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 2	20220	338				Repoi Filed		(ANDI	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Ca	ndidat	te or Lo	bbyis	t:	Ţ	ΓIM 4	PA							·				
Street Address:																			
City:	LEBANON	١							Sta	ite:	PA			Zip Cod	le: 17	046			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		l.	2ND F PRIMA	RIDAY ARY	PRE-	2.	30 E PRIM	DAY MARY	F	POST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.	2ND F ELECT	RIDAY TON	PRE-	- 5. X	30 E	DAY CTIOI		POST-	6.		TERMINA REPORT?		Yes	N	0	√
report type)	ANNUAL REP	PORT	7.	Year	2022					METHO				PAPER		\checkmark	DISK	ETTE	
Name of Office S	Sought by Can	ndidate	:						D/	TE O	F ELE	CTIC	NC	District Number	Office Code	Pai	rty Cod	Code	
									МС)	DAY	Y	EAR		•	LIB			
										11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		nd	МО	DA	Y	YEAR			MC)	DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	,	
Expenditures	from:			9	20	20	22	ГО		10		24	2022						
A. Amount Bro	ught Forward	From	Last R	eport				:	\$				379.32						
B. Total Moneta	ary Contributi	ions Aı	nd Rec	eipts (From S	Sched	lule I)		\$				624.00						
C. Total Funds	Available (Su	m Of L	ines A	and B	5)				\$			1,	003.32						
D. Total Expend	ditures (From	Sched	dule II	[)					\$				11.46						
E. Ending Cash	Balance (Sub	otract I	Line D	From	Line C)		_	\$			9	991.86						
F. Value Of In-	Kind Contribu	itions I	Receive	ed (Fr	om Sch	hedule	e II)		\$				0.00						
G. Unpaid Debt	ts And Obligat	tions (From S	chedu	ıle IV)				\$				0.00						
						AFFI	DAV	IT S	ECT	ION									
PART I - If this is	s a Committee	e repoi	rt, trea	surer	sign h	ere. If	f this i	s a Ca	andic	ate re	eport, e	candi	idate sig	ın here.					
I swear (or affirm) correct and comple		t, inclu	ding the	attach	ed sche	edules	filed or	pape	r or b	y elect	ronic m	ediun	n, are to t	he best of	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before m	ne this		20									Signature	of Persoi	1 Submitt	ing Re	port		_
	Sig	gnature	1	• ,				_						Print	ted Name				-
My Commission Ex	cpires													Emai	il				
	МО		DA	lΥ		YR					Ar	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's	autho	rized C	Commi	ittee,	Candi	date	shall	sign h	ere.							
I swear (or affirm) No 320) as amende		st of my	knowle	dge an	d belief	f this p	politica	l com	mitte	has n	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me	e this		20									s	ignature o	of Candida	ite			_
				20 -				_						Printe	d Name				-
	Signa	iture						_											_
My Commission Exp	oires													Emai	il				
	МС	0	DA	ΑY		YR		_			Area	Code		Da	ytime Te	elephor	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
TIM 4 PA	From:	9/20/202	<u>2</u> To:	10/24/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	324.00
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)			\$	300.00
TOTAL for the Reporting	Period	(2)	\$	300.00
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			\$	624.00

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	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.

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 Commit	eporting Period							
TIM 4 PA		rom:	9/20/2	: <u>10/24</u>	<u>/2022</u>			
		•		DATE		AMOUN	Г	
Full Name of Contributor			мо	DAY	YEAR			
RICHARD KAROSIC								
Mailing Address						\$	100.00	
City WINDBER	State	Zip Code (Plus 4)	9	23	2022			
	PA	15963						
Full Name of Contributor			мо	DAY	YEAR			
TALIA TARANTINO			1-10	DAI	ILAK			
Mailing Address						\$	200.00	
City YORK	State	Zip Code (Plus 4)	10	7	2022			
	PA	17404						

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$ 300.00

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 Candidate			Reporting Period								
			From:			То:					
				DA	TE		P	AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR		0.0			
Mailing Address							- \$	0.0			
City	State	Zip Cod	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C on Scheo	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				orting Pe				
			Fron	n:		T	0:	
				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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Per	iod	
TIM 4 PA	From:	<u>9/20/2022</u> To:	10/24/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Ca	Reporting Period						
	From:						
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						- \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•				
					Г		
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	ımary Pa	ge,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

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						
TIM 4 PA	From <u>9/20/2022</u> To: <u>10/2</u>						
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
PAYPAL							
Mailing Address			10	24	2022	\$	11.46
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	D 4 D4 C	B T B					PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item D	'•			\$	11.46