Campaign Finance Report

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

Filer Identificat Number :	ion 2022	C1245			Repo Filed			CANDI	DATE	✓	CO	OMMITTE	E	LOB	BYIST	E		
	Committee, Candid	ate or L	obbyist:				-	STEPHEN	IIE G A									
Street Address:	Street Address:																	
City:								State:					Zip Code: 16066					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		30 DA PRIM		POST- 3.			AMENDM REPORT?		Yes	Ν	0	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				30 DA					TERMINA REPORT?	Yes	Ν	0	\checkmark		
report type)	ANNUAL REPORT	7. X	Year 2022					NG METHO CHECK O				PAPER		\checkmark	DISK	ETTE		
Name of Office	L Sought by Candidat	te:						DATE O	FELE	CTIC	N	District Number	Office Code	Par	ty Cod	e Cou Code		
DEDDECENITAT								мо	DAY	YI	EAR	12	STH	REP)	10		
REPRESENTAT	IVE IN THE GENER	AL ASS	EMDLI					11		8	2022]	(SEE INS	TRUCTI	ONS FOR	CODES	;)	
	Receipts and	мо	DAY	YEAF	2			мо	DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	,		
Expenditure	s from:		11 29	2	022	T	0	12		31	2022							
A. Amount Bro	ought Forward From	n Last R	eport				\$		(19,7	88.04)							
B. Total Monet	tary Contributions	And Rec	eipts (Fron	n Sche	edule I	[)	\$				0.00							
C. Total Funds	Available (Sum Of	Lines A	and B)				\$		(19,7	88.04)							
D. Total Exper	nditures (From Scho	edule II	I)				\$				0.00							
E. Ending Casl	n Balance (Subtract	t Line D	From Line	C)			\$		(19,78	38.04)	_						
F. Value Of In	-Kind Contributions	s Receiv	ed (From S	chedu	le II)		\$				0.00	_						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			\$				0.00							
				AFF	IDA	νI	Γ SE	CTION										
	is a Committee rep	-	_									-						
I swear (or affirm correct and comp	i) that this report, incl lete.	luding the	e attached sc	hedule	s filed (on j	paper	or by elect	ronic m	edium	, are to	the best of	f my knov	vledge	and be	lief , ti	ue	
Sworn to and sub	scribed before me this day of	5	20							S	Signatur	e of Persor	n Submitt	ing Rep	oort		-	
	Signatu	re					-					Print	ted Name				-	
My Commission E	xpires						-					Emai	I				_	
	МО	D	AY	YR					Ar	ea Coo	le	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a cand	didate's	authorized	Comr	nittee,	, Ca	andid	ate shall	sign he	ere.								
I swear (or affirm No 320) as amend) that to the best of n led.	ny knowl	edge and beli	ief this	s politic	al	comm	ittee has n	ot viola	ted ar	ıy provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,	
Sworn to and subscribed before me this day of 20											S	ignature o	of Candida	ite			-	
							-					Printe	d Name				-	
My Commission Ex	Signature pires						-					Emai	il				-	
	мо		AY	YF	2				Area	Code		Da	aytime Te	elephor	ne Num	ber	-	
		5			-							2.						

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SCIALABBA, STEPHENIE G A From: <u>11/29/2022</u> **To:** 12/31/2022 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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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 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 Candida	te		Rep	orting P	eriod					
			From: T			Тс	0:			
					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. \$ 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			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							- \$	0.00		
City	State	Zip Cod	e (Plus 4)							
					PAGE TOTAL					
Enter Grand Total of Part C on Sched	n 3.			\$	0.00					

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 Rep				eporting Period					
From:				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							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 Candidat	Name of Filing Committee or Candidate				Reporting Period						
				From: To:							
				D	ATE			AMOUNT			
Full Name				мо	DAY	YEAR	\$		0.00		
Mailing Address											
City	State	Zip Code (Plus 4)								
Receipt Description	•				•						
		_	o .:					PAGE TO	TAL		
Enter Grand Total of Part E on Scheo	iule I, Detailed Sum	imary 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	od	
SCIALABBA, STEPHENIE G A	From:	<u>11/29/2022</u> To:	<u>12/31/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 Re			Reporting Period						
	From:			То:					
	DATE			AMOUNT					
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	je,		PAGE TOTA	AL.			
						\$		0.00	

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

Name of Filing Committee or Candidate				Reporting Period						
						То:				
					DATE		AMOUNT			
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	e of Business	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	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	Zip Code (Plus 4)) Description of Expenditure							
Enter Grand Total of Exponditures	`				PAGE TOTAL				
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		