LOBBYIST

COMMITTEE 🗸

#### **Campaign Finance Report**

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

Report

CANDIDATE

| Filer Identificati<br>Number :            | on 2021                         | 0253                             |                       |          | Rep<br>File |       |          | CAN      | IDI   | DATE              |        | СОМ                | 4ITTEE                 | <b>✓</b>    | LOB      | BYIST    |         |          |
|---|---------------------------------|----------------------------------|-----------------------|----------|-------------|-------|----------|----------|-------|-------------------|--------|--------------------|------------------------|-------------|----------|----------|---------|----------|
| Name of Filing C                          | ommittee, Candida               | ate or Lo                        | obbyist:              |          | RIC         | K FC  | R LG     |          |       |                   |        |                    | •                      |             |          |          |         |          |
| Street Address:                           | 404 BOSTON                      | HOLLO                            | V ROAD                |          |             |       |          |          |       |                   |        |                    |                        |             |          |          |         |          |
| City:                                     | ELIZABETH                       |                                  |                       |          |             |       |          | State    | :     | PA                |        |                    | <b>Zip Code:</b> 15037 |             |          |          |         |          |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY      | 1.                               | 2ND FRIDA<br>PRIMARY  | Y PRE-   | - 2         | 2.    | 30 DA    |          | Р     | POST- 3. <b>X</b> |        |                    | AMENDMENT<br>REPORT?   |             | Yes      | No       |         | <b>\</b> |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION     | 4.                               | 2ND FRIDA<br>ELECTION | Y PRE    | - 5         | 5.    | 30 DA    |          | Р     | POST- 6.          |        |                    | TERMINATION<br>REPORT? |             | Yes      | No       |         | <b>\</b> |
| report type)                              | ANNUAL REPORT                   | 7. Year 2022 FILING ME ( ) CHECK |                       |          |             |       |          |          |       | PAPER             |        | <b>\</b>           | DISKE                  | TTE         |          |          |         |          |
| Name of Office Sought by Candidate:       |                                 |                                  |                       |          |             |       | DATE     | E O      | F ELE | CTIO              | N      | District<br>Number | Office<br>Code         | Pa          | rty Code | Cour     |         |          |
|   |                                 |                                  |                       |          |             |       |          | МО       |       | DAY               | YE     | AR                 |                        |             |          |          |         |          |
|   |                                 |                                  |                       | _        |             |       |          |          | 11    |                   | 8      | 2022               |                        | (SEE INS    | TRUCTI   | ONS FOR  | CODES   | )        |
| Summary of                                | •                               | МО                               | DAY                   | YEAR     |             |       |          | МО       |       | DAY               | YI     | AR                 | FO                     | R OFFIC     | E USE    | ONLY     |         |          |
| Expenditures                              | Trom:                           |                                  | 5 3                   | 20       | 022         | Т     | <u> </u> |          | 6     |                   | 6      | 2022               |                        |             |          |          |         |          |
| A. Amount Bro                             | ught Forward Fron               | 1 Last R                         | eport                 |          |             |       | \$       |          |       |                   | 16,0   | )55.65             |                        |             |          |          |         |          |
| B. Total Moneta                           | ary Contributions A             | And Rec                          | eipts (Fron           | n Sche   | dule        | I)    | \$       |          |       |                   | 1,3    | 300.00             |                        |             |          |          |         |          |
| C. Total Funds                            | Available (Sum Of               | Lines A                          | and B)                |          |             |       | \$       |          |       |                   | 17,3   | 355.65             |                        |             |          |          |         |          |
| D. Total Expend                           | ditures (From Sche              | edule II                         | I)                    |          |             |       | \$       |          |       |                   | 1,2    | 94.28              |                        |             |          |          |         |          |
| E. Ending Cash                            | Balance (Subtract               | Line D                           | From Line             | C)       |             |       | \$       |          |       |                   | 16,0   | 61.37              |                        |             |          |          |         |          |
| F. Value Of In-                           | Kind Contributions              | Receiv                           | ed (From S            | chedul   | le II       | )     | \$       |          |       |                   |        | 0.00               |                        |             |          |          |         |          |
| G. Unpaid Debt                            | s And Obligations               | (From S                          | Schedule IV           | /)       |             |       | \$       |          |       |                   | 16,0   | 50.00              |                        |             |          |          |         |          |
|   |                                 |                                  |                       | AFF      | IDA         | VI    | T SE     | CTIO     | N     |                   |        |                    |                        |             |          |          |         |          |
| PART I - If this is                       | a Committee repo                | ort, trea                        | surer sign            | here. 1  | [f thi      | is is | a Car    | ndidate  | e re  | port, o           | andi   | date sig           | ın here.               |             |          |          |         |          |
| I swear (or affirm)<br>correct and comple | that this report, inclete.      | uding the                        | attached sc           | hedules  | filed       | d on  | paper    | or by el | lectr | ronic m           | edium  | , are to t         | he best o              | f my knov   | /ledge   | and beli | ef , tr | ue       |
| Sworn to and subs                         | cribed before me this<br>day of |                                  | 20                    |          |             |       |          |          | ,     |                   | S      | ignature           | of Perso               | n Submitt   | ing Re   | port     |         | _        |
|   | Signatui                        | re                               |                       |          |             |       | -        |          | ,     |                   |        |                    | Prin                   | ted Name    |          |          |         | -        |
| My Commission Ex                          | pires                           |                                  |                       |          |             |       | _        |          | -     |                   |        |                    | Ema                    | il          |          |          |         |          |
|   | МО                              | D                                | AY                    | YR       |             |       |          |          |       | Ar                | ea Cod | le                 | Daytim                 | e Teleph    | one Nu   | ımber    |         |          |
| Part II- If this is                       | a report of a cand              | lidate's                         | authorized            | Comm     | nitte       | e, C  | andid    | ate sh   | all s | sign h            | ere.   |                    |                        |             |          |          |         |          |
| I swear (or affirm)<br>No 320) as amende  | that to the best of med.        | y knowle                         | edge and beli         | ief this | polit       | ical  | comm     | ittee ha | as no | ot viola          | ted an | y provis           | ions of th             | e act of Ju | ine 3,1  | 937 (P.L | . 133   | 3,       |
| Sworn to and subsc                        | ribed before me this<br>day of  |                                  | 20                    |          |             |       |          |          |       |                   |        | s                  | ignature o             | of Candida  | te       |          |         | _        |
|   |                                 |                                  |                       |          |             |       | -        |          |       |                   |        |                    | Printe                 | d Name      |          |          |         | -        |
| My Commission Exp                         | Signature<br>ires               |                                  |                       |          |             |       | -        |          |       |                   |        |                    | Ema                    | il          |          |          |         | -        |
|   | МО                              | D                                | AY                    | YR       |             |       | •        |          |       | Area              | Code   |                    | Da                     | aytime Te   | lepho    | ne Numb  | er      | -        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | Period  |              |          |
|--|-----------|---------|--------------|----------|
| RICK FOR LG  | From:     | 5/3/202 | <u>2</u> To: | 6/6/2022 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |         |              |          |
| TOTAL for the Reporting  | ) Period  | (1)     | \$           | 120.00   |
| 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)   |           |         | \$           | 1,180.00 |
| TOTAL for the Reporting  | ) Period  | (2)     | \$           | 1,180.00 |
| 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 |           |         | \$           | 1,300.00 |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                        | this Part to itemize onl with an aggregate value |                   | \$2 |     | ) in the |      |    |            |
|------------------------|--|-------------------|-----|-----|----------|------|----|------------|
| Nume of Fining Comm    | intec of cumulate                                |                   |     | om: | renou    | То   | :  |            |
|                        |  |                   |     |     | DATE     |      |    | AMOUNT     |
| Full Name of Contribut | ing Committee                                    |                   |     | МО  | DAY      | YEAR |    |            |
| Mailing Address        |  |                   |     |     |          |      | \$ | 0.00       |
| City                   | State  | Zip Code (Plus 4) | )   |     |          |      |    |            |
|                        | <b>!</b>   | <b>I</b>          |     |     | <u> </u> |      |    | DAGE TOTAL |

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

| PAGE TOTAL |
|------------|
| \$<br>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 Candidat   | Name of Filing Committee or Candidate |                                   |     | orting Pe | eriod        |                 |    |          |
|--|---------------------------------------|-----------------------------------|-----|-----------|--------------|-----------------|----|----------|
| RICK FOR LG                            |                                       |                                   | Fro | m:        | <u>5/3/2</u> | 2022 <b>T</b> o | ): | 6/6/2022 |
|  |                                       |                                   |     |           | DATE         |                 |    | AMOUNT   |
| Full Name of Contributor DAVID BAUER   |                                       |                                   |     | МО        | DAY          | YEAR            |    |          |
| Mailing Address 62 DUNCAN STATIO       | ON RD                                 |                                   |     |           |              |                 | \$ | 100.00   |
| City MCKEESPORT                        | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>15135 |     | 5         | 2            | 2022            |    |          |
| Full Name of Contributor LINDA DUPILL  |                                       |                                   |     | МО        | DAY          | YEAR            |    |          |
| Mailing Address 4151 HICKORY HIL       | L ROAD                                |                                   |     |           |              |                 | \$ | 50.00    |
| City MURRYSVILLE                       | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>15668 |     | 5         | 2            | 2022            |    |          |
| Full Name of Contributor DONN CHAPMAN  |                                       |                                   |     | МО        | DAY          | YEAR            |    |          |
| Mailing Address 1096 MILLWOOD R        | OAD                                   |                                   |     |           |              |                 | \$ | 100.00   |
| City DERRY                             | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>15627 |     | 5         | 4            | 2022            |    |          |
| Full Name of Contributor THE C LLC     |                                       |                                   |     | МО        | DAY          | YEAR            |    |          |
| Mailing Address 4131 BROWNSVILL        | E ROAD                                |                                   |     | _         | -            | 2022            | \$ | 205.00   |
| <b>City</b> PITTSBURGH                 | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>15227 |     | 5         | 5            | 2022            |    |          |
| Full Name of Contributor HELEN MACMINN |                                       |                                   |     | МО        | DAY          | YEAR            |    |          |
| Mailing Address 65 SHADY LANE          |                                       |                                   |     |           |              |                 | \$ | 50.00    |
| City MOHNTON                           | <b>State</b><br>PA                    | <b>Zip Code (Plus 4)</b><br>19540 |     | 5         | 12           | 2022            |    |          |

|   |   |  |                    |                                 |           |              |                      | PAGI |        |
|---|---|--|--------------------|---------------------------------|-----------|--------------|----------------------|------|--------|
|   | ame of Contri   | ibutor   |                    |                                 | мо        | DAY          | YEAR                 |      |        |
| JAMES   | S SHELTER   |  |                    |                                 |           |              |                      |      |        |
| Mailin  | g Address   | PO BOX 421                                       |                    |                                 |           |              |                      | \$   | 100.00 |
| City  | REPUBLIC  |  | State              | Zip Code (Plus 4)               | 5         | 15           | 2022                 |      |        |
|   |   |  | PA                 | 15475                           |           |              |                      |      |        |
|   | ame of Contri   | ibutor   |                    |                                 | МО        | DAY          | YEAR                 |      |        |
| JOSEP   | PH KRILL  |  |                    |                                 |           |              |                      |      |        |
| Mailin  | g Address   | 113 HENRY HUDSO                                  | N DR               |                                 |           |              |                      | \$   | 75.00  |
| City  | DELMONT   |  | State              | Zip Code (Plus 4)               | 5         | 22           | 2022                 |      |        |
|   | DELITORI  |  | PA                 | 15626                           |           |              |                      |      |        |
|   | ame of Contri<br>KOKINDA  | ibutor   |                    |                                 | мо        | DAY          | YEAR                 |      |        |
| Mailing   | g Address   | 1046 WATER STREE                                 | <br>≣T             |                                 |           |              |                      | \$   | 150.00 |
| City  | MOOSIC  |  | State              | Zip Code (Plus 4)               | 5         | 3            | 2022                 |      |        |
|   |   |  | PA                 | 18507                           |           |              |                      |      |        |
| Full Na   | ame of Contri   | ihutor   |                    |                                 |           |              |                      |      |        |
| SUZAI   | NNE DITTMAI   |  |                    |                                 | МО        | DAY          | YEAR                 |      |        |
|   |   |  |                    |                                 | МО        | DAY          | YEAR                 | \$   | 100.00 |
|   | NNE DITTMAI   | N<br>4106 VERNER CT                              | State              | Zip Code (Plus 4)               | <b>мо</b> | <b>DAY</b> 3 | <b>YEAR</b> 2022     | \$   | 100.00 |
| Mailing   | NNE DITTMAI   | N<br>4106 VERNER CT                              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 15668  |           |              |                      | \$   | 100.00 |
| Mailing City Full Na                              | NNE DITTMAI   | 4106 VERNER CT  LLE                              |                    |                                 |           | 3            | 2022                 | \$   | 100.00 |
| Mailing City Full Na KIMBE                        | nne DITTMAI  g Address  MURRYSVII  ame of Contri  | 4106 VERNER CT  LLE                              |                    |                                 | 5         | 3            | 2022                 |      | 25.00  |
| Mailing City Full Na KIMBE                        | g Address  MURRYSVII  ame of Contri  ERLY WAIGAN  g Address                                     | 4106 VERNER CT  LLE  Sbutor  ND  2924 CUSTER AVE |                    |                                 | 5         | 3            | 2022                 |      |        |
| City Full Na KIMBE                                | g Address  MURRYSVII  ame of Contri   | 4106 VERNER CT  LLE  Sbutor  ND  2924 CUSTER AVE | PA                 | 15668                           | мо        | DAY          | 2022<br>YEAR         |      |        |
| Mailing City Full Na KIMBE Mailing                | MURRYSVII  ame of Contri ERLY WAIGAN  g Address  PITTSBURG                                      | A106 VERNER CT  LLE  Sbutor  ND  2924 CUSTER AVE | PA                 | 15668  Zip Code (Plus 4)        | мо        | <b>DAY</b> 6 | 2022<br>YEAR         |      |        |
| Mailing  Full Na  KIMBE  Mailing  City            | g Address  MURRYSVII  ame of Contri  ERLY WAIGAN  g Address                                     | 4106 VERNER CT  LLE  ibutor  2924 CUSTER AVE  GH | PA                 | 15668  Zip Code (Plus 4)        | мо        | DAY          | 2022<br>YEAR         |      |        |
| Full Na KIMBE Mailing City  Full Na STEPH         | MURRYSVII  ame of Contri  RLY WAIGAN  PITTSBURG   | 4106 VERNER CT  LLE  ibutor  2924 CUSTER AVE  GH | PA                 | 15668  Zip Code (Plus 4)        | мо<br>мо  | 3 DAY 6      | 2022 YEAR 2022       |      |        |
| Full Na KIMBE Mailing City  Full Na STEPH         | MURRYSVII  ame of Contri ERLY WAIGAN  g Address  PITTSBURG  ame of Contri HEN CRAWFO  g Address | 4106 VERNER CT  LLE  ibutor  2924 CUSTER AVE  6H | PA                 | 15668  Zip Code (Plus 4)        | <b>мо</b> | <b>DAY</b> 6 | 2022<br>YEAR<br>2022 | \$   | 25.00  |
| City  Full Na KIMBE  Mailing  City  Full Na STEPH | MURRYSVII  ame of Contri ERLY WAIGAN  g Address  PITTSBURG  ame of Contri HEN CRAWFO            | 4106 VERNER CT  LLE  ibutor  2924 CUSTER AVE  6H | State PA           | 15668  Zip Code (Plus 4)  15227 | мо<br>мо  | 3 DAY 6      | 2022 YEAR 2022       | \$   | 25.00  |

| Full Name of Contributor PATRICIA SCHRADER                      |                    |                                   |    | DAY | YEAR |                 |
|---|--------------------|-----------------------------------|----|-----|------|-----------------|
| Mailing Address 928 ELIZABETH STREET  State   Zip Code (Plus 4) |                    |                                   | 5  | 10  | 2022 | \$ 50.00        |
| City WILLIAMSPORT   | PA PA              | <b>Zip Code (Plus 4)</b> 17701    | 3  | 10  | 2022 |                 |
| Full Name of Contributor  MARILYN SCOTT                         |                    |                                   |    | DAY | YEAR |                 |
| Mailing Address 705 KAREN LANE                                  |                    |                                   |    |     |      | <b>\$</b> 50.00 |
| City HERMITAGE  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 16148    | 5  | 15  | 2022 |                 |
| Full Name of Contributor ALECIA ADDINK                          |                    |                                   | МО | DAY | YEAR |                 |
| Mailing Address 1202 ELM AVE                                    |                    |                                   |    |     |      | <b>\$</b> 25.00 |
| City HOLLIDAYSBURG  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16648 | 5  | 22  | 2022 |                 |

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

**PAGE TOTAL \$** 1,180.00

#### **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 |                       |          | g 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 Re            |                    |               | Rep       | Reporting Period |       |      |         |                    |
|---|--------------------|---------------|-----------|------------------|-------|------|---------|--------------------|
| Fro   |                    |               |           | From: To:        |       |      |         |                    |
|   |                    |               |           | D                | ATE   |      | А       | MOUNT              |
| Full Name of Contributor                            |                    |               |           | мо               | DAY   | YEAR |         |                    |
| Mailing<br>Address                                  |                    |               |           |                  |       |      | \$      | 0.00               |
| City  | State              | Zip Code (Plu | s 4)      |                  |       |      |         |                    |
| Employer Name                                       |                    | •             |           | Occupa           | tion  |      | •       |                    |
| Employer Mailing Address/Principal Plac<br>Business | e of               | City          |           |                  | State |      | Zip Coo | de (Plus 4)        |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed S | ummary Page   | Section . | on 3.            |       |      | \$      | PAGE TOTAL<br>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   | ame 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. Detaile               | d Summary Page   | Section | 4                |     |      | PAG | E TOTAL |  |  |
|                               | m deficación 1, detailes             | z Sammary r age, | occion  | ••               |     |      | \$  | 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 | d                          |          |
|--|-----------------|----------------------------|----------|
| RICK FOR LG  | From:           | <u>5/3/2022</u> <b>To:</b> | 6/6/2022 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER 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 Candid | Name of Filing Committee or Candidate R. |                       |          | Reporting Period |        |           |            |  |  |
|------------------------------------|--|-----------------------|----------|------------------|--------|-----------|------------|--|--|
| Fr                                 |  |                       | From:    |                  |        |           |            |  |  |
|                                    |  |                       |          | 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 S   | chedule II In-Kir                        | nd Contributions Deta | iled Sum | mary Pag         | ле Г   |           | PAGE TOTAL |  |  |
| Section 2.                         | incudic 11, 111 Kii                      | ia contributions beta | nea Sam  | illial y I as    | ,<br>, |           | PAGE TOTAL |  |  |
|                                    |  |                       |          |                  |        | \$        | 0.00       |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                         |               |         | Reporting 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 P<br>Business              | ace of        | City    |                  | State   |        | Zip<br>4) | Code(Plus | Descri | ption | of Contribution        |
| Enter Grand Total of Part G on So<br>Summary Page, Section 3. | chedule II, 1 | In-Kind | Contributi       | ons De  | etaile | ed        |           |        |       | <b>PAGE TOTAL</b> 0.00 |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate |                        |                          | Reporting Period           |              |           |           |            |  |
|---------------------------------------|------------------------|--------------------------|----------------------------|--------------|-----------|-----------|------------|--|
| RICK FOR LG                           |                        |                          | From                       | <u>5/:</u>   | 3/2022    | То:       | 6/6/2022   |  |
|                                       |                        |                          |                            | DATE         |           |           | AMOUNT     |  |
| <b>To Whom Paid</b><br>PUNKY PIZZA    |                        |                          | мо                         | DAY          | YEAR      |           |            |  |
| Mailing Address                       |                        |                          | 5                          | 4            | 2022      | <b>\$</b> | 47.70      |  |
| City                                  | State                  | Zip Code (Plus 4)        | <b>Descrip</b><br>PIZZA    | otion of Exp | penditure |           |            |  |
| <b>To Whom Paid</b><br>GK CREATIVE    |                        |                          | мо                         | DAY          | YEAR      |           |            |  |
| Mailing Address                       |                        |                          | 5                          | 4            | 2022      | \$        | 1,211.87   |  |
| City                                  | State                  | Zip Code (Plus 4)        | Description of Expenditure |              |           |           |            |  |
| To Whom Paid<br>FACEBOOK              |                        |                          | МО                         | DAY          | YEAR      |           |            |  |
| Mailing Address                       |                        |                          | 5                          | 2            | 2022      | \$        | 34.71      |  |
| City State Zip Code (Plus 4)          |                        |                          | Description of Expenditure |              |           |           |            |  |
| <b>To Whom Paid</b> WPY INC           |                        |                          | мо                         | DAY          | YEAR      |           |            |  |
| Mailing Address                       |                        |                          | 4                          | 26           | 2022      | \$        | 1,080.20   |  |
| City                                  | State                  | Zip Code (Plus 4)        | Descrip                    | otion of Exp | penditure | :         |            |  |
| Enter Grand Total of Expen            | ditures on Page 1 R    | eport Cover Page. Item F | <br>).                     |              |           |           | PAGE TOTAL |  |
| Lines Grand Total of Expen            | iaitai es on Fage 1, R | epoit cover rage, item i |                            |              |           | \$        | 2,374.48   |  |

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

| Name of Filing Committee or Candidate Reporting |                      |                 | ng Period |              |       |               |                 |            |    |                                |
|---|----------------------|-----------------|-----------|--------------|-------|---------------|-----------------|------------|----|--------------------------------|
| RICK FO   | OR LG                |                 |           |              | From: |               | <u>5/3/2022</u> | То:        |    | 6/6/2022                       |
|   |                      |                 |           |              |       |               | DATE            |            |    | Outstanding<br>Balance of Debt |
|   | f Creditor<br>ACCONE |                 |           |              |       | МО            | DAY             | YEAR       |    |                                |
| Mailing   | Address              | 404 BOSTON HOLL | OW ROAD   |              |       | 7             | 22              | 2021       | \$ | 500.00                         |
| City  | CLIZADET!!           |                 | State     | Zip Code (Pl | us 4) | Doccrir       | tion of Del     | nt .       |    |                                |
| <b>,</b>  | ELIZABETH            |                 | PA        | 15037        |       |               | IGN LOAN        | <b>5</b> 0 |    |                                |
|   |                      |                 |           |              |       |               |                 |            |    | Outstanding<br>Balance of Debt |
|   | f Creditor<br>ACCONE |                 |           |              |       | МО            | DAY             | YEAR       |    |                                |
| Mailing Address 404 BOSTON HOLLOW ROAD          |                      |                 |           | 8            | 5     | 2021          | \$              | 500.00     |    |                                |
| City  | ELIZABETH            |                 | State     | Zip Code (Pl | us 4) | Descrip       | tion of Del     | ot         |    |                                |
|   |                      |                 | PA        | 15037        |       | CAMPAIGN LOAN |                 |            |    |                                |
|   |                      |                 |           |              |       |               | DATE            |            |    | Outstanding<br>Balance of Debt |
|   | f Creditor<br>ACCONE |                 |           |              |       | мо            | DAY             | YEAR       |    |                                |
| Mailing   | Address              | 404 BOSTON HOLL | OW ROAD   |              |       | 8             | 20              | 2021       | \$ | 5,050.00                       |
| City  | ELIZABETH            |                 | State     | Zip Code (Pl | us 4) | Descrip       | tion of Del     | ot         |    |                                |
|   | LLIZADETTI           |                 | PA        | 15037        |       |               | IGN LOAN        |            |    |                                |
|   |                      |                 |           |              |       |               | DATE            |            |    | Outstanding<br>Balance of Debt |
| Name o  | f Creditor           |                 |           |              |       |               |                 |            |    |                                |
|   | ACCONE               |                 |           |              |       | МО            | DAY             | YEAR       |    |                                |
| Mailing   | Address              | 404 BOSTON HOLL | OW ROAD   |              |       | 1             | 30              | 2022       | \$ | 5,000.00                       |
| City  | ELIZABETH            |                 | State     | Zip Code (Pl | us 4) | Descrin       | tion of Del     | ot         |    |                                |
|   |                      |                 | PA        | 15037        |       |               | IGN LOAN        |            |    |                                |

|  |                      |                                |      | DATE         |      | Outstanding<br>Balance of Debt |
|--|----------------------|--------------------------------|------|--------------|------|--------------------------------|
| Name of Creditor<br>RICK SACCONE       |                      |                                | МО   | DAY          | YEAR |                                |
| Mailing Address 404 BOSTON HOLLOW ROAD |                      |                                | 3    | 5            | 2022 | \$<br>5,000.00                 |
| City ELIZABETH                         | State<br>PA          | <b>Zip Code (Plus 4)</b> 15037 |      | otion of Del |      |                                |
| Enter Grand Total of Un                | paid Debts on Page 1 | , Report Cover Page, Iter      | n G. |              |      | PAGE TOTAL                     |
|  |                      |                                |      |              |      | \$<br>16,050.00                |
|  |                      |                                |      |              |      |                                |
|  |                      |                                |      |              |      |                                |
|  |                      |                                |      |              |      |                                |
|  |                      |                                |      |              |      |                                |
|  |                      |                                |      |              |      |                                |