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 2018	0183				port ed B		CANDI	ANDIDATE COMMITTEE V LOBBYIST								
Name of Filing Committee, Candidate or Lobbyist: GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40																	
Street Address:	221 OLD OAK	(RD															
City:	MCMURRAY							State:	PA			Zip Cod	ie: 1!	5317-2	710		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	RE-	-	2.	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION											TERMINATION Yes No REPORT?				/	
report type)	ANNUAL REPORT	7. X	Year 2022					NG METHO				PAPER DISK				TTE	
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	ty
	,							МО	DAY	YE	AR	Itamber	code			couc	
								11		8	2022		(SEE IN	STRUCTI	ONS FOR (CODES)	
•	Receipts and	МО	DAY YE	AR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:		11 29	20	022	<u> </u>	0	1		2	2023						
A. Amount Bro	ught Forward Fro	n Last R	eport				\$			16,0	51.77						
B. Total Monet	ary Contributions	And Rec	eipts (From So	che	dule	e I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			16,0	51.77						
D. Total Expen	ditures (From Sch	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			16,0	51.77						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	du	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			•			
			А	FF	ΙDΑ	AVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. 1	[f th	his is	a Can	ndidate r	eport, o	andio	late sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sched	ules	file	ed on	paper (or by elect	ronic m	edium,	are to t	he best o	f my kno	wledge	and beli	ef , tru	1e
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 Name	e			_
My Commission Ex	cpires											Ema	il				_
	мо	D	AY	ΥR					Ar	ea Cod	е	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowl	edge and belief	this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	i,
Sworn to and subso	ribed before me this										s	ignature o	of Candid	ate			-
-	day of						_					Printe	d Name				-
	Signature						-										_
My Commission Exp	ires											Ema					
	мо	D	AY	YR			-		Area	Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	I						
Name of Filing Committee or Candidate Reporting Period							
GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40	From:	11/29/202	<u>22</u> To:	1/2/2023			
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 ar 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 Committee or Candidate				porting				
			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 Filing Committee or Candidate

Reporting Period

GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40

From: <u>11/29/2022</u> To:

DATE

1/2/2023

AMOUNT

						7
Full Name of Contributor steven w nance				DAY	YEAR	
Mailing Address 2014 ashton row						\$ 0.00
City bridgeville	State	Zip Code (Plus 4)	12	30	2022	
	PA	15017				

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 Candidate			Reporting Period						
			From:	From: To:					
				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			Rep	Reporting Period					
			Froi	From: To:					
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City State Zip Code (Plus 4)									
Employer Name		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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 C	Name of Filing Committee or Candidate			Reporting Period					
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description									
Enter Grand Total of Part E o	n Schedule T. Detailed	l Summary Page.	Section	4.				PAGE TOTA	L
		· • • • • • • • • • • • • • • • • • • •					\$	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	
GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40	From:	11/29/2022 To :	1/2/2023
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Ro			Reporting Period				
	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	From:			То:		
							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	Reporting Period							
			From			То:		
			DATE MO DAY YEAR				AMOUNT	
To Whom Paid MO DAY								
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	4) Description of Expenditure					
							PAGE TOTAL	
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00	