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	0052			Repo			CANDI	DATE		СОМ	4ITTEE	✓	LOBE	SYIST			
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		ENER	GY	VOI	CES PAC					·					
Street Address:	2200 GEORGE	TOWNE	DR, STE 5	00														
City:	SEWICKLEY							State:	PA			Zip Code: 15143-8753						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE- 2. 30 DAY PO PRIMARY						OST- 3.			IENT	Yes	No	~		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	5.		30 DA ELECT		POST- 6.			TERMINA REPORT		Yes	No	/		
report type)	ANNUAL REPORT	7. X	Year 2022					NG METHO				PAPER		\	DISKE	TTE		
Name of Office S	- Sought by Candida	te:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code		
								МО	DAY	YE	AR			·				
								11		8	2022		(SEE IN	STRUCTIO	ONS FOR C	ODES)		
	Receipts and	МО	DAY	YEAR	l l			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	5 Trom:	1	11 29	2	022	T	o 	1		2	2023							
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			1,0	045.01							
B. Total Moneta	ary Contributions A	And Rec	eipts (From	Sche	dule 1	[)	\$				6.01							
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			1,0	51.02							
D. Total Expend	ditures (From Scho	edule II	I)				\$				0.00							
E. Ending Cash	Balance (Subtract	Line D	From Line (E)			\$			1,0	51.02							
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II)		\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	chedule IV)			\$				0.00							
				AFF	'IDA'	VIT	ΓSE	CTION										
	s a Committee rep	•																
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edules	s filed	on p	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true		
Sworn to and subs	cribed before me this	;	20							S	ignature	of Perso	n Submit	ting Rep	ort			
			-				-					Prin	ted Name	<u> </u>				
My Commission Ex	Signatu pires	re										Ema	il					
	мо	DA	λΥ	YR			-		Are	ea Cod	le	Daytim	e Teleph	none Nui	mber			
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	, Ca	andid	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politic	cal (comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,		
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate				
	day of		_ 20									Printe	d Name					
	Signature											Finite	u Hallie					
My Commission Exp	-											Ema	il					
	МО	DA	λΥ	YR					Area	Code		Da	aytime T	elephon	e Numbe	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ENERGY VOICES PAC	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)	\$	6.01
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			\$	6.01

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE 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 Filing Committee or Candidate			Reporting Period						
						To	0:		
					DATE			AMOUNT	
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 Candidate Reportir					ng Period					
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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				Reporting Period						
Froi					From: To:					
				D	ATE		ı	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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	Reporting Pe		
ENERGY VOICES PAC	From:	<u>11/29/2022</u> To:	1/2/2023

			D	ATE		AMOUNT
Full Name Fidelity Investments			МО	DAY	YEAR	
Mailing Address 450 N Federal Highway, Ste 200				31	2022	\$ 6.01
City Ft. Lauderdale	State FL	Zip Code (Plus 4) 33301	12	31	2022	
Receipt Description Bank Intere	st					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$ 6.01

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	riod	
ENERGY VOICES PAC	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,		\$	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			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 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	Reporting 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 Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

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)	Description of Expenditure					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
						\$	0.00	