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 2016	0359			Rep File			CA	NDI	DATE		COM	AITTEE	~	LUBB	1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		WAG	SNE	R, SC	OTT	FOR	GOVE	RNO	R, INC		•			
Street Address:	204 ST. CHAF	RLES WA	AY SUITE F										_				
City:	YORK							State	e:	PA			Zip Co	de: 17	402		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		P	POST-	3.		AMENDN REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	5.	30 DA		P	POST-	6.		TERMINA REPORT		Yes	No	✓
report type)	ANNUAL REPORT	7. X	Year 2022					NG MI					PAPER		\checkmark	DISKE	ΓΤΕ
Name of Office S	ought by Candida	te:	-					DAT	ΈΟ	F ELE	CTIC	N	District Number	Office Code	Pari	y Code	County Code
GOVERNOR								МО		DAY	YI	AR	-1	GOV	REP		67
GOVERNOR									11		8	2022		(SEE IN	STRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR				МО		DAY	YI	EAR	FC	OR OFFI	CE USE	ONLY	
Expenditures	from:		1 1	2	022	Т	0		12		31	2022					
A. Amount Bro	ught Forward Fror	n Last R	eport				\$				1,3	373.98					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	1 Sche	dule	I)	\$					0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				1,3	373.98					
D. Total Expend	ditures (From Sch	edule II	I)				\$				1	20.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				1,2	53.98					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$			7,2	271,5	75.97			1		
				AFF	IDA	VI	T SE	CTI	NC								
	s a Committee rep that this report, incl	•	_							•		_		of my knov	wledge a	ınd belie	ef , true
correct and comple																	
Sworn to and subs	cribed before me this day of	•	20				_				9	Signature	of Perso	n Submit	ting Rep	ort	
	Signatu	re					_						Prin	ted Name	•		
My Commission Ex	rpires						_		•				Ema	il			
	МО	D.	AY	YR						Are	a Cod	le	Daytin	ne Teleph	one Nur	nber	=
	a report of a cand					•				_							
No 320) as amende		ny knowl	edge and beli	ief this	politi	ical	comm	ittee l	nas n	ot viola	ed 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 day of		20									s	ignature	of Candid	ate		
			_				-						Printe	ed Name			
My Commission Exp	Signature ires						_						Ema	nil			-
	МО	D	AY	YR			-			Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
WAGNER, SCOTT FOR GOVERNOR, INC	From:	1/1/202	<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			
			From:			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.

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 Candida	ite		Rep	oorting P	eriod			
			Fro	m:		To	o:	
					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			Reporting	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				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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		
WAGNER, SCOTT FOR GOVERNOR, INC	From:	<u>1/1/2022</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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		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 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

STATEMENT OF EXPENDITURES

		_					
Name of Filing Committee	or Candidate		Reporti	ng Period			
WAGNER, SCOTT FOR GO	VERNOR, INC		From	<u>1/:</u>	1/2022	То:	12/31/2022
				DATE			AMOUNT
To Whom Paid M and T Bank			мо	DAY	YEAR		
Mailing Address One M8	aT Plaza		1	10	2022	\$	10.00
City Buffalo	State NY	Description of Expenditure Bank Fee					
To Whom Paid M and T Bank			МО	DAY	YEAR		
Mailing Address One M8	aT Plaza		2	10	2022	\$	10.00
City Buffalo	State NY	Zip Code (Plus 4) 14203	Descrip Bank Fo	otion of Exp	penditure		
To Whom Paid M and T Bank			МО	DAY	YEAR		
Mailing Address One M8	aT Plaza		3	8	2022	\$	10.00
City Buffalo	State NY	Zip Code (Plus 4) 14203	Descrip Bank Fo	otion of Exp	penditure		
To Whom Paid M and T Bank			МО	DAY	YEAR		
Mailing Address One M8	aT Plaza		4	8	2022	\$	10.00
City Buffalo	State NY	Zip Code (Plus 4) 14203	Descrip Bank Fo	otion of Exp ee	penditure		
To Whom Paid M and T Bank			мо	DAY	YEAR		

Zip Code (Plus 4)

14203

Mailing Address

Buffalo

City

One M&T Plaza

State

NY

10.00

2022

Description of Expenditure

Bank Fee

To Whom Paid M and T Bank				МО	DAY	YEAR				
Mailing Address	One M&T Plaza			6	8	2022	\$		10.00	
City Buffalo		State NY	Zip Code (Plus 4) 14203	Descrip Bank Fe	otion of Exp	penditure				
To Whom Paid M and T Bank				МО	DAY	YEAR				
Mailing Address	One M&T Plaza			7	11	2022	\$		10.00	
City Buffalo		State NY	Zip Code (Plus 4) 14203	Descrip Bank Fe	otion of Exp	penditure				
To Whom Paid M and T Bank				МО	DAY	YEAR				
Mailing Address	One M&T Plaza			8	8	2022	\$		10.00	
City Buffalo		State NY	Zip Code (Plus 4) 14203		Description of Expenditure Bank Fee					
To Whom Paid M and T Bank				МО	DAY	YEAR				
Mailing Address	One M&T Plaza			9	9	2022	\$		10.00	
City Buffalo		State NY	Zip Code (Plus 4) 14203	Descrip Bank Fe	tion of Exp	enditure				
				Bankir	ee .					
To Whom Paid M and T Bank				МО	DAY	YEAR				
M and T Bank	One M&T Plaza					YEAR 2022	\$		10.00	
M and T Bank	One M&T Plaza	State NY	Zip Code (Plus 4) 14203	MO 10	DAY 14 tion of Exp	2022	\$		10.00	
M and T Bank Mailing Address	One M&T Plaza			MO 10 Descrip	DAY 14 tion of Exp	2022	\$		10.00	
M and T Bank Mailing Address City Buffalo To Whom Paid M and T Bank	One M&T Plaza One M&T Plaza			MO 10 Descrip Bank Fo	DAY 14 Ition of Expect	2022 penditure	\$		10.00	

To Whom Paid M and T Bank				DAY	YEAR			
Mailing Address One M&T Plaza				8	2022	\$	10.00	
City Buffalo	State NY	Zip Code (Plus 4) 14203	Descrip Bank Fo	otion of Exp ee	oenditure			
Enter Grand Total of Expe	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate Reporting				ng Period				
WAGNER, SCOTT FOR GOVERNOR, INC	T FOR GOVERNOR, INC From:				1/1/2022	То:	<u>12</u>	/31/2022
					DATE			utstanding alance of Debt
Name of Creditor RED MAVERICK MEDIA				мо	DAY	YEAR		
Mailing Address 1426 N. 3RD STRE	ET STE 310			12	31	2018	\$	25,535.58
City Harrisburg	Harrisburg State Zip Code (Plus 4) PA 17102			Fundra	otion of Del ising- Dire s/Polling/C	ct Mail/Bu		
					DATE			utstanding alance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR		
Mailing Address PO Box 1627				12	31	2016	\$	3,690,781.94
City York	State PA	Zip Code (Plu 17405	us 4)	Description of Debt LOAN FROM CANDIDATE				
					DATE			utstanding alance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR		
Mailing Address PO Box 1627				1	6	2017	\$	8,868.51
City York	State PA	Zip Code (Pl 17405	us 4)	_	otion of Del		BROKI	ERAGE ACCOUNT
					DATE			utstanding alance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR		
Mailing Address PO Box 1627				4	12	2017	\$	33,000.00
City York	State Zip Code (Plus 4) PA 17405				otion of Del			

								PAGE 15
					DATE			itstanding lance of Debt
Name of Creditor						\		
Scott Wagner				МО	DAY	YEAR		
Mailing Address	PO Box 1627			4	20	2017	\$ \$	200,000.00
City York State Zip Code (Plus 4)					ption of Del	bt		
		PA	17405	LOAN F	FROM CANI	DIDATE-	BROKE	RAGE ACCOUNT
					DATE			itstanding lance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR		
Mailing Address	PO Box 1627			9	20	2017	\$	150,000.00
City York		State	Zip Code (Plus 4)	Descri	l ption of Del	bt	I	
PA 17405							BROKE	RAGE ACCOUNT
		•		•	DATE			itstanding lance of Debt
Name of Creditor								
Scott Wagner				МО	DAY	YEAR		
Mailing Address	PO Box 1627				14	2017	\$	100,000.00
City York		State	Zip Code (Plus 4)	Descri	ption of Del	bt		
		PA	17405	LOAN F	FROM CANI	DIDATE		
		•		·	DATE			tstanding lance of Debt
Name of Creditor				МО	DAY	YEAR		
Scott Wagner				МО	DAT	ILAR		
Mailing Address	PO Box 1627			12	20	2017	\$	146,000.00
City York		State	Zip Code (Plus 4)	Descri	ption of Del	bt		
		PA	17405	LOAN F	FROM CANI	DIDATE		
					DATE			itstanding lance of Debt
Name of Creditor					Dav	VESS		
Scott Wagner				МО	DAY	YEAR		
Mailing Address	PO Box 1627			12	22	2017	\$	10,000.00
Mailing Address	State Zin Code (Plus 4)							
City York		State	Zip Code (Plus 4)	Descri	l ption of Del	l bt	<u> </u>	

					DATE		Outstanding Balance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR	
Mailing Address	PO Box 1627				22	2017	\$ 1,000,000.00
City York		State PA	Zip Code (Plus 4) 17405		otion of Del		BROKERAGE ACCOUNT
					DATE		Outstanding Balance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR	
Mailing Address	PO Box 1627			12	29	2017	\$ 4,500.00
City York	State Zip Code (Plus 4) PA 17405					bt DIDATE	
					DATE		Outstanding Balance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR	
Mailing Address	PO Box 1627	PO Box 1627				2018	\$ 128,410.11
City York		State PA	Zip Code (Plus 4) 17405	Descrip LOAN F			
		•		l	DATE		Outstanding Balance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR	
Mailing Address	PO Box 1627			1	30	2018	\$ 120,000.00
City York		State PA	Zip Code (Plus 4) 17405		otion of Del		
		•	-	1	DATE		Outstanding Balance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR	
Mailing Address	PO Box 1627			2	2	2018	\$ 113,000.00
City York		State PA	Zip Code (Plus 4) 17405		otion of Del		

					DATE		Outstanding Balance of Debt			
Name of Creditor Scott Wagner				МО	DAY	YEAR				
Mailing Address	PO Box 1627			3	2	2018	\$ 501.48			
City York	State Zip Code (Plus 4) PA 17405				otion of Del		BROKERAGE ACCOUNT			
					DATE		Outstanding Balance of Debt			
Name of Creditor Scott Wagner				мо	DAY	YEAR				
Mailing Address	PO Box 1627			4	18	2018	\$ 30,000.00			
City York	Y York State Zip Code (Plus 4) 17405					Description of Debt LOAN FROM CANDIDATE				
			·		DATE		Outstanding Balance of Debt			
Name of Creditor Scott Wagner				МО	DAY	YEAR				
Mailing Address	PO Box 1627			4	19	2018	\$ 132,978.35			
City York		State PA	Zip Code (Plus 4) 17405		otion of Del					
		•		ı	DATE		Outstanding Balance of Debt			
Name of Creditor Scott Wagner				МО	DAY	YEAR				
Mailing Address	PO Box 1627			6	14	2018	\$ 23,000.00			
City York		State PA	Zip Code (Plus 4) 17405	1	otion of Del					
			•	•	DATE		Outstanding Balance of Debt			
Name of Creditor Scott Wagner				МО	DAY	YEAR				
Mailing Address	PO Box 1627			9	5	2018	\$ 80,000.00			
City York		State PA	Zip Code (Plus 4) 17405		otion of Del ROM CANI					

					DATE			itstanding lance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR		
Mailing Address	O Box 1627			10	19	2018	\$	30,000.00
City York	St P	a te A	Zip Code (Plus 4) 17405		tion of Del			
	•			•	DATE		Oı Ba	itstanding llance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR		
Mailing Address	O Box 1627			10	29	2018	\$	22,000.00
City York PA 17405					otion of Del			
	•			•	DATE			itstanding lance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR		
Mailing Address	O Box 1627			11	13	2018	\$	27,000.00
City York	St P	a te A	Zip Code (Plus 4) 17405		otion of Del ROM CANI			
	•				DATE			itstanding lance of Debt
Name of Creditor Scott Wagner				мо	DAY	YEAR		
Mailing Address	O Box 1627			10	23	2018	\$	50,000.00
City York		a te A	Zip Code (Plus 4) 17405	1	otion of Del			
	•				DATE			itstanding lance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR		
Mailing Address	O Box 1627			10	24	2018	\$	55,000.00
City York		ate A	Zip Code (Plus 4) 17405		otion of Del ROM CANE			

								PAGL 19
					DATE			utstanding alance of Debt
Name of Creditor Scott Wagner				мо	DAY	YEAR		
Mailing Address	PO Box 1627	PO Box 1627				2018	\$	60,000.00
City York		State Zip Code (Plus 4) Descr PA 17405 LOAN					I	
					DATE			utstanding alance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR		
Mailing Address	PO Box 1627			10	30	2018	\$	90,000.00
City York	York State Zip Code (Plus 4) PA 17405					bt DIDATE		
			·	•	DATE			utstanding alance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR		
Mailing Address	PO Box 1627) Box 1627			25	2018	\$	162,000.00
City York		State PA	Zip Code (Plus 4) 17405		ption of Del ROM CANI			
			<u>'</u>	'	DATE			utstanding alance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR		
Mailing Address	PO Box 1627			10	26	2018	\$	174,000.00
City York		State PA	Zip Code (Plus 4) 17405	1	ption of Del ROM CANI			
				·	DATE			utstanding alance of Debt
Name of Creditor Scott Wagner				МО	DAY	YEAR		
Mailing Address	PO Box 1627			11	22	2018	\$	195,000.00
City York		State PA	Zip Code (Plus 4) 17405		ption of Del ROM CANI		•	

				DATE			Outstanding Balance of Debt
Name of Creditor Scott Wagner			МО	DAY	YEAR		
Mailing Address PO Box 1627	11	23	2018	\$ \$	410,000.00		
City York	State PA	Zip Code (Plus 4) 17405	Description of Debt LOAN FROM CANDIDATE				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL 7,271,575.97
					_		