Campaign Finance Report

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

						ort d B	Sy :	CAND	IDATE	√	cc	DMMITTEE		LOBBYIST			
Name of Filing C	ommittee, Can	didate or L	obbyist:		CORN	1AP	N, JAC	COB DOY	LE III							•	
Street Address:																	
City:								State:				Zip Code	: 16	823			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2.	.х	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	\
(place X to the right of	e X to PRE-ELECTION ELECTION				30 DA ELECT		POST-	6.	TERMINAT REPORT?	ION	Yes	No		/			
report type)	ANNUAL REPO	RT 7.						IG METH CHECK O				PAPER		\	DISKE	TTE	
Name of Office S	ought by Cand	idate:						DATE C)F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	-							МО	DAY	YEAR	ł	-1	GOV	REP	,	14	
GOVERNOR								11		8 2	022		(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of		МО	DAY YE	AR			,	МО	DAY	YEAF	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		3 29	20	22	T	0	5	5	2 2	022						
A. Amount Bro	ught Forward I	rom Last R	eport				\$			C	0.00						
B. Total Moneta	ary Contributio	ns And Rec	eipts (From Sc	hed	lule 1	I)	\$			C	0.00						
C. Total Funds	Available (Sun	Of Lines A	and B)				\$			C	0.00						
D. Total Expend	ditures (From S	Schedule II	I)				\$			0	.00						
E. Ending Cash	Balance (Subt	ract Line D	From Line C)				\$			0	.00						
F. Value Of In-	Kind Contribut	ons Receiv	ed (From Sche	dule	e II)		\$			0	.00						
G. Unpaid Debt	s And Obligati	ons (From S	Schedule IV)				\$			0	.00		'				
			Α	FFI	[DA	VI	T SE	CTION									
PART I - If this is		• •							•		-						
I swear (or affirm) correct and comple		including the	attached schedu	ules	filed	on	paper (or by elect	tronic m	edium, ar	e to t	the best of i	my know	vledge	and beli	ef , tru	ue
Sworn to and subs	cribed before me day of	this	20							Sign	ature	of Person	Submitt	ing Rep	oort		_
	Sign	nature					-					Printe	d Name				_
My Commission Ex	-											Email					-
	мо	D	AY ,	YR			_		Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	andidate's	authorized Cor	mmi	ittee	, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		of my knowl	edge and belief t	this p	politic	cal	commi	ittee has r	not viola	ted any p	rovis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me	:his									s	ignature of	Candida	ite			-
							-					Printed	Name				-
	Signati	ıre					-								_		
My Commission Exp	ires 						_					Email					
	мо	D	AY	YR			_		Area	Code		Day	time Te	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CORMAN, JACOB DOYLE III	From:	<u>3/29/202</u>	<u>2</u> To:	5/2/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Committee or Candidate				porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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				oorting P m:	eriod):		
					DATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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 Reporti					ng Period					
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scho	edule 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					
					From: To:					
			D/	ATE		АМ	OUNT			
			МО	DAY	YEAR					
Mailing Address						\$	0.00			
State	Zip Code (Plus	s 4)								
			Occupat	ion						
e of	City			State		Zip Code	(Plus 4)			
dule I, Detailed Su	ımmary Page,	Section	on 3.				0.00			
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code			

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 Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	Section	••			\$		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 Peri	od	
CORMAN, JACOB DOYLE III	From:	3/29/2022 To:	5/2/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	ł	
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				g Period			
	From:						
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate					porting P	Period			
						om:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 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)	Descri	ption of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
).			\$	0.00