### **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	2022	C0349				port ed B		CAN	DII	DATE	<b>√</b>	СО	MMITTEE		LOBI	BYIST		
Name of Filing C	ommitte	e, Candida	ate or Le	obbyist:				GOR	Y										
Street Address:																			
City:									State:	ŀ				Zip Code	e: 16	648			
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		P	OST-	3.		AMENDME REPORT?	NT	Yes	No		<b>\</b>
(place X to	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	<u>-</u>	5. <b>X</b>	30 DA		Р	OST-	6.		TERMINAT	ΓΙΟΝ	Yes	No		<b>\</b>
the right of report type)	ANNUAL	REPORT	7.	<b>Year</b> 2022					IG MET					PAPER		<b>√</b>	DISKE	TTE	
Name of Office S	Sought by	, Candidat		<u>!</u>					DATE	0	F ELE	CTIC	DN NC	District	Office	Par	ty Code		
Nume of office of	ought by	Cultulation	·.						МО		DAY	Y	EAR	Number 80	<b>Code</b> STH	REP		Code	1
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY						11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of	Receipts	s and	МО	DAY	YEAF	ł			МО		DAY	Y	EAR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			9 20	2	022	Т	0		10	2	24	2022						
A. Amount Bro	ught For	ward Fron	1 Last R	eport				\$					0.00						
B. Total Moneta	ary Contr	ributions <i>F</i>	and Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																			
D. Total Expenditures (From Schedule III) \$ 0.00																			
E. Ending Cash Balance (Subtract Line D From Line C) \$ 0.00																			
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV	<b>'</b> )			\$					0.00		,				
					AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	didate	e re	port, c	candi	idate sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper (	or by el	ectr	onic me	ediun	ı, are to t	he best of	my know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed bef	ore me this		20								;	Signature	of Person	Submitti	ing Rep	ort		_
	_	Signatur		-				- -						Printe	ed Name				-
My Commission Ex	cpires									•				Email					-
		мо	DA	AY	YR						Are	ea Co	de	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comr	nitte	ee, C	andida	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee ha	s no	ot violat	ted a	ny provisi	ions of the	act of Ju	ine 3,1	937 (P.L	133	3,
Sworn to and subsc		re me this											Si	ignature of	Candida	te			-
	day of —							-						Printed	Name				-
		Signature						-											_
My Commission Exp	ires													Email					
	-	МО	D/	AY	YR	1		-			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		
JIM GREGORY	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 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

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 Car	Name of Filing Committee or Candidate					Reporting Period						
		F	From:		То	•						
				DATE			AMOUNT					
Full Name of Contributing Commit	tee		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.

From: To:  DATE  Full Name of Contributor  MO DAY YEAR  Mailing Address City State  Zip Code (Plus 4)	DATE AMOUNT  MO DAY YEAR \$ 0.00	Name of Filing Commit	tee or Candidate		Report	ng F	Period			
Full Name of Contributor  MO DAY YEAR  Mailing Address  \$	MO DAY YEAR \$ 0.00 State Zip Code (Plus 4)				From:			To	o:	
Mailing Address \$	\$ 0.00 State Zip Code (Plus 4)						DATE			AMOUNT
	State Zip Code (Plus 4)	Full Name of Contributor			м	0	DAY	YEAR		
City State Zip Code (Plus 4)		Mailing Address							\$	0.00
	PAGE TOTAL	City	State	Zip Code (Plus 4)						

#### **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 Ca		Reporting	Period						
			From:			То:			
				DA	TE		Α	AMOUNT	
Full Name of Contributing Com	nittee			мо	DAY	YEAR		0	
Mailing Address							<b>*</b>	U	0.00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3							\$	0.0	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:		т	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR		\$	0.00
Mailing Address	ing Address									
City	State	Zip	Code (Plus	4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Place of Business City State							Zip	Code (Plus 4	)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	PAGE TOTA	<b>AL</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		Report	ing Peri	od				
			From:			To:			
		<b>'</b>			ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (P	Plus 4)						
Receipt Description	<b>'</b>	1					<u> </u>		
								PAGE TOTAL	
nter Grand Total of Part E on Schedule I, Detailed Summary Page, 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 Perio	od	
JIM GREGORY	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	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Candi	idate		Reportin	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor	МО	DAY	YEAR					
Mailing Address						<b>7</b> \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page,							PAGE TOTAL	
Section 2.							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	AMOUNT			т
Full Name of Contributor				MO DAY						
Mailing Address							\$			0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Place of Business					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			Reporti	ng Period				
			From			То:		
				DATE			AMOUNT	
To Whom Paid  MO DAY YEAR								
Mailing Address							0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
Enter Grand Total of Evnenditures					PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item						\$	0.00	