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	2C1553				Report Filed B		CAI	NDII	IDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, Candi	date or L	obbyist	t:	P.	ACE, M	1ICHA	AEL P										
Street Address:																		
City:								State	e:				Zip Cod	e: 16	5441			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FI PRIMA	RIDAY PRE- 2. 30 DAY POST- 3. RY PRIMARY								AMENDMI REPORT?	ENT	Yes	N	0	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FI		/ PRE-	5.	30 DA		Р	OST-	6. 2	x	TERMINA REPORT?	TION	Yes	٨	0	\
report type)	ANNUAL REPOR	7.	Year 2	2022				NG ME CHEC					PAPER	V	DISK	ETTE		
Name of Office S	ought by Candid	ate:	-			•		DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Pai	ty Cod	Code	
DEDDECEMENT	VE IN THE CENE		-EMBLY	,				МО		DAY	'	YEAR	2	STH	REF)		
REPRESENTATI	VE IN THE GENE	KAL ASS	EMDLT						11		8	2022		(SEE IN	STRUCTI	ONS FOI	CODES	5)
Summary of		МО	DAY	`	YEAR			МО		DAY	•	YEAR	FO	R OFFI	CE USE	ONLY		
Expenditures	Trom:		10	25	20	22 T	0		11	:	28	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			((10,	395.00)						
B. Total Moneta	ary Contributions	And Rec	eipts (I	From	Sched	ule I)	\$					0.00						
C. Total Funds	Available (Sum C	f Lines A	and B)			\$			((10,	395.00)						
D. Total Expend	ditures (From Scl	nedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From L	ine C	C)		\$			(10,3	395.00)						
F. Value Of In-	Kind Contribution	s Receiv	ed (Fro	m Sc	hedule	e II)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedu	le IV)		\$					0.00						
					AFFI	DAVI	T SE	CTIC	NC									
PART I - If this is	a Committee re	port, trea	surer s	sign ł	nere. If	this is	a Car	ndidat	te re	port, o	cano	lidate si	gn here.					
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	e attache	ed sch	edules 1	filed on	paper	or by e	electr	onic m	ediu	m, are to	the best of	my kno	wledge	and be	lief , tr	ue
Sworn to and subs	cribed before me th day of	is	20									Signatur	e of Person	Submit	ting Re	oort		
	Signat	ure					- -						Print	ed Name	•			-
My Commission Ex	cpires						_		•				Email					
	МО	D	AY		YR					Are	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	ididate's	author	ized	Commi	ttee, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and	d belie	ef this p	oolitical	comm	ittee h	as no	ot viola	ted a	any provis	ions of the	act of J	une 3,1	937 (P	L. 133	з,
Sworn to and subsc	ribed before me this day of	5	20									S	ignature o	f Candid	ate			_
			_ 20 				-						Printed	l Name				-
My Commission Exp	Signature						-						Email	<u> </u>				-
,							_											_
	МО	D	AY		YR					Area	Code	е	Da	ytime T	elephor	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PACE, MICHAEL P	From:	10/25/202	<u>2</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 (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 ar 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 Candidate			Reporting Period						
		-1	From:		То	•			
		•		DATE			AMOUNT		
Full Name of Contributing Committee			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 Committee	e or Candidate		Rep	orting P	eriod			
			Fro	m:		To):	
					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.

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 Period								
			From:			То:					
				DA	TE		P	AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR		0.00			
Mailing Address							+	0.00			
City	State	Zip Cod	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C on Schee	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 Candi	me of Filing Committee or Candidate			Rep					
				Fror	n:		Т	o:	
					D	ATE		AI	MOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	4)					
Employer Name	,				Occupa	tion			
Employer Mailing Address/Principa	l Place of Business		City			State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on S	Schedule I, Detail	ed Sumn	mary Page,	Section	on 3.			P \$	AGE 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 Candidate		Report	ting Peri	od			
			From:			To:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						\neg	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	•	
			. .:	_				PAGE TOTAL
Enter 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 Per	riod	
PACE, MICHAEL P	From:	<u>10/25/2022</u> To:	11/28/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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							
F						To:		
				DATE			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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				porting	Period				
				Fro	From:			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				
F						То:		
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Expenditures	on Page 1 Penert C	Cover Page Item F					PAGE TOTAL	
Lines Grand Total of Expenditures	on rage 1, Report C	Lovei Fage, Itelli L	, .			\$	0.00	