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	0272			Repor Filed I		CANDI	DATE	СОМ	MITTEE	✓	LOBE	BYIST	
Name of Filing C	Committee, Candid	ate or Lo	bbyist:			-	LVANIA F	IRST						
Street Address: 1229 CHESTNUT ST UNIT 159														
City:	PHILADELPHI	A					State:	PA		Zip Co	de: 19	107		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		2ND FRIDA PRIMARY	2ND FRIDAY PRE- 2. 30 DAY PRIMARY				POST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION		2ND FRIDAY PRE- ELECTION 5. 30 DAY ELECTION					POST-	5. X	TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2022				NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candida	te:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
COVERNOR							мо	DAY	YEAR	-1	GOV	DEN	1	
GOVERNOR							11	1	8 2022		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	from:	1	0 25	20)22 T	0	11	2	8 2022	2				
A. Amount Bro	ught Forward From	n Last Re	port			\$			7,592.00					
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00														
C. Total Funds Available (Sum Of Lines A and B) \$ 7,592.00														
D. Total Expen	ditures (From Sch	edule III)			\$	5		7,592.00					
E. Ending Cash	Balance (Subtract	t Line D F	rom Line	C)		\$	5		0.00	4				
F. Value Of In-	Kind Contributions	Receive	d (From S	chedul	e II)	\$	5		0.00	-				
G. Unpaid Debt	s And Obligations	(From So	chedule IV	')		\$;		0.00					
				AFF	IDAVI	T SE	CTION							
	s a Committee rep	•	-					• •		-				
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sc	hedules	filed on	paper	or by elect	ronic me	dium, are to	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me this day of		20						Signatur	e of Perso	on Submitt	ing Rep	oort	
	Signatu	re				_				Prir	ted Name			
My Commission Ex	-					_				Ema	nil			
	МО	DA	Y	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cano	didate's a	uthorized	Comm	ittee, C	Candid	late shall	sign hei	re.					
No 320) as amende		ny knowled	dge and beli	ef this	political	comm	nittee has n	ot violate	ed any provis	sions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of		20						5	Signature	of Candida	ite		
Printed Name														
My Commission Exp	Signature					_				Ema	nil			
	мо	DA	v	YR		-		Area C	ode	n	aytime Te	elephon	e Numb	er
		DA	•	IR						-	,			-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PUT PENNSYLVANIA FIRST	From:	<u>10/25/202</u>	<u>2</u> To:	<u>11/28/2022</u>
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)			\$	0.00
TOTAL for the Reporting	J 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	y 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			\$	0.00

PAGE 3

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					
			From:	:		То	:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee			м	10	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
							Γ	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 Candidat	e			orting P	eriod	_				
From: 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. \$ 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					
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Commit	ttee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary 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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 Candidate	2		Report	ing Perio	od				
			From:			То:			
				D	ATE			AMOUNT	ſ
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description									
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
			20000				\$		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	
PUT PENNSYLVANIA FIRST	From:	<u>10/25/2022</u> To:	<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 R				Reporting Period				
	From:			То:				
				DATE		АМО	UNT	
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

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

Name of Filing Committee or Candidate				Reporting Period						
					From: To:					
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De				taile	ed				PAGE TOTAL	
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
PUT PENNSYLVANIA FIRST			From	<u>10/25/2022</u>		То:	<u>11/28/2022</u>	
			DATE				AMOUNT	
To Whom Paid Elias Law Group			мо	DAY	YEAR			
Mailing Address 10 G St NE, Ste 600			11	28	2022	\$	6,250.00	
City Washington	State	Zip Code (Plus 4)	Description of Expenditure Legal Fees					
	DC	20002						
To Whom Paid Elias Law Group			мо	DAY	YEAR			
Mailing Address 10 G St NE, Ste 600			11	28	2022	\$	1,342.00	
City Washington	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	DC	20002	Legal Fees					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
						\$	7,592.00	