Campaign Finance Report

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

						1					_			_			
Filer Identificati Number :	on	20220	C0180				port ed B		CAND	IDATE	\	CO	MMITTEE		LOBE	BYIST	
Name of Filing C	Committee	e, Candida	ate or L	obbyist:		JAS	ON	RICHE	Υ								
Street Address:																	
City:									State:				Zip Code	e: 15	143		
TYPE OF REPORT	6TH TUES PRE-PRIM		1. X	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	\
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	y pre	<u>-</u>	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	
report type)	ANNUAL	REPORT	7.	Year 2022					IG METH CHECK (PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by	Candidat	e:						DATE	OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	County Code
	,								МО	DAY	١	YEAR	-1	GOV	REP		Code
GOVERNOR									1	1	8	2022		(SEE INS	TRUCTIO	ONS FOR C	CODES)
Summary of		and	МО	DAY	YEAR	Ł			МО	DAY		YEAR	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 Monet	ary Contri	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)				\$			50	,000.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00					
F. Value Of In-	Kind Cont	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule 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 Can	ndidate	report,	cano	didate sig	ın here.				
I swear (or affirm) correct and comple		eport, incl	uding the	attached sc	hedule	s file	d on	paper (or by elec	tronic m	ediu	m, are to t	he best of	my knov	vledge	and belie	ef , true
Sworn to and subs	cribed befo	ore me this		20								Signature	of Person	Submitt	ing Rep	ort	
		Signatur	·e					- -					Printe	ed Name			
My Commission Ex	cpires	•											Email				
	•	мо	D	ΑY	YR					Ar	ea C	ode	Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	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	tical	commi	ittee has	not viola	ited a	any provis	ions of the	act of Ju	ıne 3,1	937 (P.L.	. 1333,
Sworn to and subsc		re me this										s	ignature of	Candida	ite		
	day of —							_					Printed	Namo			
		Signature						-									
My Commission Exp													Email				
	_	мо	D	AY	YR	l		-		Area	Code	e	Day	time Te	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
JASON RICHEY	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 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	e	R	Reporting	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 Committee	or Candidate		Rep	oorting P	eriod			
			Fro		DATE	То): 	AMOUNT
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
<u>-</u>	·	·						·

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		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	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			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary 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		Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Company Dome C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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		
JASON RICHEY	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	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 Candidate			Reporting Period					
			From:			To:		
				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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
JASON RICHEY	From	<u>1/</u>	1/2022	To:	3/28/2022
		DATE			AMOUNT
To Whom Paid	MO		YFΔR		AMOUNT
To Whom Paid JASON RICHEY FOR GOVERNOR	мо	DATE	YEAR		AMOUNT

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 50,000.00

15143

Zip Code (Plus 4)

Description of Expenditure

LOAN TO COMMITTEE

State

PA

City

SEWICKLEY