### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | on 2022                        | 20272      |                  |            | Repo<br>Filed | rt<br>By: |             | CANDII              | DATE     |        | COMN                     | 1ITTEE             | <b>✓</b>       | LOB      | BYIST   |           |          |
|--|--------------------------------|------------|------------------|------------|---------------|-----------|-------------|---------------------|----------|--------|--------------------------|--------------------|----------------|----------|---------|-----------|----------|
| Name of Filing C                         | ommittee, Candid               | late or L  | obbyist:         | F          | PUT P         | ENNS      | YLV         | ANIA F              | IRST     |        |                          |                    |                |          |         |           |          |
| Street Address:                          | 1229 CHESTI                    | NUT ST,    | JNIT 159         |            |               |           |             |                     |          |        |                          |                    |                |          |         |           |          |
| City:                                    | PHILADELPHI                    | Α          |                  |            |               |           | St          | tate:               | PA       |        |                          | Zip Cod            | le: 19         | 107      |         |           |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY     |            |                  |            |               |           |             | AY POST- 3.<br>IARY |          |        | AMENDMENT Yes<br>REPORT? |                    |                | N        | 0       | <b>√</b>  |          |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION    |            |                  |            |               |           | DAY<br>CTIC |                     | OST-     | 6.     |                          | TERMINA<br>REPORT? |                | Yes      | N       | 0         | <b>\</b> |
| report type)                             | ANNUAL REPORT                  | 7.         | <b>Year</b> 2022 |            |               |           |             | METHO               | _        |        |                          | PAPER              |                | <b>√</b> | DISK    | ETTE      |          |
| Name of Office S                         | ought by Candida               | ite:       |                  |            |               | -         | D           | ATE O               | F ELE    | CTIC   | ON                       | District<br>Number | Office<br>Code | Par      | ty Cod  | Cou       |          |
| COVERNOR                                 |                                |            |                  |            |               |           | М           | 10                  | DAY      | Υ      | EAR                      | -1                 | GOV            | DE       | 1       |           |          |
| GOVERNOR                                 |                                |            |                  |            |               |           |             |                     |          | 8      | 2022                     |                    | (SEE INS       | TRUCTI   | ONS FOR | CODES     | 5)       |
| Summary of                               |                                | МО         | DAY              | YEAR       |               |           | М           | 10                  | DAY      | Y      | EAR                      | FO                 | R OFFIC        | E USE    | ONLY    | ,         |          |
| Expenditures                             | Trom:                          |            | 6 7              | 20         | )22           | то        |             | 9                   |          | 19     | 2022                     |                    |                |          |         |           |          |
| A. Amount Bro                            | ught Forward Fro               | m Last R   | eport            |            |               |           | \$          |                     |          | 752,   | 914.00                   |                    |                |          |         |           |          |
| B. Total Moneta                          | ary Contributions              | And Rec    | eipts (From      | Sched      | lule I        | )         | \$          |                     |          |        | 0.00                     |                    |                |          |         |           |          |
| C. Total Funds                           | Available (Sum O               | f Lines A  | and B)           |            |               |           | \$          |                     |          | 752,   | 914.00                   |                    |                |          |         |           |          |
| D. Total Expend                          | ditures (From Sch              | edule II   | I)               |            |               |           | \$          |                     |          | 745,   | 322.00                   |                    |                |          |         |           |          |
| E. Ending Cash                           | Balance (Subtrac               | t Line D   | From Line (      | <b>:</b> ) |               | _         | \$          |                     |          | 7,5    | 592.00                   |                    |                |          |         |           |          |
| F. Value Of In-                          | Kind Contribution              | s Receiv   | ed (From So      | hedul      | e II)         |           | \$          |                     |          |        | 0.00                     |                    |                |          |         |           |          |
| G. Unpaid Debt                           | s And Obligations              | (From      | Schedule IV      | )          |               |           | \$          |                     |          |        | 0.00                     |                    | ,              |          |         |           |          |
|  |                                |            |                  | AFFI       | IDΑ\          | /IT S     | EC          | TION                |          |        |                          |                    |                |          |         |           |          |
|  | a Committee rep                |            | _                |            |               |           |             |                     |          |        | _                        |                    |                |          |         |           |          |
| I swear (or affirm)                      | that this report, inc<br>ete.  | luding the | e attached scr   | iedules    | filed c       | n pape    | er or       | by electr           | ronic m  | edium  | ı, are to t              | the best of        | my knov        | vledge   | and be  | lief , tr | ue       |
| Sworn to and subs                        | cribed before me thi<br>day of | s          | 20               |            |               |           |             | •                   |          | :      | Signature                | of Persoi          | n Submitt      | ing Re   | ort     |           | _        |
|  | Signatu                        | ıre        |                  |            |               | _         |             |                     |          |        |                          | Print              | ted Name       |          |         |           | _        |
| My Commission Ex                         | pires                          |            |                  |            |               | _         |             | •                   |          |        |                          | Emai               | il             |          |         |           |          |
|  | МО                             | D          | AY               | YR         |               |           |             |                     | Are      | ea Co  | de                       | Daytim             | e Teleph       | one Nu   | mber    |           |          |
| Part II- If this is                      | a report of a can              | didate's   | authorized       | Comm       | ittee,        | Cand      | idate       | e shall s           | sign he  | ere.   |                          |                    |                |          |         |           |          |
| I swear (or affirm)<br>No 320) as amende | that to the best of a          | ny knowl   | edge and beli    | ef this p  | politic       | al com    | mitte       | ee has no           | ot viola | ted aı | ny provisi               | ions of the        | e act of Ju    | ine 3,1  | 937 (P. | L. 133    | 3,       |
| Sworn to and subsc                       | ribed before me this<br>day of |            | 30               |            |               |           |             |                     |          |        | Si                       | ignature o         | f Candida      | ite      |         |           | _        |
|  |                                |            |                  |            |               |           |             |                     |          |        |                          | Printe             | d Name         |          |         |           | -        |
|  | Signature                      |            |                  |            |               | _         |             |                     |          |        |                          |                    |                |          |         |           | _        |
| My Commission Exp                        | ires                           |            |                  |            |               |           |             |                     |          |        |                          | Emai               | il             |          |         |           |          |
|  | мо                             | D          | AY               | YR         |               |           |             |                     | Area     | Code   |                          | Da                 | ytime Te       | elephor  | e Num   | ber       | _        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |                |              |           |
|--|-----------|----------------|--------------|-----------|
| Name of Filing Committee or Candidate  | Reporting | g Period       |              |           |
| PUT PENNSYLVANIA FIRST   | From:     | <u>6/7/202</u> | <u>2</u> To: | 9/19/2022 |
| 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<br>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 Filing Committee of Candidate |       |                   | Reporting Period From: To: |    |      |      |    |        |
|---------------------------------------|-------|-------------------|----------------------------|----|------|------|----|--------|
|                                       |       |                   |                            |    | DATE |      |    | AMOUNT |
| 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.

| Name of Filing Committee or Candi | date               |               | 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.)

| Name of Filing Committee or Candidate               |                     |                | Repo         | orting Pe | riod  |      |           |             |
|---|---------------------|----------------|--------------|-----------|-------|------|-----------|-------------|
|   |                     |                | Fron         | n:        |       | To   | ):        |             |
|   |                     |                |              | D         | ATE   |      | A         | AMOUNT      |
| Full Name of Contributor                            |                     |                |              | МО        | DAY   | YEAR |           |             |
| Mailing<br>Address                                  |                     |                |              |           |       |      | \$        | 0.00        |
| City  | State               | Zip Code (Plus | s <b>4</b> ) |           |       |      |           |             |
| Employer Name                                       |                     |                |              | Occupat   | tion  |      |           |             |
| Employer Mailing Address/Principal Plac<br>Business | e of                | City           |              |           | State |      | Zip Co    | de (Plus 4) |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed Su | ımmary Page,   | Section      | on 3.     |       |      | 1         | PAGE TOTAL  |
|   |                     |                |              |           |       |      | <b>\$</b> | 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   | Candidate               |                 | Repor   | ting Perio | od  |      |    |           |
|-------------------------------|-------------------------|-----------------|---------|------------|-----|------|----|-----------|
|                               |                         |                 | From:   |            |     | To:  |    |           |
|                               |                         |                 | •       | D          | ATE |      | А  | MOUNT     |
| Full Name                     |                         |                 |         | МО         | DAY | YEAR |    |           |
| Mailing Address               |                         |                 |         |            |     |      | \$ | 0.00      |
| City                          | State                   | Zip Code (      | Plus 4) |            |     |      |    |           |
| Receipt Description           | •                       | •               |         | •          |     | •    | •  |           |
| Enter Grand Total of Part E o | on Schedule I. Detailed | l Summary Page  | Section | 4          |     |      | P/ | AGE TOTAL |
|                               | Juliana 1/ Butanet      | . January rage, |         | ••         |     |      | \$ | 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 |                            |           |
|--|------------------|----------------------------|-----------|
| PUT PENNSYLVANIA FIRST   | From:            | <u>6/7/2022</u> <b>To:</b> | 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 Candidat | :e                 |                       | Reporting   | g Period    |       |           |            |
|--------------------------------------|--------------------|-----------------------|-------------|-------------|-------|-----------|------------|
|                                      |                    |                       | From:       |             |       | То:       |            |
|                                      |                    |                       |             | DATE        |       |           | AMOUNT     |
| Full Name of Contributor             |                    |                       | МО          | DAY         | YEAR  |           |            |
| Mailing Address                      |                    |                       |             |             |       | <b>\$</b> | 0.00       |
| City                                 | State              | Zip Code (Plus 4)     |             |             |       |           |            |
| Description of Contribution:         |                    |                       |             |             |       |           |            |
| Enter Grand Total of Part F on Sch   | andula II. In-Kir  | nd Contributions Data | ilad Sum    | mary Pag    |       |           | DACE TOTAL |
| Section 2.                           | iedule II, III-KII | ia contributions Deta | iiieu Suiii | iliai y Pag | , je, |           | PAGE TOTAL |
|                                      |                    |                       |             |             |       | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                          |                |        |                  | Re     | porting P | Period    |        |         |                    |
|--|----------------|--------|------------------|--------|-----------|-----------|--------|---------|--------------------|
|  |                |        |                  | Fro    | om:       |           | То:    |         |                    |
|  |                |        |                  |        |           | DATE      |        |         | AMOUNT             |
| Full Name of Contributor                                       |                |        |                  |        | мо        | DAY       | YEAR   |         |                    |
| Mailing Address  |                |        |                  |        |           |           |        | \$      | 0.00               |
| City   | State          |        | Zip Code(Plus 4) |        |           |           |        |         |                    |
| Employer of Contributor  |                |        |                  |        | Occupa    | tion      |        |         |                    |
| Employer Mailing Address/Principal Plac<br>Business            | ce of Cit      | ity    | State            |        | Zip<br>4) | Code(Plus | Descri | ption o | f Contribution     |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, In-K | (ind ( | Contributions De | etaile | ed        |           |        |         | PAGE TOTAL<br>0.00 |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Ca       | ndidate                                    |                                | Reporti                | ng Period    |                                       |     |            |  |  |  |
|--------------------------------------|--|--------------------------------|------------------------|--------------|---------------------------------------|-----|------------|--|--|--|
| PUT PENNSYLVANIA FIRST               |  |                                | From                   | <u>6/</u>    | 7/2022                                | То: | 9/19/2022  |  |  |  |
|                                      |  |                                |                        | DATE         |                                       |     |            |  |  |  |
| To Whom Paid<br>ELIAS LAW GROUP      |  |                                | МО                     | DAY          | YEAR                                  |     |            |  |  |  |
| Mailing Address 10 G ST NE           | STE 600                                    |                                | 7                      | 15           | 2022                                  | \$  | 5,500.00   |  |  |  |
| City WASHINGTON                      | ASHINGTON State Zip Code (Plus 4) DC 20002 |                                |                        |              | Description of Expenditure LEGAL FEES |     |            |  |  |  |
| To Whom Paid<br>ELIAS LAW GROUP      |  |                                | МО                     | DAY          | YEAR                                  |     |            |  |  |  |
| Mailing Address 10 G ST NE           | STE 600                                    |                                | 6                      | 23           | 2022                                  | \$  | 5,500.00   |  |  |  |
| City WASHINGTON                      | <b>State</b> DC                            | <b>Zip Code (Plus 4)</b> 20002 | <b>Descri</b><br>LEGAL | ption of Exp | penditure                             |     |            |  |  |  |
| To Whom Paid<br>GREAT AMERICAN MEDIA | •  |                                | мо                     | DAY          | YEAR                                  |     |            |  |  |  |
| Mailing Address 3050 K ST N          | W STE 100                                  |                                | 6                      | 13           | 2022                                  | \$  | 722,636.00 |  |  |  |
| City WASHINGTON                      | State<br>DC                                | <b>Zip Code (Plus 4)</b> 20007 | <b>Descri</b><br>MEDIA | ption of Exp | penditure                             |     |            |  |  |  |
| <b>To Whom Paid</b><br>AL MEDIA      |  |                                | мо                     | DAY          | YEAR                                  |     |            |  |  |  |
| Mailing Address 222 W ONTA           | RIO ST STE 600                             |                                | 6                      | 23           | 2022                                  | \$  | 11,686.00  |  |  |  |
| City CHICAGO                         | State<br>IL                                | <b>Zip Code (Plus 4)</b> 60654 | 1                      | ption of Exp |                                       |     |            |  |  |  |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

745,322.00