	ns And Re	ceipts	(From	Sche	dule 1	I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines	A and	В)				\$				18,	709.09						
D. Total Expenditures (From Schedule III)								\$				(557.32						
E. Ending Cash Balance (Subtract Line D From Line					:)			\$				18,0)51.77						
F. Value Of In-	Kind Contributi	ons Recei	ved (F	rom Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From	Sched	lule IV)			\$					0.00						
					AFF:	IDA	VI	ΓSE	CTIO	NC									
PART I - If this is				_															
I swear (or affirm) correct and comple		including ti	ne atta	cnea scn	leaules	Tilea	on	paper	ог ву е	electr	onic m	ealum	i, are to t	ne best of	r my knov	vieage	and bell	er, tr	ue
Sworn to and subs	cribed before me day of	this	20										Signature	of Persoi	n Submitt	ing Re _l	ort		_
	Sign	ature	_					-						Print	ted Name				-
My Commission Ex	pires							_		-				Emai	il				
	МО	ı	DAY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a c	andidate's	s auth	orized (Comm	ittee	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my know	ledge a	and belie	ef this	politi	cal	comm	ittee h	as no	ot viola	ted ar	ny provis	ions of the	e act of Ju	ine 3,1	937 (P.I	. 133	3,
Sworn to and subsc	ribed before me t	his	30										s	ignature o	of Candida	ite			-
	— ——		20					-						Printe	d Name				-
	Signatu	re						-											_
My Commission Exp	ires													Emai	ıı				
	мо		DAY		YR			•			Area	Code		Da	ytime Te	elephor	ne Numb	er	⁻

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40	From:	9/14/202	<u>1</u> To:	10/18/2021
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	(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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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

Name of Filing Commi	ttee or Candidate		Reporti	ng Period			
			From:			:	
		L		DATE			AMOUNT
Full Name of Contributin	g Committee		МС	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

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 of	or Candidate		Rep Fro	oorting P	eriod	To):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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 Candi	date		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				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Period	I	
GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40	From:	<u>9/14/2021</u> To:	10/18/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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						\$	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 Candidate					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40	From	9/14/2021	То:	<u>10/18/2021</u>

				DATE		AMOUNT
To Whom Paid vantiv			мо	DAY	YEAR	
Mailing Address 8500 governor h	ill rd		1	11	2021	\$ 1.82
City cincinnati	State OH	Zip Code (Plus 4) 15249		otion of Exp	penditure	
To Whom Paid vantiv			МО	DAY	YEAR	
Mailing Address 8500 governor h	ill rd		2	9	2021	\$ 0.50
City cincinnati OH Zip Code (Plus 4) 15249				otion of Exp	penditure	
To Whom Paid committee to elect ben bright			МО	DAY	YEAR	
Mailing Address po box 173			8	19	2021	\$ 250.00
City slovan	State PA	Zip Code (Plus 4) 15078	1	otion of Exp gn contrib		
To Whom Paid committee to elect ben bright		·	МО	DAY	YEAR	
Mailing Address po box 173			10	12	2021	\$ 50.00
City slovan	State PA	Zip Code (Plus 4) 15078		otion of Exp gn contrib		
To Whom Paid Washington County Democratic Committee			МО	DAY	YEAR	
Mailing Address 23 East Wheeling St		10	4	2021	\$ 55.00	
City Washington State PA 15301			Descrip meeting	otion of Exp g fee	penditure	

To Whom Paid BP Planning for Progress			мо	DAY	YEAR		
Mailing Address 4314 Anna St			9	24	2021	\$	200.00
City Bethel Park	State PA	Zip Code (Plus 4) 15102	Description of Expenditure campaign contribution				
To Whom Paid Collier Democratic Committee			МО	DAY	YEAR		
Mailing Address 608 Juniper Lane			9	20	2021	\$	100.00
City Bridgeville	State PA	Zip Code (Plus 4) 15017	Description of Expenditure campaign contribution				
Enter Grand Total of Evnen	ditures on Page 1. Pe	mort Cover Page Item D					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	657.32