### **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	C0265				port ed B		CAN	IDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, C	Candida	ite or Lo	obbyist:		PIS	CIO	ITANC	D, NICI	(01	LAS								
Street Address:																			
City:									State:					Zip Code	: 15	122			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND FRIDAY ELECTION	PRE	-	5. <b>X</b>	30 DA ELECT		Р	OST-	6.		TERMINAT REPORT?	ION	Yes	No		<b>/</b>
report type)	ANNUAL RE	PORT	7	<b>Year</b> 2022						ETHOD PAPER ONE					DISKE	TTE			
Name of Office S	ought by Ca	andidat	e:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
<b></b>	- 								МО		DAY	YEA	R	38	STH	DEN	1		
REPRESENTATI	VE IN THE C	GENERA	AL ASS	EMBLY						11		8	2022 (SEE INSTRUCTIONS FOR CO						,
Summary of		and	МО	DAY	YEAR				МО		DAY YEAR FOR OFFICE USE ONLY								
Expenditures	from:			9 20	20	022	<u> </u>	0		10		24	2022						
A. Amount Bro	ught Forwar	rd From	Last R	eport				\$					0.00						
B. Total Moneta	ary Contribu	ıtions A	nd Rec	eipts (From	Sche	dule	e I)	\$					0.00	]					
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																			
D. Total Expend	D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash	Balance (Su	ubtract	Line D	From Line C	)			\$					0.00	]					
F. Value Of In-	Kind Contrib	outions	Receive	ed (From Sc	hedul	le I	I)	\$					0.00						
G. Unpaid Debt	s And Obliga	ations (	(From S	chedule IV)	)			\$					0.00		1				
					AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is	a Committe	ee repo	rt, trea	surer sign h	ere. 1	If th	nis is	a Can	ndidate	re	port, c	andida	te sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	ıding the	attached sche	edules	s file	ed on	paper o	or by ele	ectr	onic me	edium, a	re to t	the best of ı	my know	/ledge	and beli	ef , trı	ıe'
Sworn to and subs	cribed before day of	me this		20						•		Sig	nature	e of Person	Submitt	ing Rep	ort		-
		<u></u>				_		- -		•				Printe	d Name				-
My Commission Ex		Signatur	е							-				Email				—	-
	мо	,	DA	4Y	YR					•	Are	ea Code		Daytime	Telepho	one Nu	mber		_
Part II- If this is	a report of	a cand	idate's	authorized (	Comn	nitte	ee, C	andida	ate sha	ıll s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and belie	f this	poli	itical	commi	ittee ha	s no	ot violat	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		ne this											s	ignature of	Candida	te			-
	day of —— —							_						Printed	Name				-
	Sigr	nature						-		_				riiiteu	Name				_
My Commission Exp	_									_				Email					
		мо	D/	AY	YR	!		•			Area	Code		Day	time Te	lephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
PISCIOTTANO, NICKOLAS	From:	<u>9/20/202</u>	<u>2</u> To:	10/24/2022
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 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 Committee or Candida	Reporting Period						
			From:		То	•	
		•		DATE			AMOUNT
Full Name of Contributing 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.

### **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.

Name of Filing Comm	ittee or Candidate		Reporting Period						
			From:		To	o:			
		L		DATE			AMOUNT		
Full Name of Contributo	r		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.

#### **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	me 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							<b>-</b>   \$		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.)

Name of Filing Committee or Candidate	2			Rep	orting Pe	eriod			
				Fror	n:		To	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zip	Code (Plus	4)					
Employer Name	•				Occupa	tion	•	•	
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summa	ary Page,	Section	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	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 Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` <b>!</b>	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 Perio	d	
PISCIOTTANO, NICKOLAS	From:	<u>9/20/2022</u> <b>To:</b>	10/24/2022
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					
						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 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				Re	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	State Zip Code(Plus 4) Description of Cor					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	Name of Filing Committee or Candidate					Reporting Period				
						То:				
		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 of					PAGE TOTAL					
Lines Grand Total Of Expenditures of	ni rage 1, kepoit C	over rage, Item L	<b>,</b> .			\$	0.00			