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	20220	C0145				port		CAND	CANDIDATE COMMITTEE LOBBYIS						BYIST	
Name of Filing C	committee	e, Candida	ate or Lo	obbyist:		CLA	ARIC	E SCH	ILLING	ΞR	•						
Street Address:																	
City:									State:				Zip Code	: 19	002		
TYPE OF REPORT	6TH TUES		1. X	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		POST- 3. AMENDMENT Yes REPORT?						No	~
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	Y PRE	≣-	5.	30 DA		POST-	6.		TERMINAT REPORT?	TION	Yes	No	~
report type)	ANNUAL	REPORT	7.	Year 2022					NG METH CHECK (PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by	Candidat							DATE (OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	County
									МО	DAY	Y	EAR	-1	LTG	REP		Code
LIEUTENANT G	OVERNO	R							1:	1	8	2022		(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of	Receipts	and	МО	DAY	YEAR	ł			МО	DAY	Y	EAR	FOF	OFFIC	E USE	ONLY	
Expenditures	from:			1 1	2	022	Т	0	:	3	28	2022					
A. Amount Bro	ught Forv	vard Fron	ı Last R	eport				\$		•	•	0.00					
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$				0.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00					
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$				0.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				0.00					
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$				0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	chedule IV	')			\$				0.00		,			
					AFF	ID	AVI	T SE	CTION								
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate ı	eport,	candi	idate sig	jn here.				
I swear (or affirm) correct and complete		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by elec	tronic m	ediun	n, are to t	the best of	my know	/ledge	and beli	ef , true
Sworn to and subs	cribed befo	ore me this		20								Signature	of Person	Submitt	ing Rep	ort	
	_	Signatur	re					- -					Printe	d Name			
My Commission Ex	cpires							_					Email				
		мо	D#	ΑY	YR					Ar	ea Co	de	Daytime	Telepho	one Nu	mber	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate shal	l sign h	ere.						
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viola	ted a	ny provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before day of	re me this		20						-		s	ignature of	Candida	te		
								_					Printed	Name			
		Signature						_									
My Commission Exp	ires												Email				
	_	МО	D/	AY	YR	t .		_		Area	Code		Day	time Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
CLARICE SCHILLINGER	From:	1/1/202	<u>2</u> To:	3/28/2022
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)	\$	0.00
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 Page 1			\$	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	e	R	eporting	Period			
		F	rom:		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 Committe	e or Candidate		Rep	orting P	eriod			
			Froi	m:		Тс):	
		•			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.

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	ame of Filing Committee or Candidate			Reporting Period					
			From:			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			Repo	orting Pe	riod					
				Fron	n:		т	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					МО	DAY	YEAR		\$	0.00
Mailing Address										
City	State	Zip	Code (Plus	4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Sเ	umm	ary Page,	Section	on 3.			\$	PAGE TOTA	AL 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	'						<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 Perio	d	
CLARICE SCHILLINGER	From:	<u>1/1/2022</u> To:	3/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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	Name of Filing Committee or Candidate Rep					Reporting Period				
Fro				From: To:						
		•		DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						7 \$	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:	•	-	•	•		•				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail			led Sum	mary Pag	ge,		PAGE TOTAL			
Section 2.						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				orting	Period				
					From:			То:		
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti				
	From			То:			
				DATE			AMOUNT
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures	on Bogo 1 Bonort C	'over Page Item I	`				PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<i>.</i>			\$	0.00