Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

													_			
Filer Identificat Number :	ion 2	2022C	0438			Repor Filed E		CANDI	DATE	✓	CC	OMMITTE		LOBI	BYIST	
Name of Filing	Committee, Ca	ndidat	te or Lo	bbyist:		VALERI	E GA`	YDOS								
Street Address:	1															
City:								State:				Zip Cod	e: 15	143		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1		2ND FRIDA PRIMARY	Y PRE	- 2.	30 D. PRIM		POST-	3.		AMENDM REPORT?	ENT	Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION			2ND FRIDA ELECTION	y pre	- 5.	30 D. ELEC	AY I TION	POST- 6. X		TERMINATION REPORT?		Yes	No	>	
report type)	ANNUAL REP	ORT 7	·.	Year 2022				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office	Sought by Can	didate	:					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								мо	DAY	YE	AR	44	STH	REP		
REPRESENTAT	IVE IN THE G	ENERA	AL ASSE	IMDLY		11 8				2022		(SEE INS	TRUCTI	ONS FOR (CODES)	
Summary of		d	мо	DAY	YEAR	2		мо	DAY	YE	AR	FO	R OFFIC	e use	ONLY	
Expenditure	s from:		1	0 25	2	022 T	0	11	2	28	2022	1				
A. Amount Bro	ought Forward	From	Last Re	port			\$	i			0.00					
B. Total Monet	tary Contributi	ons Ar	nd Rece	ipts (From	Sche	dule I)	\$	5			0.00					
C. Total Funds Available (Sum Of Lines A and B)							\$	5			0.00					
D. Total Exper	nditures (From	Scheo	lule III)			\$	5			0.00					
E. Ending Cash	h Balance (Sub	tract l	Line D F	rom Line	C)		\$	5			0.00	-				
F. Value Of In-	-Kind Contribu	tions I	Receive	d (From S	chedu	le II)	\$	5			0.00					
G. Unpaid Deb	ots And Obligat	ions (From So	chedule IV)		\$	5			0.00					
					AFF	IDAVI	T SE	CTION								
PART I - If this i	is a Committee	e repor	t, treas	urer sign	here. I	If this is	a Ca	ndidate re	eport, c	andid	ate si	gn here.				
I swear (or affirm correct and comp		t, inclue	ding the	attached scl	hedules	s filed on	paper	or by elect	ronic me	edium,	are to	the best of	my know	ledge	and beli	ef , true
Sworn to and sub	scribed before m day of	e this		20						Si	gnatur	e of Persor	Submitti	ing Rep	oort	
	 	gnature					_					Print	ed Name			
My Commission E	-	,										Emai	I			
	МО		DA	Y	YR		_		Are	ea Cod	2	Daytime	e Telepho	one Nu	mber	
Part II- If this is	s a report of a	candi	date's a	uthorized	Comn	nittee, C	andic	late shall	sign he	ere.						
I swear (or affirm No 320) as amend		st of my	knowled	dge and beli	ef this	political	comn	nittee has n	ot viola	ed any	/ provis	sions of the	act of Ju	ne 3,1	937 (P.L	. 1333,
Sworn to and subs	cribed before me day of	e this		20							s	Signature o	f Candida	te		
				20			_					Printe	d Name			
Mu Commission 7	Signa	ture					-					Emai	1			
My Commission Ex	pires						_					2	-			
	мс	5	DA	Y	YR				Area	Code		Da	ytime Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** VALERIE GAYDOS From: <u>10/25/2022</u> **To:** 11/28/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	Name of Filing Committee or Candidate				Reporting Period					
				rom: To:			1			
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00		

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. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candidate					eriod	Τα	<u>.</u>		
					DATE			AMOUNT	
Full Name of Contributor				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									

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					
					То:			
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00
Mailing Address							7 *	0.00
City	State	Zip Cod	e (Plus 4)					
					PAGE TOTAL			
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

PART D 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				porting Period				
F			n:	То:				
				ATE AMOUNT				
Full Name of Contributor				DAY	YEAR	\$	0.00	
State	Zip Code (Plu	s 4)						
•			Occupation					
ce of Business	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							GE TOTAL 0.00	
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA From: DA MO State Zip Code (Plus 4) Coccupat ce of Business City	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code	

PART E **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 Candi	date		Report	orting Period					
			From:	n: To:					
				D	ATE			AMOUN	r
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description				I	1	- I			
								PAGE TO	TAL
Enter Grand Total of Part E on Sc	nedule I, Detailed	i 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 Period						
VALERIE GAYDOS	From:	<u>10/25/2022</u> то:	<u>11/28/2022</u>				
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR						
TOTAL for the Reporting Pe	riod (1)	\$	0.00				
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)						
TOTAL for the Reporting Pe	riod (2)	\$	0.00				
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)							
TOTAL for the Reporting Pe	riod (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, 1		\$	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				DAY	YEAR			
Mailing Address						7 \$	0.0	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	-	- !					
Enter Grand Total of Part F on Sche Section 2.	niled Summary Page,			PAGE TOTAL				
						\$	0.0	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period					
				m:		То:	То:			
					DATE AMOUNT					
Full Name of Contributor					DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Plac	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	Reporting Period					
				From			То:		
		DATE							
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip						
Enter Crand Tatal of Evnanditures					PAGE TOTAL				
Enter Grand Total of Expenditures	on Page 1, Report C	Jover Page, Item L		\$			0.00		