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 202	22C0169			Repo Filed			CAND	IDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, Cand	idate or L	obbyist:		CARR	RIE	DELR	OSSO		_							
Street Address:																	
City:								State:				Zip Code	: 15	139			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	RE-	2.		30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY P ELECTION	RE-	5.		30 DA ELECT		POST-	6.		TERMINAT REPORT?	Yes	No		/	
report type)	ANNUAL REPOR	T 7.	Year 2022	FILING METHO								PAPER		\	DISKE	TTE	
Name of Office S	ought by Candid	late:						DATE	OF EL	ECTI	ION	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	,	YEAR	-1	LTG	REP	,		
LIEUTENANT G	OVERNOR							1	1	8	2022		(SEE INS	TRUCTI	ONS FOR (CODES	,
Summary of		МО	DAY YE	AR			-	МО	DAY		YEAR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		6 7	20	22	T	0		9	19	2022						
A. Amount Bro	ught Forward Fr	om Last P	leport				\$	-			0.00						
B. Total Moneta	ary Contribution	s And Rec	eipts (From Scl	hed	lule 1	I)	\$				0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$				0.00						
D. Total Expend	ditures (From So	:hedule II	:I)				\$				0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$				0.00						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sched	dule	e II)		\$				0.00						
G. Unpaid Debt	s And Obligation	ıs (From	Schedule IV)				\$				0.00		'				
			AF	FI	DA'	VI	T SE	CTION									
PART I - If this is	a Committee re	port, trea	surer sign here	e. If	fthis	s is	a Can	didate :	report,	can	didate sig	jn here.					
I swear (or affirm) correct and comple		icluding th	e attached schedu	iles	filed	on	paper (or by elec	tronic r	nediu	ım, are to t	the best of I	my know	vledge	and beli	ef , trı	ıe.
Sworn to and subs	cribed before me t day of	his	20								Signature	e of Person	Submitt	ing Rep	ort		-
	Signa	ture					-					Printe	d Name				-
My Commission Ex	_	ture										Email					-
	мо	D	AY Y	/R			_		Α	rea C	ode	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized Con	nmi	ittee	, C	andida	ate shal	l sign l	here.							
I swear (or affirm) No 320) as amende		f my knowl	edge and belief th	his p	oolitio	cal	commi	ittee has	not viol	ated	any provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		is									s	ignature of	Candida	ite			-
	day of ————————————————————————————————————						-					Printed	Name				-
	Signatur	e					-										_
My Commission Exp	ires											Email					
	МО	D	PAY	YR			•		Are	a Cod	le	Day	time Te	elephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CARRIE DELROSSO	From:	6/7/202	<u>2</u> To:	9/19/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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 Commit	Name of Filing Committee or Candidate				orting I	Period			
				Fro	m:		To	:	
			'			DATE			AMOUNT
Full Name of Contributin	ng Committee				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.

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					
F			From: To) :				
					DATE			AMOUNT		
Full Name of Contributor	Full Name of Contributor				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.

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	nne of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				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 TOT	AL	
Enter Grand Total of Part C on School	dule 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.)

ame of Filing Committee or Candidate				Reporting Period						
					From:			То:		
				D	ATE			AMOUNT		
				мо	DAY	YEAR	\$	0.00		
State	Zi	p Code (Plus	s 4)							
				Occupa	tion					
ce of Business		City			State		Zip	Code (Plus 4)		
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00		
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip		

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		Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Coand Total of Dant	Fan Cahadula I Datailad	I Company Dome C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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		
CARRIE DELROSSO	From:	6/7/2022 To :	9/19/2022
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 Candidate	lame 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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL				
						\$	(0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
					From:			То:		
						DATE			AMOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address]	\$ 0.0	0
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zij	p Code(Plus 4)	Descr	iptio	on of Contribution	
Enter Grand Total of Part G on Sch	edule II. In-Kir	nd (Contributions D	etaile	ed				PAGE TOTAL	
Summary Page, Section 3.									0.0	0

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti							
F						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 Grand Total of Expenditures	on Dage 1. Benert C	Cover Page Item F					PAGE TOTAL	
Lines Grand Total of Expenditures	on rage 1, Report C	Lovei Fage, Itelli L	, .			\$	0.00	