### **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	30183				eport led B		CANDI	DIDATE COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Candid	date or L	obbyist:		GU	IIDI,	SHAR	ON THE	COMM	TTEE	TO EL	ECT PA	HOUSE	40			_
Street Address:	221 OLD OAI	< RD															
City:	MCMURRAY							State:	PA <b>Zip Code:</b> 15317-2710						710		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	1	2.	30 DA		POST-	3.		AMENDMENT Yes REPORT?				*	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	Ē-	5.	30 DA	'	POST-	6.		TERMINATION Y REPORT?			No	*	
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2021					NG METH				PAPER DIS			DISKE	TTE	
Name of Office S	= Sought by Candida	ite:						DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County	,
								МО	DAY	YE	AR		10000				_
								11		2	2021		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)	_
•	Receipts and	МО	DAY	YEAR	R			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		11 23	2	021	1 <b>T</b>	0	12		31	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			18,0	51.77						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dul	le I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			18,0	)51.77						
D. Total Expenditures (From Schedule III)							\$				0.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$			18,0	51.77							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le I	II)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From	Schedule IV	)			\$				0.00			1			
				AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	nere.	If th	his is	a Car	ndidate r	eport, o	andi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	cluding the	e attached sch	edule	s file	ed on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	t,
Sworn to and subs	cribed before me the	is	20							s	ignature	of Perso	n Submit	ting Rep	ort		
	Signate	ıre					- -					Prin	ted Nam	e			•
My Commission Ex	cpires						_					Ema	il				
	мо	D	AY	YR					Arc	ea Cod	e	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	ef this	pol	litical	comm	ittee has r	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,	l
Sworn to and subsc	ribed before me this day of	i	20								s	ignature o	of Candid	ate			
							-					Printe	d Name				١
My Commission Exp	Signature						-					Ema	il				
, сеолоп Ехр							-										
	МО	D	AY	YR	ł				Area	Code		Da	aytime 1	elephon	e Numb	er	1

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	D	- Dealed		
Name of Filling Committee of Candidate	Reporting	g Perioa		
GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40	From:	11/23/202	2 <u>1</u> To:	12/31/2021
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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40

From: 11/23/2021 To: 12/31/2021

DATE AMOUNT

Full Name of Contributing Committee does not apply	МО	DAY	YEAR			
Mailing Address does not apply						\$ 0.00
City does not apply State PA		<b>Zip Code (Plus 4)</b> 15027	12	31	2021	

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 Candidate				Reporting Period					
				m:		):			
					DATE		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 Reporting				g 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	Reporting Period								
			Fron	n:		To	То:		
				D	ATE		AMOUNT		
Full Name of Contributor					DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Place of Business  City					State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(	<b>GE TOTAL</b> 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 Co	Name of Filing Committee or Candidate			Reporting Period							
			From: To:				То:				
				D	ATE		AM	10UNT			
Full Name				МО	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (	Plus 4)								
Receipt Description	·	•									
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL			
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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	od							
GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40	From:	<u>11/23/2021</u> <b>To:</b>	12/31/2021						
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				
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	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Reporting Period							
F					Fro	om:		To:	То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	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	etaile	ed				<b>PAGE TOTAL</b> 0.00	

# 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)	Description of Expenditure				
Forting Council Table 1 of Francis distance	P 1 P1 C						PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item I	<b>).</b>			\$	0.00