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	C0265				port		CANDI	DATE	✓	cc	MMITTEE		LOBE	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:					TTANO								<u> </u>	_
		•																_
Street Address:													T					
City:									State:				Zip Code	e: 15	122			
TYPE OF REPORT	6TH TUES PRE-PRIN		1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDMENT Yes No REPORT?					
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	E -	5.	30 DA		POST- 6. TERMINATION Yes REPORT?						No	•	
report type)	ANNUAL	REPORT	7.	Year 2022					NG METH						DISKE	TTE		
Name of Office S	ought by	, Candidat							DATE 0	TE OF ELECTION District Office Party Coo						ty Code		y
Name of Office 5	ought by	Canuluat	.е.						МО	DAY	YEA	\R	Number 38	Code STH	DEN	1	Code	
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY					11		8	2022		(SEE INS	TRUCTIO	ONS FOR (CODES)	
Summary of	Receipts	s and	МО	DAY	YEAF	1			МО	DAY	YEA	١R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			3 29	2	022	Т	0	5	i	2	2022	_					
A. Amount Bro	ught For	ward From	ı Last R	eport			1	\$				0.00	1					
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 (I	From 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	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	a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate re	eport, o	candida	ate sig	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by elect	ronic m	edium,	are to	the best of	my know	/ledge	and beli	ef , tru	e,
Sworn to and subs	cribed bef day of	ore me this		20							Sig	nature	e of Person	Submitt	ing Rep	ort		-
	_	Signatur	·e					- -					Printe	ed Name				-
My Commission Ex	pires	_											Email					-
		мо	D	AY	YR					Are	ea Code		Daytime	Telepho	one Nu	mber		_
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has n	ot viola	ted any	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333	,
Sworn to and subsc		re me this										s	ignature of	Candida	te			-
	day of —			_ 20				_					Duit- '	Na				-
		Signature						_					Printed	Name				
My Commission Exp		o.g.iatui e											Email					⁻
	_	МО	D	AY	YR	<u> </u>		-		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		
NICK PISCIOTTANO	From:	3/29/202	<u>2</u> To:	5/2/2022
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	'	Reporting	Period			
			From:		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.

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.

Name of Filing Comn	nittee or Candidate	Re	eporting	Period			
		Fr	om:		To) :	
				DATE			AMOUNT
Full Name of Contribut	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
				1			
	I						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	lame of Filing Committee or Candidate									
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00	
Mailing Address							7		0.00	
City	State	Zip Cod	e (Plus 4)							
							-	PAGE TO	TAL	
Enter Grand Total of Part C on Scheo	lule 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				orting Pe	riod				
Fro						T	0:		
				D	ATE		AMOUNT		
				мо	DAY	YEAR	\$	0.00	
State	Zi	p Code (Plus	s 4)						
				Occupa	tion				
ce of Business		City			State		Zip	Code (Plus 4)	
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00	
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip	

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 Perio	od	
NICK PISCIOTTANO	From:	3/29/2022 To :	<u>5/2/2022</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 Candidate				Reporting Period					
F						То:			
				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					orting	Period				
							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

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