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 :									BYIST									
Name of Filing C	Committee, Candid	ate or L	obbyist:		ENE	RGY	VOIC	CES PAC										
Street Address:	2200 GEORG	ETOWNE	DR, STE 5	500														
City:	SEWICKLEY							State:	PA			Zip Cod	ie: 15	e : 15143-8753				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST- 3. AMENDMENT REPORT?				Yes	No	~			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	- 5	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	~		
report type)	ANNUAL REPORT	7.	Year 2022					NG METHO CHECK O				PAPER		/	DISKE	TTE		
Name of Office S	Sought by Candida	te:	-					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County		
	- ,							МО	DAY	YE	AR		100.0	<u> </u>				
11								8	2022		(SEE IN	ISTRUCTI	ONS FOR (ODES)				
Summary of Expenditures	Receipts and	МО	DAY	YEAR			_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
			1 1	2	022	Т	0	3		28	2022							
A. Amount Bro	ught Forward Froi	m Last R	eport				\$			1,0	37.46							
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				0.03							
C. Total Funds Available (Sum Of Lines A and B)							\$			1,0	37.49							
D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash Balance (Subtract Line D From Line C)							\$			1,0	37.49							
F. Value Of In-	Kind Contributions	s Receiv	ed (From Se	chedu	le II))	\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			1				
				AFF	IDA	VI	T SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign l	here. I	[f thi	s is	a Car	ndidate re	eport, o	candi	date sig	n here.						
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached scl	nedules	filed	on	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , true		
Sworn to and subs	cribed before me this	s	20							S	ignature	of Perso	n Submit	ting Rep	oort			
	- Cit						- -					Prin	ted Name	e				
My Commission Ex	Signatu opires	ii e										Ema	il					
	мо	D	AY	YR			_		Are	ea Cod	le	Daytim	e Telepi	hone Nu	mber			
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee	e, C	andid	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of r	ny knowle	edge and beli	ef this	politi	ical	comm	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333,		
Sworn to and subsc	ribed before me this										S	ignature o	of Candid	late				
	day of						_					Duint-	d Name					
	Signature						-					Printe	d Name					
My Commission Exp	-											Ema	il					
	мо	D	AY	YR			-		Area	Code		Da	aytime T	elephor	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, ,								
Name of Filing Committee or Candidate	Reporting Period							
ENERGY VOICES PAC	From: $\frac{1}{1/2022}$ To: $\frac{3}{1/2022}$							
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)	\$	0.03				
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			\$	0.03				

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val	-	\$2) in the			
-		From:				:		
		·			DATE			AMOUNT
Full Name of Contributi	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
		ļ.						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 Filling Committee of Candidate				Reporting Period From: To:					
			l		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		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	Reporting Period						
			From:):	
				D	ATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	5 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	Summary Page,	Section	on 3.			PA:	GE TOTAL 0.00

PART E 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 Period							
ENERGY VOICES PAC	ENERGY VOICES PAC From				1/1/202	3/28/20	3/28/2022				
				D	ATE		AMOUNT				
Full Name Fidelity Investments				МО	DAY	YEAR					
Mailing Address 450 N Federa	l Highway, Ste 200			_			\$	0.03			
City Ft. Lauderdale	State FL	Zip Code (F 33301	Plus 4)	3	28	2022					
Receipt Description Rank Int	erest	•									

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

Bank Interest

PAGE TOTAL \$ 0.03

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		
ENERGY VOICES PAC	From:	<u>1/1/2022</u> To:	<u>3/28/2022</u>
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 Candidate Re				Reporting Period					
	From:		То:	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	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					From:		То:			
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	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	Reporti						
	From			То:			
				DATE			AMOUNT
To Whom Paid	МО	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00