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	2C0625				Rep File			CA	NDI	DATE	~	C	ОММІТТЕ	E	LOB	BYIS	Т	
Name of Filing C	ommittee, Cand	idate or L	obby	/ist:		JOE	KUJ	IAWA											
Street Address:																			
City:	_								Stat	e:				Zip Cod	le: 16	5509			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		FRIDAY MARY	/ PRE-	- 2	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes]	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		FRIDAY	/ PRE	- 5	5. X	30 DA		Р	OST-	6.		TERMINA REPORT?	Yes] [No	/	
report type)	ANNUAL REPOR	T 7.	Yea	ar 2022		FILING METHO () CHECK ON								PAPER		/	DIS	KETTE	
Name of Office S	ought by Candid	ate:							DAT	TE O	F ELE	СТІ	ON	District Number	Office Code	Pa	rty Co	de Cou Cod	
									МО		DAY	1	YEAR	3	STH	REI)		
REPRESENTATI	VE IN THE GENI	ERAL ASS	SEME	BLY						11		8	2022		(SEE IN	STRUCTI	ONS FO	OR CODE:	S)
Summary of		МО	0	PAY	YEAR				МО		DAY	,	YEAR	FO	R OFFI	CE USE	ONL	Y	
Expenditures	from:		9	20	20	022	T	0		10		24	2022	2					
A. Amount Bro	ught Forward Fr	om Last R	epo	rt				\$			•	(3,	261.06						
B. Total Monet	ary Contribution	s And Rec	eipt	s (From	Sche	dule	I)	\$					200.00						
C. Total Funds	Available (Sum (Of Lines A	and	l B)				\$				(3,	061.06)					
D. Total Expend	ditures (From Sc	hedule II	Ι)					\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	Fro	n Line (C)			\$				(3,	061.06)						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sc	hedul	le II))	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Sche	dule IV)			\$					0.00			•			
					AFF	IDA	VI	T SE	CTI	ON									
PART I - If this is		•		_															
I swear (or affirm) correct and comple		cluding the	e atta	iched sch	edules	filed	on	paper	or by	electi	ronic m	ediu	ım, are to	the best o	f my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me the day of	nis	20										Signatu	re of Perso	n Submit	ting Re	port		
	Signa	ture	_					-						Prin	ted Name	e			_
My Commission Ex	pires									•				Ema	i				_
	МО	D	AY		YR						Ar	ea C	ode	Daytim	e Telepi	none Nu	ımber		
Part II- If this is	a report of a ca	ndidate's	auth	norized	Comm	ittee	e, C	andid	ate s	hall	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge	and belie	ef this	politi	ical	comm	ittee l	has n	ot viola	ted	any provi	sions of the	e act of J	une 3,1	937 (P.L. 133	33,
Sworn to and subsc	ribed before me th	s											;	Signature o	of Candid	ate			- $ $
	<u> </u>		_ 20					-						Printe	d Name				-
My Commission Exp	Signatur	<u> </u>						-						Ema	il				$ \Big $
,								-											_
	МО	D	AY		YR						Area	Cod	e	Da	ytime T	elepho	ne Nui	nber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
JOE KUJAWA	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	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)	\$	200.00		
TOTAL for the Reporting	\$	200.00		
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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			\$	200.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•						
Name of Filing Committee or Candidate				Reporting 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 or Candidate					porting Period				
JOE KUJAWA Fron				m:	9/20/2	2022 To	<u>10/24/2022</u>		
		AMOUNT							
Full Name of Contributor TIMOTHY M. BIRKMIRE				МО	DAY	YEAR			
Mailing Address 2103 EDINBORO D	,			\$	100.00				
City ERIE	State PA	Zip Code (Plus 4) 16509		9	6	2022			
Full Name of Contributor BARBARA J. GUETHER				мо	DAY	YEAR			
Mailing Address					18	2022	\$	100.00	
City	State	Zip Code (Plus 4)		9	18	2022			
								PAGE TOTAL	

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

PAGE TOTAL \$ 200.00

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			Reporting	Reporting Period					
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schee	dule I, Detailed Sum	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.)

Reporting Period						
NT						
0.00						
Occupation						
us 4)						
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	Name of Filing Committee or Candidate			orting Period							
			From:			To:					
				D	ATE		AM	OUNT			
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. Detailer	d Summary Page	Section	4			PA	GE TOTAL			
	,,,	. Junimary 1 ago,	5000.011				\$	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	
JOE KUJAWA	From:	<u>9/20/2022</u> To:	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 Candidat	Reporting	Reporting Period					
	From:		То:				
		DATE	TE 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 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	Reporting Period						
						om:	m: To:					
							DATE			AMOUNT		
Full Name of Contributor						мо	DAY	YEAR				
Mailing Address									\$	0.00		
City	State	Zip Code(Plus 4)										
Employer of Contributor	•		•			Occupation						
Employer Mailing Address/Principal Pla Business	City		State			Zip Code(Plus 4)		Description of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.								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)	Description of Expenditure				
					PAGE TOTAL		
Enter Grand Total of Expen	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D					\$	0.00