### **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	C0166				port		CAND	IDATE	<b>✓</b>	CC	MMITTEE		LOBI	BYIST			
Name of Filing C	committe	e, Candida	ate or L	obbyist:		RIC	CK SA	ACCOI	NE										
Street Address:																			
City:									State:					<b>Zip Code:</b> 15037					
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA' PRIMARY	Y PRE	-	2. <b>X</b>	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No	~		
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	Y PRI	E-	5.	30 DA						TERMINATION REPORT?			~		
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2022					NG METH				PAPER		$\checkmark$	DISKE	TTE		
Name of Office S	Sought by	/ Candidat	:e:						DATE (	OF ELE	CTION		District Number	Office Code	Par	ty Code	County		
									МО	DAY	YEA	R	-1	LTG	REP		code		
LIEUTENANT G	OVERNO	R							11		8 2	2022		(SEE INS	TRUCTI	ONS FOR (	CODES)		
Summary of	Receipts	s and	МО	DAY	YEAF	2			МО	DAY	YEA	R	FOR	OFFIC	E USE	ONLY			
Expenditures	from:			3 29	2	022	Т	0	Ţ.	5	2 :	2022							
A. Amount Bro	ught For	ward Fron	ı Last R	eport				\$		•	•	0.00	1						
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	edule II	I)				\$			(	0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			(	0.00							
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$			(	0.00							
G. Unpaid Debt	s 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,	candida	te sig	jn here.						
I swear (or affirm) correct and complete		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by elec	tronic m	edium, a	re to t	the best of	my know	/ledge	and beli	ef , true		
Sworn to and subs	cribed bef day of	ore me this		20							Sig	nature	of Person	Submitt	ing Rep	ort			
	_	Signatur	·e					- -					Printe	ed Name					
My Commission Ex	cpires							_					Email						
		мо	D	AY	YR					Ar	ea Code		Daytime	Teleph	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 i	not viola	ted any <sub>l</sub>	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,		
Sworn to and subsc	ribed befo day of	re me this		20								S	ignature of	Candida	te				
								-					Printed	Name					
		Signature						-					E"						
My Commission Exp	oires												Email						
	_	мо	D	AY	YR	ł		-		Area	Code		Day	time Te	lephon	e Numb	er		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
RICK SACCONE	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 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

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 Re			eporting	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 Committe	Name of Filing Committee or Candidate				Reporting Period						
From:					To	o:					
		•		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.

#### **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		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							<b>-</b>   \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
Enter Grand Total of Part C on School	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					
Fro						To	<b>)</b> :			
				DATE				AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address							1			
City	State	Zip Code (Plu	s 4)							
Employer Name				Occupa	tion					
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)		
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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							7		
City	State	Zip Code (Plu	ıs 4)						
Receipt Description	<b>'</b>				•				
Futor Curred Total of Doub	For Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL	
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	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	
RICK SACCONE	From:	3/29/2022 <b>To</b> :	<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					
				From: To:					
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address		_				<b> </b>		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					porting	Period				
					m:	То:				
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi <sub>l</sub>	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
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			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