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 2	20200	435				Repo Filed		y :	CA	NDII	DATE		COM	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Ca	ndidat	te or Lo	bbyis	t:		/OTE	NEI	FT							·				
Street Address:																				
City:	PITTSBUF	₹GH								State	e:	PA			Zip Cod	le: 15	243			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	1.	2ND F PRIMA	RIDAY	PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?	Yes	N	0	√	
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.	2ND F ELECT		PRE-	- 5.		30 DA ELECT						TERMINA REPORT?	Yes	N	0	√	
report type)	ANNUAL REP	ORT 7	() CHECK O									PAPER	\checkmark	DISK	ETTE					
Name of Office S	ought by Can	didate	e:							DAT	E O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Cour	
										МО		DAY	YE	AR		•	DEI	1	•	
											11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		ıd	МО	DA	Y	YEAR				МО		DAY	YI	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:		1	.1	23	20	21	T)		12	17.	31	2021						
A. Amount Bro	ught Forward	From	Last R	eport					\$					0.00						
B. Total Monet	ary Contributi	ons Aı	nd Rec	eipts (From	Sched	lule I	[)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																				
D. Total Expenditures (From Schedule III) \$ 0.00																				
E. Ending Cash	Balance (Sub	tract	Line D	From	Line C)			\$				3,5	84.70						
F. Value Of In-	Kind Contribu	tions	Receive	ed (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligat	ions (From S	chedu	ile IV))			\$				5,0	50.00						
						AFFI	[DA\	VIT	SE	CTIC	Ν									
PART I - If this is		=	•		_									_						
I swear (or affirm) correct and comple		t, inclu	ding the	attach	ed sch	edules	filed	on p	aper	or by e	lectr	onic me	edium	, are to t	he best of	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before m day of	e this		20									S	ignature	of Persoi	n Submitt	ing Re _l	ort		_
	Sig	gnature	<u> </u>	•											Print	ted Name				_
My Commission Ex	cpires								_		•				Emai	il				
	МО		DA	Υ		YR						Are	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's	autho	rized (Comm	ittee,	, Ca	ndid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	knowle	dge an	d belie	f this p	politic	cal o	comm	ittee h	as no	ot violat	ted an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc		this		20										Si	ignature o	of Candida	ite			_
-	day of —— ——			20 -											Printe	d Name				-
	Signa	ture																		_
My Commission Exp	ires														Emai	iI				
	мс	<u> </u>	D#	λY		YR		_				Area	Code		Da	ytime Te	elephor	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
VOTENEFT	From:	11/23/20	<u>)21</u> To:	12/31/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) 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) 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	J 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

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 Candidat	Name of Filing Committee or Candidate			Reporting Period					
		1	From:		То	:			
				DATE			AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

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 Commit	Name of Filing Committee or Candidate					Reporting Period					
			From: To) :					
		·		DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
						\$	0.00				
Mailing Address											
Mailing Address City	State	Zip Code (Plus 4)									

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

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	me of Filing Committee or Candidate		Reporting						
						То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule 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				Rep	orting Pe	riod				
				Fron	From:					
					D	ATE		AMOUNT		
Full Name of Contributor					МО	DAY	YEAR	\$	0.00	
Mailing Address										
City	State	Zip	Code (Plus	s 4)						
Employer Name					Occupation					
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip (Code (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page,					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		Report	ing Peri	od				
			From:			To:			
		'			ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (P	Plus 4)						
Receipt Description	'	1					<u> </u>		
	- C		. .:	_				PAGE TOTAL	
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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 Per	iod						
VOTENEFT	From:	11/23/2021 To:	<u>12/31/2021</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	. 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 Car	ndidate		Reporting Period						
			From:				То:		
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address						7 \$	C	0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		•	•		•			
					-				
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	ailed Summary Page,			PAGE TOTAL			
Section 2.						\$	0	.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address							1	\$	0.00	
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Place of Business City					e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Reporting Period				
						То:			
	DATE			AMOUNT					
To Whom Paid	МО	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Futor Count Total of Funanditures on Page 1, Page 4 Court Page 7 Tage 1			`				PAGE TOTAL		
Lines Grand Total of Expenditures (inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D					\$	0.00		