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 2	0220016				eport		CAN	CANDIDATE COMMITTEE \(\square\) LOBBYIST								
Name of Filing C	ommittee, Car	didate or	Lobbyist:		TEC	DDY	FOR P	PΑ			•		_	_			
Street Address:																	
City:	LAKE ARIE	.L						State:		PA			Zip Cod	de: 18	436		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE-	-	2.	30 DA PRIMA		P	OST-	3.		AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	Ē	5.	30 DA		PO	POST- 6.			TERMINA REPORT?		Yes	No	
report type)	ANNUAL REPO	RT 7. X	Year 2022					IG MET CHECK					PAPER		\	DISKE	TTE
Name of Office S	ought by Canc	lidate:						DATE	OF	FELEC	стіо	N	District Number	Office Code	Par	ty Code	County Code
· TELITENIANIT O	5: /55.1.OB							МО		DAY	YE	AR	-1	LTG	REP		64
LIEUTENANT G	OVERNOR								11		8	2022		(SEE IN	STRUCTIO	ONS FOR C	ODES)
Summary of		МО	DAY	YEAR	Ł			МО		DAY	YE	AR	FO	R OFFIC	E USE	ONLY	
Expenditures	from:		6 7	20	022	<u> </u>	О		12	3	31	2022					
A. Amount Bro	ught Forward I	rom Last	Report				\$				10,7	49.14					
B. Total Moneta	ary Contribution	ns And Re	ceipts (From	Sche	dule	e I)	\$					0.00					
C. Total Funds Available (Sum Of Lines A and B) \$ 10,749.							49.14										
D. Total Expend	ditures (From	Schedule I	II)				\$				10,7	49.14					
E. Ending Cash	Balance (Subt	ract Line [) From Line C	2)	_		\$					0.00					
F. Value Of In-	Kind Contribut	ions Recei	ved (From Sc	hedu	le I	Ξ)	\$					0.00					
G. Unpaid Debt	s And Obligati	ons (From	Schedule IV))			\$					0.00			•		
				AFF	:ID/	AVI	T SE	CTIO	N								
PART I - If this is		• '								•		_					
I swear (or affirm) correct and comple		including th	e attached sch	ıedules	s file	ed on	paper (or by ele	ectro	onic me	edium,	are to t	he best o	f my knov	vledge :	and belie	ef , true
Sworn to and subs	cribed before me day of	this	20						-		S	ignature	of Perso	n Submitt	ing Rep	ort	
	Sia	nature		_	_		<u>-</u>		-				Prin	ted Name	1		
My Commission Ex	-	idta. c							-				Ema	il			
	мо		DAY	YR			_			Are	a Cod	е	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a	andidate'	authorized	Comn	nitte	ee, C	andid	ate sha	ıll s	ign he	ere.						
I swear (or affirm) No 320) as amende		of my know	ledge and belie	ef this	, poli	itical	comm	ittee ha	s no	t violat	ed an	y provisi	ions of the	e act of Ju	ıne 3,1	937 (P.L.	. 1333,
Sworn to and subsc		this										Si	ignature o	of Candida	ate		
-	day of —— ——				—		-						Printe	d Name			
	Signat	ure					-		_								
My Commission Exp	ires												Ema	il			
	МО	1	DAY	YR			-			Area	Code		Da	aytime To	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary 1 age				
Name of Filing Committee or Candidate	Reporting	Period		
TEDDY FOR PA	From:	6/7/202	<u>2</u> To:	12/31/2022
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

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	R	Reporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Com	mittee		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.

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.

Name of Filing Com	mittee or Candidate		Rep	orting F	eriod			
			Fro	m:		To) :	
		•			DATE			AMOUNT
Full Name of Contribu	tor			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
								PAGE TOTAL
								PAGE IOTAL

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	ne 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 TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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 Candidate	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
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/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 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 Perio	d						
TEDDY FOR PA	From:	<u>6/7/2022</u> To:	12/31/2022					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
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 Car	ndidate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(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			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	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	Repo	rting Period			
TEDDY FOR PA	From	<u>6/</u>	7/2022	To:	12/31/2022
		DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR		

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
PAC Management Services			МО		ILAK		
Mailing Address			7	7	2022	\$	2,000.00
City Alexandria	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	VA	22314	Bookke				
To Whom Paid			мо	DAY	YEAR		
Theodore Daniels			MO		ILAK		
Mailing Address			6	17	2022	\$	7,000.00
City Lake Ariel State Zip Code (Plus 4)				tion of Exp	enditure		
PA 18436							
To Whom Paid			МО	DAY	YEAR		
Chain Bridge Bank			МО	DAT	TEAR		
Mailing Address			6	17	2022	\$	25.00
City MCLEAN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	VA	22101	Bank Fe	es			
To Whom Paid			мо	DAY	YEAR		
Elizabeth Curtis			MO		ILAK		
Mailing Address			10	1	2022	\$	1,724.14
City Marlton	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	NJ	08053	Bookke	eping			
							PAGE TOTAL
Enter Grand Total of Expen	aitures on Page 1, Re	port Cover Page, Item D	•			\$	10,749.14

		NJ	08053	Bookkeeping		
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL	
					\$	10,749.14