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	20220	C0438				eport led B		CAND	ANDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, Ca	andida	ite or Lo	obbyist:		VAI	LERI	E GAY	DOS									
Street Address:																		
City:									State:				Zip Code	: 15	143			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST-	3. X		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	PRE	≣	5.	30 DA ELECT		POST-	6.	TERMINAT REPORT?	ION	Yes	No		/	
report type)	ANNUAL REP	PORT	7.	Year 2022					IG METH CHECK (PAPER		√	DISKE	TTE	
Name of Office S	ought by Car	ndidat	e:						DATE	OF ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО	DAY	YEA	R	44	STH	REP		0000	
REPRESENTATIVE IN THE GENERAL ASSEMBLY 11								1	8 2	2022		(SEE INS	TRUCTI	ONS FOR C	CODES)		
Summary of		nd	МО	DAY	YEAR	ł			МО	DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			5 3	2	022	<u>2</u> T	0		6	6 2	2022						
A. Amount Bro	ught Forward	d From	Last R	eport				\$	_			0.00						
B. Total Moneta	ary Contribut	ions A	nd Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available (Su	ım Of I	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (From	n Sche	dule II	()				\$			(0.00						
E. Ending Cash	Balance (Sub	btract	Line D	From Line C	:)			\$			(0.00						
F. Value Of In-	Kind Contribu	utions	Receive	ed (From Sc	hedu	le I	I)	\$			(0.00						
G. Unpaid Debt	s And Obliga	itions ((From S	ichedule IV))			\$				0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is		-	•	_														
I swear (or affirm) correct and comple		rt, inclu	iding the	attached sch	edules	s file	ed on	paper o	or by elec	tronic m	nedium, a	re to 1	the best of 1	my know	/ledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before m day of	ne this		20							Sig	nature	e of Person	Submitt	ing Rep	ort		_
		:tur				_		- -					Printe	d Name				-[
My Commission Ex		ignature	a										Email					-
	мо		D#	AY	YR			-		Aı	rea Code		Daytime	Telepho	one Nu	mber		_]
Part II- If this is	a report of a	a candi	idate's	authorized	Comn	nitte	ee, C	andid	ate shal	l sign h	ere.							百
I swear (or affirm) No 320) as amende		st of m	y knowle	edge and belie	f this	, poli	itical	commi	ittee has	not viola	ated any p	orovis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me	e this										s	ignature of	Candida	te			-
	day of							_					Pointed	*!				_
	Signa							_					Printed	Name				
My Commission Exp	_	acui e											Email					-
	M	10	D/	AY	YR	t .		-		Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
VALERIE GAYDOS	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)	\$	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 an 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				Reporting Period					
		F	rom:		То	I			
		•		DATE			AMOUNT		
Full Name of Contributing Co	ommittee		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.

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.

(Exclud	ie contributions froi	m political comm	IITTE	es rep	oortea	in Part	A)	
Name of Filing Committee	e or Candidate		Rep	oorting P	eriod			
			Fro	m:		To) :	
					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.

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.

ame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00
Mailing Address							+	U	.00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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	ame of Filing Committee or Candidate			Reporting Period						
			Fror	n:		To	:			
				D	ATE			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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary 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		
VALERIE GAYDOS	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 Can	Name of Filing Committee or Candidate					Reporting Period					
	From: To:										
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address						7 \$	0.0	10			
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•							
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL				
Section 2.						\$	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				porting	Period				
				Fro	m:		To:			
						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 _l	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	Reporting Period						
	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 Crand Total of Evnanditures	on Dogg 1 Donowh (Cover Dage Item F					PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	, .			\$	0.00