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	2022	C1060				port		CANDI	CANDIDATE COMMITTEE LOBBYIS						BYIST		
Name of Filing C	Committe	e, Candida	ate or L	obbyist:		TΑ\	/ERA	S, YA	MELISA									
Street Address:																		
City:									State:				Zip Code	e: 18	103			
TYPE OF REPORT	6TH TUES PRE-PRIM	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA		POST- 3. AMENDMENT Yes				Yes	No	~	/	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	≣-	5.	30 DA		POST-	6.		TERMINATION REPORT?		Yes	No	~	
report type)	ANNUAL	. REPORT	7.	Year 2022					NG METH				PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by	, Candidat	·e:						DATE C						ty Code	County		
	, oug 2,	,							МО	Number Code DAY YEAR 14 STS					DEN	1	code	
SENATOR IN TH	HE GENE	RAL ASSE	MBLY						11		8	2022	-	(SEE INS	TRUCTIO	ONS FOR (CODES)	
Summary of	Receipts	s and	МО	DAY	YEAF	R			МО	DAY	YEA	AR .	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			3 29	2	022	T	0	5	;	2	2022						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport	•		1	\$	-	•	-	0.00]					
B. Total Moneta	ary Contr	ibutions <i>F</i>	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	ts And Ob	oligations	(From S	Schedule IV	')			\$				0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport, o	candida	ate sig	gn here.					l
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by elect	tronic m	edium, a	are to	the best of	my know	/ledge	and beli	ef , true	l
Sworn to and subs	cribed bef	ore me this		20							Sig	nature	e of Person	Submitt	ing Rep	ort		
	_	Signatur	·e					- -					Printe	ed Name				
My Commission Ex	cpires							_					Email					l
		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 r	not viola	ted any	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,	l
Sworn to and subsc		re me this										s	ignature of	Candida	te			
	day of —							_					Printed	Name				
	;	Signature						-										
My Commission Exp	oires												Email					
	_	МО	D	AY	YR	1		-		Area	Code		Day	time Te	lephon	e Numb	er	I

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
TAVERAS, YAMELISA	From:	3/29/202	<u>2</u> To:	<u>5/2/2022</u>
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 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

	this Part to itemize only with an aggregate valu									
Name of Filing Comm	nittee or Candidate		Re							
				From: To) :		
		<u> </u>			DATE			AMOUNT		
Full Name of Contributi	ing Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
	•	·			•	•	$\overline{}$	DACE TOTAL		

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ 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 Filing Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					

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 Candi	nme of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

ame of Filing Committee or Candidate			Reporting Period						
			Froi	m:		To	То:		
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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		Reporting Period					
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Pe	riod	
TAVERAS, YAMELISA	From:	3/29/2022 To:	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO)R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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	ame of Filing Committee or Candidate			Reporting Period					
						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	dule II. In-Kind C	Contributions Deta	iled Sum	marv Pac	ie,		PAGE TOTAL		
Section 2.	,			, , ,		\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	lame of Filing Committee or Candidate				Re	porting	Period					
					Fro	m:		То	:			
					<u> </u>		DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$		0.00
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	ation					
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	cripti	ion of (Contributio	on
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOT	ΓAL
Summary Page, Section 3.							0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Name of Filing Committee or Candidate					Reporting Period				
						То:				
				DATE			AMOUNT			
To Whom Paid				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							PAGE TOTAL			
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00			