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 2016	0278			Rep File			CANDI	DATE		СОМ	1ITTEE	✓	LOBI	BYIST	
Name of Filing C	Committee, Candid	ate or L	obbyist:	İ	PA C	CAM	PGRO	UND OW	NERS	PAC						
Street Address:	200 NORTH 3	RD STR	EED SUTE 1	.500												
City:	HARRISBURG							State:	PA			Zip Cod	ie: 17	7101		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.						Y I ARY	POST- 3. X			AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION							TERMINATION Yes No REPORT?				~		
report type)	ANNUAL REPORT	7.	Year 2022					IG METHO				PAPER		\	DISKE	ГТЕ
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR		10000	<u> </u>		
								11		8	2022		(SEE IN	STRUCTI	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	i from:		5 3	20	022	Т	0	6		6	2022					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			6,6	20.79					
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				20.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			6,6	40.79					
D. Total Expen	ditures (From Sch	edule II	I)				\$				0.78					
E. Ending Cash	Balance (Subtract	Line D	From Line C)			\$			6,6	40.01					
F. Value Of In-	Kind Contributions	Receiv	ed (From Sc	hedul	e II))	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV))			\$				0.00			•		
				AFF:	IDA	VI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. I	f thi	is is	a Can	ididate re	eport, o	andic	late sig	ın here.				
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edules	filed	l on	paper (or by elect	ronic m	edium,	are to t	he best o	f my kno	wledge	and belie	f , true
Sworn to and subs	cribed before me this	;	20							s	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu						- -					Prin	ted Name	e		
My Commission Ex	_											Ema	il			
	мо	D	AY	YR			_		Are	ea Cod	e	Daytim	e Teleph	none Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized (Comm	ittee	e, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	f this	politi	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L.	1333,
Sworn to and subsc	ribed before me this										Si	ignature o	of Candid	ate		
	day of 						-					Printe	d Name			
	Signature						-									
My Commission Exp	_											Ema	il			_ _
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PA CAMPGROUND OWNERS PAC	From:	<u>5/3/202</u>	<u>2</u> To:	6/6/2022
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)	\$	20.00		
TOTAL for the Reporting	(2)	\$	20.00	
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			\$	20.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Committee or Candidate				porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE 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 Filing Committee or Candidate Repor				porting Period					
PA CAMPGROUND OWNERS PAC From				m:	<u>5/3/</u>	2022 T o	6/6/2022		
					DATE			AMOUNT	
Full Name of Contributor Jason S. Vaughan				МО	DAY	YEAR			
Mailing Address 415 Taylor Drive				٦	2.7	2022	\$	10.00	
City East Stroudsburg	State PA	Zip Code (Plus 4) 18301		5	27	2022			
Full Name of Contributor Jason S. Vaughan				МО	DAY	YEAR			
Mailing Address 415 Taylor Drive							\$	10.00	

Zip Code (Plus 4)

18301

5

3

2022

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

State

PΑ

City

East Stroudsburg

PAGE TOTAL \$ 20.00

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			Reporting	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					
						To	То:		
				D	ATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	5 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	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	ting Perio	od			
			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. Detaile	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 Period		
PA CAMPGROUND OWNERS PAC	From:	<u>5/3/2022</u> To:	<u>6/6/2022</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						\$	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 Candidate					Re	porting	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name	Name of Filing Committee or Candidate				Reporting Period						
PA CA	PA CAMPGROUND OWNERS PAC					From <u>5/3/2022</u> To:					
					DATE			AMOUNT			
To Wh Paypa	om Paid 			МО	DAY	YEAR					
Mailin	g Address 211 North 1s	t Street		5	9	2022	\$	0.78			
City San Jose State CA Zip Code (Plus 4) CA 95131				1	otion of Exp Card Proce						