Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificat | ion 202 | 2c1060 | | | Repo | rt | CAN | DIDA | TE | | | E | LOB | BYIST | | |
|---|---------------------------------|-------------|-----------------------|--|------------|--------------|--------------------|---------|---------|-------------|--------------------|------------------------|--------|---------|---------------|-----|
| Number : | | | | | Filed | | | | | ` | | | | | | |
| Name of Filing C | Committee, Candio | late or Lo | obbyist: | | TAVER | RAS, Y | AMELISA | 4 | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | |
| City: | | | | | | | State: | | | | Zip Cod | e: 18 | 103 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. X | 2ND FRIDA PRIMARY | Y PRE | - 2. | 30 E PRIN | DAY MARY | POS | ST- 3 | • | | AMENDMENT REPORT? | | I | lo | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | ND FRIDAY PRE- 5. 30 L LECTION ELEC | | | | POS | ST- 6 | | | TERMINATION REPORT? | | ſ | ١o | |
| report type) | ANNUAL REPORT | 7. | Year 2022 | | | | ING MET) CHECK | | | | PAPER | PAPER | | DIS | ETTE | |
| Name of Office S | – Sought by Candida | ate: | | | | | DATE | OF E | ELEC | TION | District Number | Office Code | Pai | rty Coo | le Cou Cod | |
| SENATOR IN T | HE GENERAL ASS | EMBLY | | | | | мо | D | AY | YEAR | 14 | STS | DEI | Ч | 39 | |
| | | | | | | | 1 | .1 | 8 | 202 | 2 | (SEE INS | TRUCTI | ONS FO | R CODE | S) |
| | Receipts and | мо | DAY | YEAF | 2 | | мо | D | AY | YEAR | FO | R OFFIC | e use | ONL | Y | |
| Expenditures | s from: | | 1 1 | 2 | 022 | то | | 3 | 28 | 3 202 | 2 | | | | | |
| A. Amount Bro | ught Forward Fro | m Last Re | eport | - | | | \$ | | | 0.0 | 0 | | | | | |
| B. Total Monet | ary Contributions | And Rece | eipts (From | 1 Sche | dule I |) | \$ | | | 0.0 | 0 | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | | \$ | | | 0.0 | 0 | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | : | \$ | | | 100.0 | D | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line | C) | | | \$ | | | (100.00 |) | | | | | |
| F. Value Of In- | Kind Contribution | s Receive | ed (From S | chedu | le II) | | \$ | | | 0.00 |) | | | | | |
| G. Unpaid Deb | ts And Obligations | s (From S | chedule IV | () | | | \$ | | | 0.0 | כ | 1 | | | | |
| | | | | AFF | IDAV | 'IT S | ECTIO | N | | | | | | | | |
| | s a Committee rep | | | | | | | | | | | | | | | |
| I swear (or affirm correct and compl |) that this report, inc ete. | luding the | attached sc | hedule | s filed o | n pape | r or by ele | ctron | ic med | ium, are to | o the best of | my know | ledge | and be | elief , t | rue |
| Sworn to and subs | scribed before me thi day of | s | 20 | | | | | | | Signatu | re of Persor | Submitt | ing Re | port | | |
| | Signati | ure | | | | _ | | | | | Print | ed Name | | | | - |
| My Commission E | xpires | | | | | | | _ | | | Emai | l | | | | |
| | мо | DA | Y | YR | | | | | Area | Code | Daytime | e Telepho | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's a | authorized | Com | nittee, | Candi | date sha | ll sig | n her | e. | | | | | | |
| I swear (or affirm) No 320) as amend |) that to the best of ed. | my knowle | dge and beli | ef this | s politica | al com | mittee has | s not v | violate | d any prov | isions of the | act of Ju | ne 3,1 | 937 (F | .L. 133 | 33, |
| Sworn to and subscribed before me this Signature of Candidate | | | | | | | | | - | | | | | | | |
| | day of | | 20 | | | | | | | | Printe | d Name | | | | _ |
| | Signature | | | | | | | | | | | - | | | | |
| My Commission Exp | bires | | | | | | | | | | Emai | I | | | | |
| | мо | DA | NY | YR | ł | | | A | Area Co | ode | Da | ytime Te | lephor | ne Nun | ıber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** TAVERAS, YAMELISA From: <u>1/1/2022</u> **To:** <u>3/28/2022</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 | | | | Reporting Period | | | | | | |
|--|-------|------------------|----|------------------|------|------|----|------------|--|--|
| | | | | From: To: | | | 1 | | | |
| | | · | | | DATE | | | AMOUNT | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4 | 4) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. | | | | | | | \$ | 0.00 | | |

PAGE 3

| PART B 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 Candida | te | | Rep | orting P | eriod | | | | | |
| | | | | From: To | | |) : | | | |
| | | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4 |) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 | | | | | | |
|--|-------|---------|------------------|-----|-----|------|------------|------------|--|
| | | | | То: | | | | | |
| | | | | DA | TE | | A | MOUNT | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | 7 * | 0.00 | |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | | | | | | | \$ | 0.00 | |

PART D 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 | | | | | |
|--|-------|--------------|-------|------------------|-------|------|------------------------------|------------|--|
| | | | Froi | n: | | Т |): | | |
| | | | | D | ATE | | АМ | IOUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | | | |
| City | State | Zip Code (Pl | ıs 4) | | | | | | |
| Employer Name | | | | Occupation | | | | | |
| Employer Mailing Address/Principal Place of Business City | | | | • | State | | Zip Code | e (Plus 4) | |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | | | | | | | PAGE 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 | | | | | | | |
|---------------------------------------|---------------------|------------|------------------|----------|-----|------|----|---------|------|--|
| | | | From: | rom: To: | | | | | | |
| | | | | D | ATE | | | AMOUNT | | |
| Full Name | | | | мо | DAY | YEAR | \$ | | 0.00 | |
| Mailing Address | | | | | | | | | | |
| City | State | Zip Code (| Plus 4) | | | | | | | |
| Receipt Description | | | | | | | • | | | |
| | | _ | a .: | | | | | PAGE TO | TAL | |
| Enter Grand Total of Part E on Sched | ule 1, Detailed Sum | mary Page, | 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 Period | | | | | | | | | | |
|---|------------------|---------------------|------------------|--|--|--|--|--|--|--|--|
| TAVERAS, YAMELISA | From: | <u>1/1/2022</u> то: | <u>3/28/2022</u> | | | | | | | | |
| 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, 3 | | \$ | 0.00 | | | | | | | | |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|---|---------------------|------------------------|------------------|----------|------|-----------|------------|--|--|
| | | | From: | | | То: | | | |
| | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | | DAY | YEAR | | | | |
| Mailing Address | | _ | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) | | | | | | | |
| Description of Contribution: | | | - | | | | | | |
| Enter Grand Total of Part F on Section 2. | Schedule II, In-Kii | nd Contributions Detai | led Sum | mary Pag | je, | F | 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: | | | | | |
| | | | | | 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 Plac | e of Business | City | State | e Zip | Code(Plus 4) | Descri | ption of Contribution | | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | PAGE TOTAL 0.00 | | | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|---|-------|-------------------|------------------|----------------------------|----------|--------|------------------|--|--|
| TAVERAS, YAMELISA | | | | <u>1/1/2022</u> To: | | | <u>3/28/2022</u> | | |
| | | | | DATE | | AMOUNT | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Yamelisa For Us | | | | | | | | | |
| Mailing Address 25 S. West Street | t, 3 | | 3 | 14 | 2022 | \$ | 100.00 | | |
| City Allentown | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | • | | | |
| PA 18102 donation to commit | | | | | | | | | |
| | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | 100.00 | | |