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	2C0967				eport		CANI	ANDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, Candid	late or L	obbyist:		BAI	NTA,	JACO	B DAN	IEL								
Street Address:																	
City:						State:						Zip Code: 16441					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- 2. 30 DAY PRIMARY PRIMARY						POST-	3.	AMENDMENT REPORT?		Yes	No	٧		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA		POST-	6. X		TERMINAT REPORT?	ION	Yes	No	٧	
report type)	ANNUAL REPORT	7.	Year 2022					IG MET CHECK				PAPER		V	DISKE	TTE	
Name of Office S	ought by Candida	te:	•					DATE	OF ELE	CTION		District Number	Office Code	Pai	ty Code	County Code	,
								МО	DAY	YEAR	2		STH	REF)	25	
REPRESENTATIVE IN THE GENERAL ASSEMBLY								1	11	8 2	022		(SEE IN:	STRUCTI	ONS FOR O	ODES)	
	Receipts and	МО	DAY	YEAR	2			МО	DAY	YEAR	R.	FOR	OFFIC	CE USE	ONLY		
Expenditures	from:		10 25	2	022	2 T	0	1	l1	28 2	022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dul	e I)	\$			0	.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			4	\$	7		0	.00						
D. Total Expend	ditures (From Sch	edule II	I)		4		\$			0	.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))		•	\$	\mathcal{I}		0	.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	hedu	le I	1)	\$	/		0	.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\ (\$			0	.00			'			
				AFF	ΊD	AVI	T SE	CTIOI	V								
	a Committee rep		17						•								
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	attached sche	edules	s file	ed on	paper	or by ele	ectronic m	edium, ar	e to t	the best of r	ny knov	wledge	and belie	ef , true	•
Sworn to and subs	cribed before me thi day of	5	20							Sign	ature	e of Person S	Submitt	ting Re	oort		
	Signatu	ire					_					Printe	d Name	•			1
My Commission Ex	pires						_					Email					
	МО	D	AY	YR					Ar	ea Code		Daytime	Teleph	one Nu	mber		╝
Part II- If this is	a report of a can	didate's	authorized C	Comn	nitte	ee, C	andid	ate sha	ll sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	ny knowl	edge and belief	f this	poli	litical	comm	ittee has	not viola	ted any pi	rovis	ions of the a	act of J	une 3,1	937 (P.L	1333,	١
Sworn to and subsc	ribed before me this										s	ignature of	Candida	ate			1
	day of ————————————————————————————————————						_					Printed	Namo				
	Signature						_					- inted	.vanie				
My Commission Exp	_											Email			_		
	МО	D	AY	YR			-		Area	Code		Day	time T	elephor	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	anea sammary rage				
Name of Filing Committee or Candidate		Reporting	Period		
BANTA, JACOB DANIEL		From:	10/25/202	<u>22</u> To:	11/28/2022
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 (P	art A)			\$	0.00
All Other Contributions (Part B)				\$	0.00
	TOTAL for the Reporting	Period	(2)	\$	0.00
				7	
3. Contributions Received Over \$250.00 (From Part C a	nd Part D)				
Contributions Received From Political Committees (P	art 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 the totals from Boxes 1,2,3 and 4; also enter this amount	nis Reporting Period (Add and t on Page1, Report Cover Pag	d enter am ge, Item B.	ount)	\$	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.

		<u> </u>				-		
Name of Filing Committee or Candidat	Re	Reporting Period						
			Fr	om:		То	:	
					DATE		AMOUNT	
Full Name of Contributing Committee				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

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					Reporting Period					
			Froi	m:		To) :			
					DATE		AMOUNT			
Full Name of Contributor				МО	DAY	YEAR	7)			
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)	J			>				

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 Candidate			Reporting	g Period				
			From:			То:		
		<u>'</u>		DA	TE		AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	12	
Mailing Address							4	0.00
City	State	Zip Code (Plus 4)			>		
				1			PAGE T	OTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sumr	mary Pag	e, 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:		То	:	
				D	ATE		AMOUNT	
Full Name of Contributor				МО	DAY	YEAR	\mathcal{L}_{λ}	
Mailing Address City State Zip Code (Plus							5	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Place Business	e of	City	•		State		Zip Code (Plus	4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ummary Page,	Section	on 3.			PAGE TO	ΓAL
			1			\$	5	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	Filing Committee or Candidate							
			From:			To:		
				D	ATE		AMOUN	т
Full Name				мо	DAY	YEAR		
Mailing Address								0.00
City	State	Zip Code (Plus 4)					
Receipt Description			4	()				
nter Grand Total of Part E on Schedu	le T. Detailed Sumn	nary Page	Section	4.	/ /		PAGE TO	TAL
nter draine rotal or raine 2 on Schede	ic 1, Detailed Suilli	iary rage,	Dection			\$	5	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	
BANTA, JACOB DANIEL	From:	<u>10/25/2022</u> To:	11/28/2022
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 Candidate			Reporting	Period			
			From:			То:	
				DATE		AMOUNT	
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address					4		0.00
City	State	Zip Code (Plus 4)				
Description of Contribution:				?\.		7	
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Det	ailed Sum	mary Pag	je,	PAGE TOT	AL
333 <u>-</u> 1				7	4	\$	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	m:		То:		
				•		DATE		AMOUI	NT
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 Business	ce of	City	State		Zip 4)	Code(Plus	Descri	ption of Contrib	ution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	n-Kind	Contributions De	etaile	d			PAGE	0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
			From			То:		
				DATE			АМО	UNT
Го Whom Paid				DAY	YEAR			
Mailing Address						\$	1	0.00
City	Zip Code (Plus 4)	Descrip	otion of Ex	penditure				
Enter Grand Total of Expenditures o	on Page 1, Report C	over Page, Item D				\$	PAGE TO	0.00

