Campaign Finance Report

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

Filer Identification	on 202	10346			Rep File			CAND	IDATE		соми	4ITTEE	✓	LOBE	BYIST			
Name of Filing C	Committee, Candid	late or L	obbyist:		CLAI	RIC	E FOR	. PA										
Street Address:																		
City:	HARRISBURG	 ;						State:	PA			Zip Cod	le: 17	'108				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	\		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6. X		TERMINA REPORT?		Yes	No			
	ANNUAL REPORT	7.	Year 2022		\prod			IG METH CHECK (PAPER		\checkmark	DISKE	ΓΤΕ		
Name of Office S	Sought by Candida	ate:						DATE	OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code		
	-							МО	DAY	YE	AR		1	REP				
							Ì	1	1	8	2022	<u> </u>	(SEE IN:	STRUCTIO	ONS FOR C	ODES)		
Summary of I		МО	DAY Y	YEAR				МО	DAY	YI	AR	FO						
Expenditures	from:		10 25	20	022	T	0	1	1	28	2022							
A. Amount Brou	ught Forward Fro	m Last R	eport				\$				224.70							
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sched	dule	1)	\$			2,5	500.00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			3,7	724.70							
D. Total Expend	ditures (From Sch	edule II	I)				\$			3,7	24.70							
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))			\$				0.00							
F. Value Of In-I	Kind Contribution	s Receiv	ed (From Sch	redul	e II)	\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			'				
			,	AFF:	IDA	١VI	T SE	CTION										
PART I - If this is	a Committee rep	ort, trea	surer sign he	ere. I	f thi	is is	a Can	ididate i	report,	candi	date sig	ın here.						
I swear (or affirm) correct and comple) that this report, inc ete.	:luding the	attached sche	dules	filed	l on	paper o	or by elec	tronic m	edium	, are to t	he best o	f my knov	wledge a	and belie	f , true		
Sworn to and subs	cribed before me the	.s					_			s	ignature	of Perso	n Submitt	ing Rep	ort			
	Signati	ure					-					Prin	ted Name)				
My Commission Ex	_											Emai	il			<u> </u>		
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized C	omm	itte	e, C	andida	ate shal	l sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	politi	ical	commi	ittee has	not viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,		
Sworn to and subsc		ı									s	ignature o	of Candida	ate				
	day of —— ————						-					Printe	d Name			—		
	Signature						-											
My Commission Exp	ires											Ema	il					
	МО	D	AY	YR			•		Area	Code		Da	ytime T	elephon	e Numbe	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
CLARICE FOR PA	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	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	y Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	2,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	2,500.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	2,500.00

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	ndidate		Re	porting	Period			
		From				То): 	
					DATE			AMOUNT
Full Name of Contributing Commit	tee			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

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)

(EXCID	ue contributions noi	in pontical comm	iiiie	es re	por teu	III Pait	Α)	
Name of Filing Committe	e or Candidate		Rep	oorting P	Period			
			Fro	m:		To):	
		'			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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 P	Period		
CLARICE FOR PA	From:	10/25/2022	То:	11/28/2022

DATE AMOUNT

Full N	Full Name of Contributing Committee			мо	DAY	YEAR		
PENN:	SYLVANIA GREAT FRONTIER PAC				JA.	12/11	\$ 2	,500.00
Mailing Address			7	10	2022		,	
City	HARRISBURG	State	Zip Code (Plus 4)	,	10	2022		
		PA	17106					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 2,500.00

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	2			Rep	orting Pe	eriod			
				Fror	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zip	Code (Plus	4)					
Employer Name	•				Occupa	tion	•	•	
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summa	ary Page,	Section	ion 3.				PAGE 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	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Peri	od	
CLARICE FOR PA	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					
			From:			То:		
				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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period				
CLARICE FOR PA			From	10/2	5/2022	То:	11/28/2022	
				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
PNC BANK]		
Mailing Address			7	1	2022	\$	270.00	
City CAMP HILL	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	PA	17011	SERVIC	E FEE				
To Whom Paid LED DESIGNS, LLC				DAY	YEAR			
· · · · · · · · · · · · · · · · · · ·						 \$	1,800.00	
Mailing Address			7	10	2022		1,800.00	
City YORK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17402	DIGITA	L MEDIA				
To Whom Paid			МО	DAY	YEAR			
PNC BANK								
Mailing Address			8	2	2022	\$	75.00	
City CAMP HILL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA	17011	SERVIC	E FEE				
To Whom Paid			мо	DAY	YEAR			
DTR CONSULTING			140		ILAK			
Mailing Address			11	3	2022	\$	1,579.70	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17102	PROFES	SSIONAL S	ERVICES			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

3,724.70

\$