### **Campaign Finance Report**

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

Filer Identificati	on	2022	C1060				port		CANDI	DATE	<b>√</b>	co	MMITTEE		LOBE	BYIST			
Number :	ommitte	e Candida	ate or L	ohhvist:			ed E		<u> </u> MELISA										
Name of Timing C		e, canala	ate or E	obbyist.		1//	LIVE	, IA	MELIOA										
Street Address:																			
City:									State:				Zip Code	<b>Zip Code:</b> 18103					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDME REPORT?	NT	Yes	No	<b>\</b>		
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA ELECT		POST- 6.			TERMINAT REPORT?	ΓΙΟΝ	Yes	No			
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2022					IG METHO				PAPER		✓	DISKE.	TTE		
Name of Office S	L Sought by	, Candidat	te:						DATE 0	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code		
									МО	DAY	YEA	R	14	STS	DEN	1	code		
SENATOR IN TH	HE GENE	RAL ASSE	MBLY						11		8 2	2022		(SEE INS	STRUCTIO	ONS FOR C	ODES)		
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	YEA	R	FOF	OFFIC	E USE	ONLY			
Expenditures	from:			5 3	2	022	Т	0	6		6	2022							
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$			•	0.00							
B. Total Monet	ary Contr	ibutions A	And Rec	eipts (From	1 Sche	dule	e I)	\$				0.00							
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00							
D. Total Expend	ditures (F	From Sche	edule II	I)				\$				0.00							
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			(	0.00							
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$			(	0.00							
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	<b>'</b> )			\$			-	0.00							
					AFF	ID	AVI	T SE	CTION										
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate re	eport, e	candida	te sig	ın here.						
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper (	or by elect	ronic m	edium, a	re to t	he best of	my knov	vledge	and belie	ef , true		
Sworn to and subs	cribed befo	ore me this		20							Sig	nature	of Person	Submitt	ing Rep	ort			
	_	Signatur	re					_					Printe	ed Name					
My Commission Ex	cpires												Email						
		мо	D	AY	YR					Ar	ea Code		Daytime	Teleph	one Nu	mber			
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has n	ot viola	ted any	provis	ions of the	act of Ju	ıne 3,19	937 (P.L.	. 1333,		
Sworn to and subsc		re me this										s	ignature of	Candida	ite		<del></del>		
	day of —			_ 20				_					Printed	Namo					
		Signature						-					rintea	Hanne					
My Commission Exp		g											Email						
	_	МО	D	AY	YR	<u> </u>		-		Area	Code		Day	time Te	elephon	e Numbe	er		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
TAVERAS, YAMELISA	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)			\$	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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

## 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 Filling Committee of Candidate				Reporting Period					
			Fro	m:		To	):		
					DATE		АМ	OUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	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.

lame of Filing Committee or Candidate Rep				Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

ame of Filing Committee or Candidate					Reporting Period						
				Fron	n:						
					D	ATE		АМ	10UNT		
Full Name of Contributor					МО	DAY	YEAR				
Mailing Address								\$	0.00		
City	State	Zi	p Code (Plus	4)							
Employer Name		•			Occupa	tion	•	•			
Employer Mailing Address/Princi Business	pal Place of		City			State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C o	n Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.			P <i>I</i>	AGE 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 or Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Total of Fair 2 of	r benedule 1/ betanet	z Summary r uge,	Section	•			\$	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		
TAVERAS, YAMELISA	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	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 Candid	Name of Filing Committee or Candidate						
			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 So	chedule II. In-Kir	nd Contributions Deta	iled Sun	ımarv Pac	ae.		PAGE TOTAL
Section 2.				<b></b> ;		\$	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

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (	Reporting Period						
			From			То:	
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expen	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D					\$	0.00