### **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 202	22C0161				port		CAND	CANDIDATE COMMITTEE LOBBYIS					BYIST			
Name of Filing C	ommittee, Cand	date or L	obbyist:		_OU	IS E	BARLE	TTA								•	
Street Address:																	
City:								State:				Zip Code	: 18	201			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDAY P PRIMARY	PRE-	2	2.		0 DAY POST- PRIMARY				AMENDMENT REPORT?		Yes	No		<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY FELECTION	PRE-	- !	5.	30 DA		POST-	6.		TERMINAT REPORT?	ION	Yes	No		<b>/</b>
report type)	ANNUAL REPOR	<b>T</b> 7.	<b>Year</b> 2022					IG METH CHECK (				PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	ought by Candic	ate:						DATE	OF ELI	ECTI	ON	District Number	Office Code	Par	ty Code	Coun	
							МО	DAY	Y	/EAR	-1	GOV	REP	,	•		
GOVERNOR								1	1	8	2022		(SEE INS	TRUCTI	ONS FOR (	CODES	)
	Receipts and	МО	DAY YE	AR				МО	DAY	١	/EAR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		1 1	20	)22	Т	0		3	28	2022						
A. Amount Bro	ught Forward Fr	om Last P	leport				\$	-			0.00						
B. Total Moneta	ary Contribution	s And Rec	eipts (From Sc	chec	lule	<b>I</b> )	\$				0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$				0.00						
D. Total Expend	ditures (From So	hedule II	<b>I</b> )				\$				0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$				0.00						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sche	dul	e II	()	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From	Schedule IV)				\$				0.00		,				
			A	FF	[DA	١٧٧	T SE	CTION									
PART I - If this is			-								_						
I swear (or affirm) correct and complete	that this report, in ete.	cluding the	e attached schedi	ules	filed	d on	paper o	or by elec	tronic r	nediur	m, are to t	the best of i	my know	vledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before me to day of	nis	20								Signature	e of Person	Submitt	ing Rep	oort		
	Signa	ture					- -					Printe	d Name				_
My Commission Ex	_											Email					-
	мо	D	AY	ΥR					A	rea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized Co	mm	itte	e, C	andida	ate shal	l sign l	nere.							
I swear (or affirm) No 320) as amende		my knowl	edge and belief t	this	polit	tical	commi	ittee has	not viol	ated a	iny provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		s									s	ignature of	Candida	ite			-
	day of —— ————						_					Printed	Name				-
	Signatur						-										_
My Commission Exp	ires											Email					
	мо	D	PAY	YR			-		Area	a Code	•	Day	time Te	lephor	e Numb	er	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
LOUIS BARLETTA	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	J 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 Candidate			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.

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)

(Exclusive)		m ponticui commi	ittees it	porteu	iii i di c	~,	
Name of Filing Committe	e or Candidate		Reporting	Period			
			From:		To	):	
		1		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.

ame of Filing Committee or Candidate			Reporting					
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							<b>-</b>   \$	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			Reporting Period								
				Fror	n:			То:			
					D	ATE			AMO	OUNT	
Full Name of Contributor					МО	DAY	YEA	R	\$		0.00
Mailing Address											
City	State	Zi	p Code (Plus	s 4)							
Employer Name	•				Occupa	tion					
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Z	ip Code	(Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detaile	d Sumr	mary Page,	Section	on 3.			\$	PA	<b>GE TOTA</b>	<b>L</b> .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	Name of Filing Committee or Candidate			ting Peri	od			
			From:			To:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						$\neg$	
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	•	
			<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary 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		
LOUIS BARLETTA	From:	<u>1/1/2022</u> <b>To:</b>	<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 Car	Reporting Period							
	From:	:						
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>7</b> \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
	Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail			mary Pa	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.	<b></b>									0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
						То:			
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Evnenditures	on Bago 1 Bonort C	Cover Page Item [					PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<b>,</b> .			\$	0.00		