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	30052				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	BYIST		
Name of Filing C	ommittee, Candi	late or L	obbyist:	•	ENE	ERGY	VOIC	CES PAC									
Street Address:	2200 GEORG	ETOWN	DR, STE 50	00													
City:	SEWICKLEY							State:	PA			Zip Cod	ie: 15	5143-8	753		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST- 3.			AMENDM REPORT		Yes	No	,	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- ELECTION 5. 30 DAY ELECTION						POST-	6.		TERMINATION Yes REPORT?			No	•	/
report type)	ANNUAL REPORT	7. X	Year 2021 FILING METHOD () CHECK ONE									$\overline{}$	DISKE	TTE			
Name of Office S	Sought by Candida	ite:	-					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count Code	ty
								МО	DAY	YE	AR						
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES)	_
•	Receipts and	МО	DAY	YEAR	1		'	МО	DAY YEAR FOR OFFICE USE ONLY								
Expenditures	from:		11 23	2	021	Т	0	12	:	31	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			1,0	37.44						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$				0.02						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			1,0	37.46						
D. Total Expend	ditures (From Sch	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtra	t Line D	From Line C)			\$			1,0	37.46						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV))			\$				0.00			1			
				AFF	ΊD	AVI	T SE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign h	ere. 1	If th	nis is	a Can	didate r	eport, o	candio	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	attached sch	edules	file	ed on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ie,
Sworn to and subs	cribed before me thi day of	S	20							s	ignature	of Perso	n Submit	ting Rep	ort		-
	Signati	ıre					-					Prin	ted Name	e			-
My Commission Ex	rpires						_					Ema	il				-
	МО	D	AY	YR					Are	ea Cod	e	Daytim	e Telepi	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized (Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	f this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333	,
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate			-
							-					Printe	d Name				-
My Commission F	Signature						-					Ema	il				-
My Commission Exp							_										
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
ENERGY VOICES PAC	From:	11/23/202	<u>1</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) Period	(4)	\$	0.02
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			\$	0.02

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Comm	nittee or Candidate		Reporti	ng Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing Committee		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

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		Re _l Fro	oorting P m:	eriod	To	o:	
					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	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			Rep	orting Pe	riod			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary 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	Reporting Pe	eriod	
ENERGY VOICES PAC	From:	<u>11/23/2021</u> To:	12/31/2021

			D	ATE		AMOUNT
Full Name Fidelity Investments			МО	DAY	YEAR	
Mailing Address 450 N Federal Hi	ghway, Ste 200		12	31	2021	\$ 0.0
City Ft. Lauderdale	State FL	Zip Code (Plus 4) 33301	12	31	2021	
Receipt Description Bank Intere	st					

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

PAGE TOTAL \$ 0.02

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	
ENERGY VOICES PAC	From:	<u>11/23/2021</u> To:	<u>12/31/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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:			То:	
				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:

				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor			<u> </u>		Occupat	tion			
Employer Mailing Address/Pr Business	incipal Place of	City	State		Zip 4)	Code(Plus	Descri	ption of (Contribution
Enter Grand Total of Part Summary Page, Section 3		, In-Kind	Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

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)	Description of Expenditure					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
						\$	0.00	