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	20220	C0649				port		CAN	NDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee,	Candida	ite or Lo	obbyist:		MAI	RCI	MUST	ELLO									•	
Street Address:																			
City:									State:					Zip Code	: 16	001			
TYPE OF REPORT	6TH TUESD PRE-PRIMAI		1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No		\
(place X to the right of	6TH TUESD PRE-ELECTI		4.	2ND FRIDAY ELECTION	/ PRE	≣-	5.	30 DA		Р	OST-	6.		TERMINAT REPORT?	ION	Yes	No		\
report type)	ANNUAL R	EPORT	7. X	Year 2022 FILING METHO () CHECK OI									PAPER		\	DISKE	TTE		
Name of Office S	ought by C	andidat	e:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	- 								МО		DAY	YEAR	2	11					
REPRESENTATI	VE IN THE	GENER	AL ASS	EMBLY						11		8 2	022		(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of		and	МО	DAY	YEAR	R			МО		DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		1	11 29	2	022	T	0		12	3	31 2	022						
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$				C	0.00						
B. Total Moneta	ary Contrib	utions A	nd Rec	eipts (From	Sche	dule	e I)	\$				640).14						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				640).14						
D. Total Expend	ditures (Fro	om Sche	dule II	[)				\$				640	.14						
E. Ending Cash	Balance (S	ubtract	Line D	From Line C	E)			\$				0	.00						
F. Value Of In-	Kind Contri	butions	Receive	ed (From Sc	hedu	le I	I)	\$				0	.00						
G. Unpaid Debt	s And Oblig	gations	(From S	chedule IV)			\$				0	.00		,				
					AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is	a Commit	tee repo	rt, trea	surer sign h	nere. I	If th	nis is	a Can	didate	re	port, c	andidat	e sig	ın here.					
I swear (or affirm) correct and comple	that this repete.	port, inclu	ıding the	: attached sch	edules	s file	ed on	paper (or by el	ectr	onic me	edium, ar	e to t	he best of r	ny know	ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before day of	e me this		20						•		Sign	ature	of Person	Submitti	ing Rep	ort		_
		Signatur	·e					- -						Printe	d Name				-
My Commission Ex		Signatur	-							-				Email					-
	М	0	D/	AY	YR						Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of	f a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	all sign here.									
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and belie	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted any p	rovisi	ions of the a	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this											S	ignature of	Candida	te			-
	day of ——							_						Printed	Name				-
	Sig	gnature						-											_
My Commission Exp	ires													Email					
		мо	D/	AY	YR	l		-			Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MARCI MUSTELLO	From:	11/29/202	<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)	\$	640.14
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			\$	640.14

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	e		Reporting	Period			
		1	From:		То	:	
				DATE			AMOUNT
Full Name of Contributing 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 Committ	ee or Candidate		Reporting	Period			
			From: To) :	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
						\$	0.00
Mailing Address					1	₹	0.00
Mailing Address City	State	Zip Code (Plus 4)				7	0.00

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	Period				
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule 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):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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 Pe		
MARCI MUSTELLO	From:	11/29/2022 To:	12/31/2022

DATE

Full Name			wo	DAY	VEAD	
FRIENDS OF MARCI MUSTELL	0		МО	DAY	YEAR	\$ 640.14
Mailing Address			12	30	2022	
City BUTLER	State	Zip Code (Plus 4)	12		2022	
	PA	16001				
Receipt Description REIM	BURSEMENT FOR PARADE	CANDY AND VOLUNTEER D	DINNERS	•		

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

PAGE TOTAL \$ 640.14

AMOUNT

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	
MARCI MUSTELLO	From:	11/29/2022 To:	12/31/2022
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 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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						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 Pla	ce of Business	Cit	ty	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

STATEMENT OF EXPENDITURES

Name of Filing Committee	or Candidate		Reporti	ng Period				
MARCI MUSTELLO			From	11/29	9/2022	То:	12/31/2022	
				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
AMAZON.COM			1-10					
Mailing Address	Mailing Address				2022	\$	164.94	
City SEATTLE State Zip Code (Plus 4)				Description of Expenditure				
	CANDY	FOR CHRIS	STMAS PA	ARADE				
To Whom Paid			мо	DAY	YEAR			
THE CORK								
Mailing Address			12	12	2022	\$	250.88	
City ERIE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA	16505	VOLUN	TEER DINN	ER			
To Whom Paid			мо	DAY	YEAR			
CAFE FRESCO CENTER CIT	Υ		140		I LAIN			
Mailing Address			11	17	2022	\$	224.32	
City HARRISBURG State Zip Code (Plus 4)			Descrip	tion of Exp	enditure			
	PA	17101	VOLUNT	TEER DINN	ER			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
Enter Grand Total of Exp).			_	640.4			

640.14