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 :	ion 2022	C0625			Report Filed B		CANDI	DATE	✓	co	OMMITTE		LOBI	BYIST	
Name of Filing O	Committee, Candid	ate or Lo	obbyist:	J	IOE KUJ	AWA									
Street Address:															
City:							State:				Zip Cod	e: 16	509		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-		30 DA PRIMA		POST-	3.		AMENDMI REPORT?	ENT	Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-		30 DA ELECT		POST-	6.		TERMINATION REPORT?		Yes	✓ No	
report type)	ANNUAL REPORT	7. X	Year 2022			FILING METHOD () CHECK ONE				PAPER		\checkmark			
Name of Office S	L Sought by Candida	te:	DATE OF ELECTION						District Number	Office Code	Par	ty Code	County Code		
						мо	DAY	YEA	R	3	STH	REP	•		
REPRESENTAL	REPRESENTATIVE IN THE GENERAL ASSEMBLY 11 8 202					2022	I	(SEE INS	TRUCTI	ONS FOR (FOR CODES)				
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	AR	FOI	R OFFIC	E USE	ONLY	
Expenditures	s from:	:	11 29	20	22 T	0	1		2	2023					
A. Amount Bro	ught Forward Fror	n Last R	eport			\$			(3,06	1.06)					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	Sched	lule I)	\$			3,06	51.06					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				0.00					
D. Total Expen	ditures (From Sch	edule II	1)			\$				0.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$				0.00					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedule	e II)	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		\$				0.00					
				AFFI	DAVI	Γ SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	f this is	a Car	ndidate re	eport, o	candida	ate sig	gn here.				
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached sc	hedules	filed on p	paper	or by elect	ronic m	edium, a	are to	the best of	my know	ledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20						Sig	gnaturo	e of Person	Submitt	ing Rep	oort	
	Signatu	re				_					Print	ed Name			
My Commission E	-					_					Email				
	мо	D	AY	YR		-		Ar	ea Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comm	ittee, Ca	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n ed.	ny knowle	edge and beli	ef this p	political	comm	ittee has n	ot viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of	Signature of Candidate													
			-~			-					Printed	Name			
My Commission Exp	Signature					-					Email				
									Code				lant-	• N	
	МО	D	AY	YR				Area	Code		Da	ytime Te	eephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** JOE KUJAWA From: <u>11/29/2022</u> **To:** <u>1/2/2023</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 3,061.06 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 3,061.06 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 3,061.06 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	Name of Filing Committee or Candidate				Reporting Period					
				From: To:						
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

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. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candidate Reporting Period									
			Fror	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.									

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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 Candida	te		Reporting	Reporting Period					
JOE KUJAWA			From:	<u>11/2</u>	<u>29/2022</u>	То:		<u>1/2/2023</u>	
				DA	TE			AMOUNT	
Full Name of Contributing Committee FRIENDS TO ELECT JOE KUJAWA				мо	DAY	YEAR	\$	61.06	
Mailing Address			12	2	2022				
City ERIE	State	Zip Co	le (Plus 4)		_	2022			
	PA	16509							
Full Name of Contributing Committee FRIENDS TO ELECT JOE KUJAWA	1			мо	DAY	YEAR	\$	3,000.00	
Mailing Address				11	10	2022		_,	
City ERIE	State	Zip Co	le (Plus 4)		10	2022			
	PA	16509							
								PAGE TOTAL	
Enter Grand Total of Part C on Sc	hedule I, Detail	ed Summary F	age, Sectio	on 3.			\$	3,061.06	

PART D 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				leporting Period					
			Froi	n:		Т):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3							P#	AGE TOTAL 0.00	

PART E **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 Period						
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.0	00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·								
							PAGE TOTAL		
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary Page,	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	bd	
JOE KUJAWA	From:	<u>11/29/2022</u> то:	<u>1/2/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	1	
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			Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address	-	_				\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:				•				
Enter Grand Total of Part F on Sched Section 2.	ailed Summary Page, PAGE T			PAGE TOTAL				
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Reporting Period						
				m:		То:				
					DATE AMO					
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Plac	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name 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 Exponditures	`				PAGE TOTAL				
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		

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