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 2021	0206			Repor Filed I		CA	NDI	DATE		COM	AITTEE	~	LUB	D1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		LOU BA	RLET	TA FC	R G	OVERN	IOR			•			
Street Address:	Street Address: P.O. BOX 128															
City:	HAZLETON						State	e:	PA			Zip Co	de: 18	8201		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- 2. 30 PRIMARY				AY ARY	F	POST-	3.		AMENDMENT Yes N REPORT?			No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	÷ 5.	30 DA		F	POST-	6.		TERMIN. REPORT		Yes	No	
report type)	ANNUAL REPORT	7. X						K OI	NE			PAPER		$\mathbf{\ }$	DISKE	TTE
Name of Office S	Sought by Candida	te:					DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Pa	rty Code	County Code
							МО		DAY	YE	AR			REF	•	
								11		8	2022		(SEE IN	ISTRUCTI	ONS FOR	CODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		11 29	20)22 T	0		12	3	31	2022					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$				20,2	279.36					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$			94.88							
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				20,3	374.24					
D. Total Expend	ditures (From Scho	edule II	I)			\$				20,3	374.24					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$					0.00					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$					0.00			1		
					IDAVI											
I swear (or affirm)	that this report, incl	*	_						-		_		of my kno	wledge	and beli	ef , true
correct and comple	cribed before me this										·	- f D	Cbi	D.		
	day of		_ 20			_					signature	of Perso	n Submit	ting Ke	port	
	Signatu	re				_						Prin	ted Nam	e		
My Commission Ex	rpires					_						Ema	il			
	МО	D.	AY	YR					Are	a Cod	le	Daytin	ne Telep	hone Nu	ımber	
	a report of a cand				•											
No 320) as amende		ny knowle	edge and beli	ief this	political	comm	ittee l	nas n	ot violat	ed an	y provis	ions of th	e act of I	lune 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this day of		20								s	ignature	of Candid	late		
			_			_						Printe	ed Name			
My Commission Exp	Signature ires											Ema	iil			
	мо	D	AY	YR		_			Area	Code		D	aytime 1	Telephoi	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
LOU BARLETTA FOR GOVERNOR	From:	11/29/202	22 To:	12/31/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	\$	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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	94.88
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	94.88

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Committee or Candidate			Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE 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 of Camulate				Reporting Period From: To:						
			l		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 Candi	Name of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Commit	tee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary 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						
			Fror	m: To:						
				D	ATE		А	MOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	zate Zip Code (Plus 4)								
Employer Name		•		Occupation						
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	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 Period							
LOU BARLETTA FOR GOVERNOR	From:	<u>11/29/2022</u> To:	12/31/2022					

			D	ATE		AMOUNT
Full Name FRONTIER			МО	DAY	YEAR	
Mailing Address P.O. BOX 740407				21	2022	\$ 94.88
City CINCINNATI	State OH	Zip Code (Plus 4) 45274	12	31	2022	
Receipt Description CHECK NO	OT CASHED					

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

PAGE TOTAL \$ 94.88

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	
LOU BARLETTA FOR GOVERNOR	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 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 Candid	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)									
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	Reporting Period						
					Fro	om:		To:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State	Zip Code(Plus 4)									
Employer of Contributor	•		•			Occupation					
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period					
LOU BARLETTA FOR GOVERNOR		From	11/29	9/2022	To:	12/31/2022	
	•	DATE			AMOUNT		
To Whom Paid		МО	DAY	YFAR			

				DATE			AMOUNT		
To Whom Paid RED CURVE SOLUTIONS			мо	DAY	YEAR				
Mailing Address 138 CONANT ST 2ND FLOOR			7	15	2022	\$	5,000.00		
State Zip Code (Plus 4) MA 01915			Description of Expenditure CONSULTING						
To Whom Paid WIEUCA STRATEGIES, LLC			МО	DAY	YEAR				
Mailing Address 880 MARIETTA HWY	SUITE 630 #181		7	15	2022	\$	972.10		
City ROSWELL	State GA	Zip Code (Plus 4) 30075		Description of Expenditure CONSULTING					
To Whom Paid AMERICAN EXPRESS			МО	DAY	YEAR				
Mailing Address P.O. BOX 53601			8	12	2022	\$	163.98		
City PHOENIX	State Zip Code (Plus 4) AZ 85072			Description of Expenditure SUBSCRIPTION					
To Whom Paid AMERICAN EXPRESS			МО	DAY	YEAR				
Mailing Address P.O. BOX 53601			8	22	2022	\$	71.99		
City PHOENIX	State AZ	Zip Code (Plus 4) 85072	Description of Expenditure SUBSCRIPTION						
To Whom Paid AMERICAN EXPRESS			МО	DAY	YEAR				
Mailing Address P.O. BOX 53601			9	15	2022	\$	10.00		
City PHOENIX State Zip Code (Plus 4) AZ 85072			Description of Expenditure SUBSCRIPTION						

- w · ·						
To Whom Paid AMERICAN EXPRESS	МО	DAY	YEAR			
Mailing Address P.O. BOX 53601	9	20	2022	\$		67.99
City PHOENIX State Zip Code (Plus 4) AZ 85072	Description of Expenditure SUBSCRIPTION					
To Whom Paid FRONTIER	МО	DAY	YEAR			
Mailing Address P.O. BOX 740407	10	22	2022	\$		94.88
City CINCINNATI OH State Zip Code (Plus 4) 45274	Description of Expenditure INTERNET					
To Whom Paid IGNITE STRATEGIES	МО	DAY	YEAR			
Mailing Address P.O. BOX 101	10	22	2022	\$		309.27
		Description of Expenditure REIMBURSEMENT				
City HARRISBURG State Zip Code (Plus 4) PA 17108	Descrip					
HARRISBURG . ,	Descrip					
To Whom Paid	REIMBU	JRSEMENT		\$		93.85
To Whom Paid IGNITE STRATEGIES Mailing Address	MO 10	DAY 22	YEAR 2022	\$		93.85
To Whom Paid IGNITE STRATEGIES Mailing Address P.O. BOX 101 City HARRISBURG State Zip Code (Plus 4)	MO 10	DAY 22	YEAR 2022	\$		93.85
To Whom Paid IGNITE STRATEGIES Mailing Address P.O. BOX 101 City HARRISBURG PA Zip Code (Plus 4) 17108 To Whom Paid	MO 10 Descrip	DAY 22 Dation of Exp	YEAR 2022 penditure	\$		93.85
To Whom Paid IGNITE STRATEGIES Mailing Address P.O. BOX 101 City HARRISBURG To Whom Paid IGNITE STRATEGIES Mailing Address P.O. BOX 101 State Zip Code (Plus 4) 17108 To Whom Paid IGNITE STRATEGIES	MO 10 Description MO 10 Description MO 10 Description MO	DAY 22 Ption of Exp	YEAR 2022 Penditure YEAR 2022 Penditure	\$		
To Whom Paid IGNITE STRATEGIES Mailing Address P.O. BOX 101 City HARRISBURG To Whom Paid IGNITE STRATEGIES Mailing Address P.O. BOX 101 City HARRISBURG To Whom Paid IGNITE STRATEGIES Mailing Address P.O. BOX 101 City HARRISBURG State Zip Code (Plus 4)	MO 10 Description MO 10 Description MO 10 Description MO	DAY 22 DAY DAY 22 DAY 22 Dation of Exp	YEAR 2022 Penditure YEAR 2022 Penditure	\$		
To Whom Paid IGNITE STRATEGIES Mailing Address P.O. BOX 101 City HARRISBURG To Whom Paid IGNITE STRATEGIES Mailing Address P.O. BOX 101 City HARRISBURG To Whom Paid IGNITE STRATEGIES Mailing Address P.O. BOX 101 City HARRISBURG State Zip Code (Plus 4) 17108 To Whom Paid To Whom Paid	MO 10 Description MO 10 Description MO 10 Description MO 10 Description MO 10	DAY 22 DAY DAY 22 Dition of Exp N AND PO	YEAR 2022 Denditure YEAR 2022 Denditure OSTAGE	\$		

							PAGE 13
To Whom Paid PIDGE SMITH				DAY	YEAR		
Mailing Address P.O. BOX 68			10	22	2022	\$	55.01
City REVERE	State PA	Zip Code (Plus 4) 18953	Descrip REIMBU				
To Whom Paid REV. LOU GARBACIK MEMORIAL SCHOLARSHIP FUND			МО	DAY	YEAR		
Mailing Address 115 FRANKLIN ST			10	22	2022	\$	50.00
City HAZLETON	State PA	Zip Code (Plus 4) 18201	Description of Expenditure SPONSORSHIP				
To Whom Paid FRONTIER			мо	DAY	YEAR		
Mailing Address P.O. BOX 740407			11	16	2022	\$	189.76
City CINCINNATI	State OH	Zip Code (Plus 4) 45274	Descrip INTERN	otion of Exp	penditure		
To Whom Paid STRASSHEIM GRAPHIC DESIGN			МО	DAY	YEAR		
Mailing Address 1500 SPRING GARDEN ST SUITE 225			11	16	2022	\$	42.40
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19130	Descrip PRINTI	ntion of Exp			
To Whom Paid PA COMEBACK PAC			МО	DAY	YEAR		
Mailing Address P.O. BOX 128			12	30	2022	\$	13,002.27
City HAZLETON	State PA	Zip Code (Plus 4) 18201	Description of Expenditure CONTRIBUTION				
Enter Grand Total of Expend	itures on Page 1 De	nort Cover Page Item D					PAGE TOTAL
Enter Grand Total of Expend	itures on Paye 1, Re	port cover raye, Itelli D	•			\$	20,374.24