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	C0161			Repoi Filed		CAND	IDATE	✓	СО	MMITTEE	П	LOB	BYIST		
Name of Filing C	ommittee, Candid	ate or L	obbyist:	В	ARLE	TTA, L	OUIS								•	
Street Address:																
City:							State:				Zip Code	: 18	3201			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	RE-	2.	30 DA		POST-	3. X		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PI ELECTION	RE-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ION	Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2022				NG METH CHECK C				PAPER		V	DISKE	TTE	
Name of Office S	ought by Candida	te:	•			•	DATE (OF ELE	CTION		District Number	Office Code	Pai	ty Code	Coun	
	-						МО	DAY	YEAR		-1	GOV	REF)	40	
GOVERNOR							11	L	8 20	022		(SEE IN	STRUCTI	ONS FOR	CODES)	
	Receipts and	МО	DAY YEA	۱R			МО	DAY	YEAR		FOR	OFFI	CE USE	ONLY		
Expenditures	from:		6 16	20	22 -	ГО	(5	16 2	022						
A. Amount Bro	ught Forward Froi	n Last R	eport			\$			0	.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sch	ied	ule I)	\$			0	.00						
C. Total Funds	Available (Sum O	Lines A	and B)		4	\$	7	\sum	0	.00						
D. Total Expend	ditures (From Sch	edule II	I)	4		\$			0	.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)	1	-	\$			0.	.00						
F. Value Of In-	Kind Contribution	Receiv	ed (From Sched	lule	: II)	\$,"		0.	.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)	_		4 \$			0	.00			,			
			AF	FI	DAV.	IT SE	CTION									
	a Committee rep		1/					-								
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	attached schedul	les f	filed or	paper	or by elec	tronic m	edium, are	e to t	he best of r	ny knov	wledge	and beli	ef , trı	1 e
Sworn to and subs	cribed before me this day of		20						Signa	ature	of Person	Submit	ting Re	port		_
	Signatu	re				_					Printe	d Name	•			_
My Commission Ex	pires					_					Email					
	МО	D.	AY Y	R				Ar	ea Code		Daytime	Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a can	didate's	authorized Com	ımi	ttee,	Candid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief th	is p	olitica	l comm	ittee has	not viola	ted any pi	rovis	ions of the a	act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this							_		s	ignature of	Candida	ate			-
	day of					_					Printed	Nama				-
	Signature					_					-inted	.vaiile				_
My Commission Exp	-										Email					-
	МО	D	AY Y	/R		_		Area	Code		Day	time T	elephor	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	<u> </u>		
Name of Filing Committee or Candidate	Reporting Pe	eriod	
BARLETTA, LOUIS	From:	<u>6/16/2022</u> To:	6/16/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	·		
TOTAL for the R	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)		5	0.00
All Other Contributions (Part B)		\$	0.00
TOTAL for the R	Reporting Period	(2) \$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)		7	
Contributions Received From Political Committees (Part C)	-	s	0.00
All Other Contributions (Part D)		\$	0.00
TOTAL for the R	deporting Period	(3) \$	0.00
1. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From	ı Part E)		
TOTAL for the R	Reporting Period	(4) \$	0.00
Total Monetary Contributions and Receipts During this Reporting Period totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report 0	(Add and enter amour Cover Page, Item B.)	nt \$	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			Reporting Period					
			Fro	om:		To	:	
		·			DATE		АМО	UNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							s	0.00
City	State	Zip Code (Plus 4	1)					

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 or Candidate				Reporting Period						
			Fro	m:		To	:			
					DATE		AMOUNT			
Full Name of Contributor				МО	DAY	YEAR	1			
Mailing Address						1	\$	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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	7 .	
Mailing Address								0.00
City	State	Zip Cod	e (Plus 4)					
					1		PAGE T	OTAL
Enter Grand Total of Part C on Sched	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			Repo	orting Pe	riod				
			Fron	n:		То	:		
				D	ATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	S .	0.00	
Mailing Address	ailing Address								
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupa	tion		0		
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)		
Enter Grand Total of Part C on Scheo	dule I, Detailed Su	immary Page,	Section	on 3.		4	PAGE TOTAL	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		AMOUN	т		
Full Name				МО	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description							/			
Enter Grand Total of Part E on Schedu	le T. Detailed Sumn	nary Page	Section	4	, ,		PAGE TO	OTAL		
The Grand Fotol of Fare 2 on School	ic 1, becamed banni	iaiy i age,	Section	W			•	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		
BARLETTA, LOUIS	From:	6/16/2022 To:	6/16/2022
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)	5	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

	VALUE	01 \$50.01 10	Ψ23010				
Name of Filing Committee or Candidate			Reporting	Period			
			From:		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 Sched Section 2.	ule II, In-Kind C	ontributions Deta	iled Sum	mâry Pag	ge, \$	PAGE TOT	AL 0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Rep	porting F	Period		
			Fro	om:		То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address			-			5	0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupa	ntion		
Employer Mailing Address/Principal Plac	ce of Business C	ity	State	e Zip	Code(Plus 4)	Description of	Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions Do	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
			From			То:			
			DATE				AMOU	NT	
To Whom Paid			мо	DAY	YEAR	_			
Mailing Address						~ =		0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure						
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item D				\$	AGE TOTA	AL 0.00	

