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	20016			Report		CAND	IDATE		соми	4ITTEE	✓	LOBB	YIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:	TI	EDDY I	FOR P	PΑ									
Street Address:	1841 THE HII	DEOUT														
City:	LAKE ARIEL						State: PA					Zip Code: 18436				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	E-	2.	30 DA PRIMA		POST-	POST- 3.			1ENT ?	Yes	No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRELECTION	RE-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No		
report type)	ANNUAL REPORT	7. X	Year 2022				NG METH CHECK C				PAPER			DISKE	ΓΤΕ	
Name of Office S	Sought by Candida	te:	-				DATE ()F ELE	CTIO	N	District Number	Office Code	Part	y Code	County Code	
LIFLITENIANT C	OVEDNOD						МО	DAY	YE	AR	-1	LTG	REP	!	64	
LIEUTENANT G	OVERNOR						11		8	2022		(SEE IN	STRUCTIO	NS FOR C	ODES)	
	Receipts and	МО	DAY YEA	R			МО	DAY	YI	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	5 Trom:		6 7	202	22 T	<u> </u>	12	2	31	2022						
A. Amount Bro	ught Forward Fro	n Last R	eport			\$			10,7	749.14						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sch	edu	ule I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$			10,7	749.14						
D. Total Expend	ditures (From Sch	edule II	I)			\$			10,7	'49.14						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$				0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	ule	II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•			
			AF	FΙ	DAVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here.	If	this is	a Car	ndidate r	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached schedule	es f	iled on	paper (or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	nd belie	f , true	
Sworn to and subs	cribed before me thi day of	5	20						S	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	re				-					Prin	ted Nam	e			
My Commission Ex	cpires					_					Ema	il				
	МО	D	AY YI	R				Ar	ea Coc	le	Daytim	ie Telepl	none Nun	nber		
Part II- If this is	a report of a can	didate's	authorized Com	mit	ttee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowl	edge and belief thi	is p	olitical	comm	ittee has i	not viola	ted an	y provis	ions of th	e act of J	une 3,19	37 (P.L.	1333,	
Sworn to and subsc	ribed before me this									s	ignature o	of Candid	ate			
	day of ————————————————————————————————————					_					Printe	d Name				
	Signature					-										
My Commission Exp	ires										Ema	il				
	мо	D	AY Y	R		•		Area	Code		D	aytime T	elephone	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

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 Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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 Fining Committee of Candidate				Reporting Period				
			Fro	m:		To):	
					DATE		АМ	OUNT
Full Name of Contributor				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

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	date		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.)

Name of Filing Committee or Candidate	1			Rep	orting Pe	riod			
				Fron	n:		To	:	
					D	ATE		A	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	s 4)					
Employer Name		·			Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Detai	led Sumn	nary 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Period		
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 P	ER 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 Candidat	:e		Reporting	g 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 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 Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Mo	Name of Filing Committee or Ca	andidate		Reporti	ng Period				
To Whom Paid PAC Management Services Mailing Address 441 N Lee St, Ste 100 7 7 2022 \$ 2,000 City Alexandria State VA 22314 Description of Expenditure Bookkeeping To Whom Paid Theodore Daniels Mo DAY YEAR City Lake Ariel State PA 18436 Description of Expenditure Bookkeeping To Whom Paid Chain Bridge Bank Mailing Address 1445A LAUGHLIN AVE 6 17 2022 \$ 7,000 City MCLEAN State VA 22101 Description of Expenditure Mileage To Whom Paid Chain Bridge Bank Mo DAY YEAR Mo DAY YEAR Mo DAY YEAR To Whom Paid Elizabeth Curtis Mo DAY YEAR Alexandria Description of Expenditure Bank Fees To Whom Paid Elizabeth Curtis Mo DAY YEAR Mo DAY YEAR Description of Expenditure Bank Fees To Whom Paid Elizabeth Curtis Mo DAY YEAR Mo DAY YEAR Description of Expenditure Bank Fees	TEDDY FOR PA			From	From <u>6/7/2022</u> To: <u>1</u>				
Mailing Address					DATE			AMOUNT	
City Alexandria State VA 2ip Code (Plus 4) 22314 Description of Expenditure Bookkeeping To Whom Paid Theodore Daniels MO DAY YEAR Mailing Address 1841 The Hideout State PA 2ip Code (Plus 4) 18436 Description of Expenditure Mileage To Whom Paid Chain Bridge Bank Mo DAY YEAR To Whom Paid Chain Bridge Bank Mo DAY Mo DAY YEAR To Whom Paid Elizabeth Curtis Mo DAY YEAR Description of Expenditure Bank Fees To Whom Paid Elizabeth Curtis Mo DAY YEAR Description of Expenditure Bank Fees To Whom Paid Elizabeth Curtis Mo DAY YEAR Mailing Address 5 Halifax Ct To Wharlton State Zip Code (Plus 4) Description of Expenditure Bank Fees				мо	DAY	YEAR			
To Whom Paid Theodore Daniels Mailing Address 1841 The Hideout State PA	Mailing Address 441 N Lee S	St, Ste 100		7	7	2022	\$	2,000.00	
Theodore Daniels Mailing Address 1841 The Hideout State PA State 18436 PA Description of Expenditure Mileage To Whom Paid Chain Bridge Bank Mo DAY YEAR Mailing Address 1445A LAUGHLIN AVE State VA 21p Code (Plus 4) 22101 Description of Expenditure Mileage \$ 25p Code (Plus 4) 22101 Description of Expenditure Mileage To Whom Paid Elizabeth Curtis To Whom Paid Elizabeth Curtis Mo DAY YEAR To Whom Paid Elizabeth Curtis State VA 22101 Mo DAY YEAR To Whom Paid Elizabeth Curtis Mo DAY YEAR To Whom Paid Elizabeth Curtis Mo DAY YEAR To Whom Paid Elizabeth Curtis Mo DAY YEAR Mailing Address 5 Halifax Ct State Zip Code (Plus 4) Description of Expenditure Description of Expenditure State Description Of	City Alexandria					penditure	1		
City Lake Ariel State PA PA State PA 18436 MO DAY VEAR Mailing Address 1445A LAUGHLIN AVE City MCLEAN To Whom Paid Chain Bridge Bank MO DAY VEAR Zip Code (Plus 4) 18436 Description of Expenditure Mileage 4 25 City MCLEAN State VA Zip Code (Plus 4) 22101 Description of Expenditure Bank Fees To Whom Paid Elizabeth Curtis MO DAY VEAR To Whom Paid Elizabeth Curtis To Whom Paid Elizabeth Curtis State VA Zip Code (Plus 4) 22101 Description of Expenditure Bank Fees To Whom Paid Elizabeth Curtis MO DAY VEAR Address 5 Halifax Ct State Zip Code (Plus 4) Description of Expenditure Description of Expenditure State Description of Expenditure Description of Expenditure				МО	DAY	YEAR			
To Whom Paid Chain Bridge Bank Mo DAY YEAR Mailing Address 1445A LAUGHLIN AVE 6 17 2022 \$ 25. City MCLEAN State VA 22101 To Whom Paid Elizabeth Curtis Mo DAY YEAR Mo DAY YEAR It was a state of the state of	Mailing Address 1841 The H	ideout		6	17	2022	\$	7,000.00	
Chain Bridge Bank Mailing Address 1445A LAUGHLIN AVE State VA Zip Code (Plus 4) 22101 Description of Expenditure Bank Fees To Whom Paid Elizabeth Curtis Mo DAY YEAR Mailing Address 5 Halifax Ct State Zip Code (Plus 4) 22101 Description of Expenditure Bank Fees To Whom Paid Elizabeth Curtis Day YEAR Zip Code (Plus 4) Description of Expenditure \$ 1,724.	City Lake Ariel					penditure			
City MCLEAN State VA Zip Code (Plus 4) 22101 Bank Fees To Whom Paid Elizabeth Curtis Mailing Address 5 Halifax Ct State VA Zip Code (Plus 4) 22101 Description of Expenditure Bank Fees 10 1 2022 \$ 1,724.		<u> </u>		мо	DAY	YEAR			
To Whom Paid Elizabeth Curtis Mailing Address 5 Halifax Ct State Zip Code (Plus 4) Description of Expenditure	Mailing Address 1445A LAUG	GHLIN AVE		6	17	2022	\$	25.00	
Elizabeth Curtis Mo DAY YEAR Mailing Address 5 Halifax Ct 10 1 2022 \$ 1,724. City Marlton State Zip Code (Plus 4) Description of Expenditure	City MCLEAN					l penditure	:		
City Marlton State Zip Code (Plus 4) Description of Expenditure				мо	DAY	YEAR			
Mariton Description of Expenditure	Mailing Address 5 Halifax Ct			10	1	2022	\$	1,724.14	
NJ 00053 BOOKKEEPING	City Marlton	State NJ	Zip Code (Plus 4) 08053	Descrip Bookke		penditure	1		

10,749.14