### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Eilau Idantifianti		2022	21 5 5 2			Do	port		CAND	IDATE	1	CC	MMITTEE		LOBI	BYIST	
Filer Identificati Number :	on	20220	C1553				ed E				*						
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		PAC	CE, N	1ICHA	EL P								
Street Address:																	
City:	_								State:				Zip Code	e: 16	441		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	<b>:-</b>	2.	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No	<b>✓</b>
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	E-	5.	30 DA		POST-	POST- 6.			ΓΙΟΝ	Yes	No	
report type)	ANNUAL	. REPORT	7. <b>X</b>	<b>Year</b> 2022					NG METH				PAPER			DISKE	TTE
Name of Office S	ought by	, Candidat	e:	•					DATE (	OF ELE	CTION		District Number	Office Code	Par	ty Code	County Code
									МО	DAY	YEA	\R	2	STH	REP	1	
REPRESENTATIVE IN THE GENERAL ASSEMBLY								11		8	2022		(SEE IN	STRUCTI	ONS FOR C	ODES)	
Summary of		s and	МО	DAY	YEAR	2			мо	DAY	YEA	AR	FOF	OFFIC	E USE	ONLY	
Expenditures	from:			11 29	2	022	T	0		L	2	2023					
A. Amount Bro	ught Forv	ward From	ı Last R	eport				\$	_	(	(10,39	5.00)					
B. Total Monet	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$			10,39	95.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00					
D. Total Expend	ditures (I	From Sche	dule II	I)				\$				0.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$				0.00			•		
					AFF	·ID	AVI	T SE	CTION								
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport, o	candida	ate sig	gn here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by elec	tronic m	edium,	are to	the best of	my knov	vledge	and belie	ef , true
Sworn to and subs	cribed before day of	ore me this		20							Sig	nature	e of Person	Submitt	ing Rep	oort	
	_	Signatur	·e					_					Printe	ed Name	ı		
My Commission Ex	cpires							_					Email				
		мо	D	AY	YR					Ar	ea Code		Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viola	ted any	provis	ions of the	act of Ju	ıne 3,1	937 (P.L.	1333,
Sworn to and subscribed before me this										s	ignature of	Candida	ate		<del></del>		
	day of —							_					Printed	Name			
	:	Signature						_									
My Commission Exp	ires												Email				
	_	МО	D	AY	YR	ł		-		Area Code Daytime Telephone Number							

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PACE, MICHAEL P	From:	11/29/202	<u>2</u> To:	1/2/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	395.00
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	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	10,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	10,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			\$	10,395.00

#### **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 Commit	Name of Filing Committee or Candidate			Reporting Period							
		Fi	rom:		То	:					
		•		DATE			AMOUNT				
Full Name of Contributing	g Committee		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.

# 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										
			From: To			):				
					DATE			AMOUNT		
Full Name of Contributor				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.

#### **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 I			
PACE, MICHAEL P	From:	11/29/2022	To:	1/2/2023

DATE AMOUNT

Full N	Full Name of Contributing Committee				DAY	YEAR		
COMMITTEE TO ELECT MICHAEL PACE			МО	JA.	12/11	\$	10,000.00	
Mailin	Mailing Address			12	31	2022	·	,
City	ERIE	State	Zip Code (Plus 4)	12	31	2022		
		PA	16509					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL \$** 10,000.00

## 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	ame of Filing Committee or Candidate			Reporting Period							
					From:				То:		
					D	ATE			А	MOUNT	
Full Name of Contributor					мо	DAY	YEAR	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupation						
Employer Mailing Address/Principal Plac	e of Business		City			State		z	ip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	nary Page,	Section	on 3.			\$	F	PAGE TOTA	<b>L</b> .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:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	<u> </u>	<b>'</b>			•			
Futor Curred Total of Doub	F an Cabadula I Datailad	I Comment Dame Co		4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	Summary Page, So	ection	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 Per	iod						
PACE, MICHAEL P	From:	11/29/2022 <b>To:</b>	1/2/2023					
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	TF)							
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 Candidate	ame of Filing Committee or Candidate R			Reporting Period					
			From:			То:			
		DATE		AMOUNT					
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						<b>7</b> \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	-	<b>-</b>	•	•	•				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail			iled Sum	mary Pag	ge,		PAGE TOTA	L	
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	From:			То:		
						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 Place of Business City				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	me of Filing Committee or Candidate			Reporting Period					
			From			То:			
		DATE			AMOUNT				
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Expenditures on Page 1 Penert Cover Page Item D							PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D			<b>,</b> .			\$	0.00		