# **Campaign Finance Report**

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

Filer Identificat Number :	ion	20220	20506		-	Repo Filed		CANE	DID	ATE	✓ [	со	MMITTE		LOB	BYIST		
Name of Filing (	Committee, Ca	andida	te or L	obbyist:		ERIC [	-	ZO										
Street Address:																		
City:								State:					Zip Cod	<b>e:</b> 15	479			
TYPE OF REPORT	6TH TUESDAN PRE-PRIMARY		1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 D PRIM		PO	ST- 3	3. <b>X</b>		AMENDMENT REPORT?		Yes	No	)	$\checkmark$
(place X to the right of	6TH TUESDAN PRE-ELECTIO		4.	2ND FRIDA	AY PRI	E- 5.	30 D ELEC	AY TION	PO	POST- 6.			TERMINATION REPORT?		Yes	No	)	$\checkmark$
report type)	ANNUAL REP	PORT	7.	<b>Year</b> 2022	2			NG MET					PAPER		$\checkmark$	DISK	TTE	
Name of Office	⊥ Sought by Cai	ndidat	e:					DATE	OF	ELEC	TION		District Number	Office Code	Par	ty Code	Coun	
REPRESENTAT								мо	D	AY	YEAR		58	STH	REF	)		
REPRESENTAL	IVE IN THE G	ENER	AL ASS	EMBLY				1	.1	8	3 20	)22		(SEE INS	TRUCTI	ONS FOR	CODES	,
Summary of		nd	мо	DAY	YEAF	2		мо	C	PAY	YEAR		FOI	R OFFIC	e use	ONLY		
Expenditures	s from:			5 3	3 2	022	то		6	(	6 20	)22						
A. Amount Bro	ought Forward	d From	Last R	eport			\$				0.	.00						
B. Total Monet	ary Contribut	tions A	nd Rec	eipts (Fror	n Sche	dule I)	• •	5			0.	.00						
C. Total Funds	Available (Su	um Of	Lines A	and B)			\$	5			0.	.00						
D. Total Expen	ditures (Fron	n Sche	dule II	I)			\$	5			0.	00						
E. Ending Cash	n Balance (Su	btract	Line D	From Line	C)			5			130.	61						
F. Value Of In-	-Kind Contribu	utions	Receiv	ed (From S	Schedu	le II)	4	5			0.	00						
G. Unpaid Deb	ts And Obliga	tions	(From S	Schedule I	V)		4	5			0.	00						
					AFF	IDAV	IT SE	CTION	N									
PART I - If this i		-	-	-					-			-						
I swear (or affirm correct and compl		rt, inclu	iaing the		chequie	s med o	n paper	or by ele	ctro	nic med	num, are	. 10 1	ne best or	ту кном	neage	anu ben	ier, tri	Je <sup>1</sup>
Sworn to and subs	scribed before n day of	ne this							_		Signa	ature	of Person	Submitt	ing Rej	oort		-
	Si	ignatur	e				_		_				Print	ed Name				-
My Commission E	xpires								_				Email					_
	МО		D	AY	YR					Area	a Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of a	a cand	idate's	authorized	d Comr	nittee,	Candio	late sha	ll sig	gn her	re.							
I swear (or affirm) No 320) as amend		st of m	y knowle	edge and be	lief this	s politica	l comn	nittee has	not	violate	ed any pr	ovisi	ons of the	act of Ju	ine 3,1	937 (P.I	. 1333	3,
Sworn to and subscribed before me this Signature of Candidate Signature of Candidate									-									
				20 Printed Name									-					
My Commission Ex	-	ature					_						Email					-
,							_		_									_
	м	0	D	AY	YR	Ł				Area Code Daytime Telephone Number								

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** ERIC DAVANZO From: <u>5/3/2022</u> **To:** 6/6/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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							
					From: To:						
		·			DATE			AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus 4	4)								
								PAGE TOTAL			
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00			

PART B 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										
			Fror	From: To			<b>D:</b>			
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City State Zip Code (Plus 4										
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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						
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sect					on 3.			0.00	

## PART D 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						
From					Т	То:				
			D	<b>ATE</b>		AM	OUNT			
			мо	DAY	YEAR	\$	0.00			
State	Zip Code (Plu	s 4)								
•			Occupation							
ce of Business	City			State		Zip Code	(Plus 4)			
dule I, Detailed Su	ummary Page	Sectio	on 3.				<b>GE TOTAL</b> 0.00			
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA State Zip Code (Plus 4) Occupat	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To   DATE   MO DAY YEAR   State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code			

## PART E **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:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (	Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	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 Period		
ERIC DAVANZO	From:	<u>5/3/2022</u> то:	<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, 3		\$	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						
F						То:			
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						<b>]</b> \$	0.0	)0	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_	
						\$	0.0	0	

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name 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)									
Employer of Contributor		•		Occupa	ation						
Employer Mailing Address/Principal Plac	State	e Zip	Code(Plus 4)	Descri	ption of Contribution						
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00					

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
	From			То:							
		DATE		AMOUNT							
To Whom Paid	мо	DAY	YEAR								
Mailing Address						\$	0.00				
City State Zip Code (Plus 4)				Description of Expenditure							
Enter Crand Tatal of Evnanditures	an Dago 1. Donort (	Cover Dage Item I					PAGE TOTAL				
Enter Grand Total of Expenditures	on Page 1, Report C	Jover Page, Item L				\$	0.00				