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	2C0169				eport led B		CAI	NDII	DATE	~	C	OMMITTEE		LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		CAI	RRIE	DELR	ROSSO)									
Street Address:																		
City:								State	e:				Zip Code	e: 15	5139			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR	IDAY PR	E-		30 DA PRIMA		Р	OST-	3.		AMENDMENT REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTION	IDAY PF ON	RE-		30 DA		Р	OST-	6. :	X	TERMINATION REPORT?		Yes	٨	0	\
report type)	ANNUAL REPOR	r 7.	Year 20	022				NG ME					PAPER		V	DISK	ETTE	
Name of Office S	Name of Office Sought by Candidate: DATE OF ELECTION							ON	District Number	Office Code	Pai	ty Cod	Code					
LIFLITENIANT C	OVEDNOD							МО		DAY	ľ	YEAR	-1	LTG	REF)		
LIEUTENANT G	OVERNOR								11		8	2022		(SEE IN	STRUCTI	ONS FOI	CODES	5)
Summary of Expenditures		МО	DAY	YEA	R			МО		DAY	,	YEAR	FOF	OFFI	CE USE	ONLY	,	
			10	25	2022	2 T (О		11	:	28	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (F	rom Sch	edul	e I)	\$					0.00						
C. Total Funds	Available (Sum C	of Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Sc	nedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Li	ne C)			\$					0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (Froi	m Sched	ule I	Ι)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule	e IV)			\$					0.00			,			
				AF	FID	AVI	ΓSE	CTIC	N									
PART I - If this is	a Committee re	port, trea	surer si	gn here	. If ti	his is	a Car	ndidat	e re	port, o	cano	didate si	gn here.					
I swear (or affirm) correct and complete	that this report, in ete.	cluding the	e attache	d schedul	es file	ed on p	paper (or by e	electr	onic m	ediu	ım, are to	the best of	my kno	wledge	and be	lief , tr	ue
Sworn to and subs	cribed before me th	is	20									Signatur	e of Person	Submit	ting Re	oort		_
							-						Printe	ed Name	•			_
My Commission Ex	Signat pires	ure							-				Email					-
	мо	D	AY	Y	R		-			Are	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	authori	zed Com	mitt	ee, Ca	andid	ate sh	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and	belief th	is pol	litical	comm	ittee h	as no	ot viola	ted	any provis	ions of the	act of J	une 3,1	937 (P	L. 133	3,
Sworn to and subsc		5										9	ignature of	Candid	ate			-
	day of ————————————————————————————————————		_ 20 				-						Printed	Name				-
	Signature	1					-								_			
My Commission Exp	ires												Email					
	МО	D	AY	Y	R					Area	Cod	e	Day	time T	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CARRIE DELROSSO	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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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 Filling Committee of Candidate					Reporting Period From: To:					
					DATE		Al	MOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)	١							

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 Candi	ame of Filing Committee or Candidate Rep			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

lame of Filing Committee or Candidate				Reporting Period						
			Fror	n:		:				
				D	ATE		АМО	UNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name				Occupa	tion					
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Code (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	Section	on 3.			PAG	E 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 Ca	ndidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·				•	•	
Enter Grand Total of Part E on	Schedule T Detailed	l Summary Page	Section	4			P	AGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	z cammary r uge,	Section				\$	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	od	
CARRIE DELROSSO	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 Candidat	Name of Filing Committee or Candidate Re						
	From:						
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y 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	om:		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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Name of Filing Committee or Candidate					Reporting Period					
	From			То:							
				DATE			AMOUNT				
To Whom Paid			МО	DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure						
							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00				