### **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	C0349				port ed B		CAN	DII	DATE	<b>√</b>	co	MMITTEE		LOB	BYIST		
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:		JIM	GRE	GOR	<u> </u>										
Street Address:																			
City:									State:					Zip Code	e: 16	648			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	<b>√</b> No	)	
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pri	≣-	5.	30 DA ELECT		Р	OST-	6.	TERMINATION Yes No REPORT?					)	<b>√</b>
report type)	ANNUAL	. REPORT	7. <b>X</b>	<b>Year</b> 2022					IG MET			PAPER DISKE						TTE	
Name of Office S	ought by	Candidat	:e:						DATE	0	F ELE	CTIC	ON	District Office Party Code Co					
									МО							Teode	•		
REPRESENTATI	VE IN TH	ie gener	AL ASS	EMBLY						11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		s and	МО	DAY	YEAR	R			МО		DAY	Y	'EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			11 29	2	022	Т	0		12	3	31	2022						
A. Amount Bro	ught For	ward From	ı Last R	eport				\$					0.00						
B. Total Moneta	ary Contr	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																		
D. Total Expend	ditures (I	From Sche	dule II	I)				\$					0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (	C)			\$					0.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From Se	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$					0.00						
					AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is		-		_									_						
I swear (or affirm) correct and complete		report, incli	uding the	attached scl	1edule:	s file	d on	paper o	or by el	ectr	onic me	ediun	n, are to t	he best of	my know	rledge	and bel	ief , tr	ue
Sworn to and subs	cribed bef day of	ore me this		20						•			Signature	of Person	Submitt	ing Re <sub>l</sub>	oort		
	_	Signatur	·e					-		•				Printe	d Name				_
My Commission Ex	pires							_		•				Email					
		МО	D	AY	YR						Are	ea Co	de	Daytime	Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee ha	s no	ot violat	ted a	ny provis	ions of the	act of Ju	ne 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature of	Candida	te			_
								-						Printed	Name				-
		Signature						-						Email					_
My Commission Exp	ires													Email					
	_	МО	D	AY	YR	l		•			Area	Code	ı	Day	time Te	lephor	e Numi	er	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -							
Name of Filing Committee or Candidate	Reporting Period						
JIM GREGORY	From:	11/29/202	<u>22</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

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						
		F	rom:		То	I			
		'		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 Commi	Name of Filling Committee of Candidate			Reporting Period					
F			Fro	From: To			<b>)</b> :		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
							1		
Mailing Address							\$	0.00	
Mailing Address City	State	Zip Code (Plus	4)				\$	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	ame of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00
Mailing Address							<b>+</b>	U	.00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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	2			Rep	orting Pe	riod				
				Fror	n:		To	<b>)</b> :		
			DATE					AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address								7		
City	State	Zi	p Code (Plus	s <b>4</b> )						
Employer Name	•				Occupa	tion	-	-		
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, S					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		Report	ing Peri	od			
			From:			To:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>				•		<u> </u>	
Futor Curred Total of Doub	For Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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 Per	iod							
JIM GREGORY	From:	<u>11/29/2022</u> <b>To:</b>	12/31/2022						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Can	Name of Filing Committee or Candidate					Reporting Period				
			From:			То:				
				DATE			AMOUNT			
Full Name of Contributor				DAY	YEAR					
Mailing Address						<b>7</b> \$	0.0	10		
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•						
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL			
Section 2.						\$	0.0	0		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				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 Place of Business City					e Zi <sub>l</sub>	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
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3.										0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			ng 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 Expenditures on Page 1, Report Cover Page, Item D			`				PAGE TOTAL
Lines Grand Total of Expenditures (	ni rage 1, kepoit C	over rage, Item I	<i>.</i>			\$	0.00