## **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 :	Filer Identification 2022C0169 Number :							DATE	✓	co	OMMITTEI		LOBI	BYIST		
Name of Filing (	Committee, Candid	ate or Lo	obbyist:		Filed CARRL	-	LROSSO									
Street Address:																
City:							State:				Zip Cod	<b>Zip Code:</b> 15139				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 E PRII	DAY MARY	POST-	3.		AMENDMI REPORT?	ENT	Yes	No	<ul> <li>Image: A start of the start of</li></ul>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		DAY POST- 6. CTION				TERMINA REPORT?	TION	Yes	No	$\checkmark$	
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2022				ING METH ) CHECK O				PAPER		$\checkmark$	DISKE	TTE	
Name of Office	Sought by Candidat	te:					DATE C	)F ELE(	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
							мо	DAY	YE	AR	-1	LTG	REP			
LIEUTENANT G	OVERNOR						11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YE	AR	FO	R OFFIC	e use	ONLY		
Expenditures from:   11   29   202							12	2 3	81	2022						
A. Amount Brought Forward From Last Report							\$			0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)							\$ 0.00									
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			0.00						
D. Total Expen	ditures (From Sche	edule II	[)				\$			0.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$			0.00						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)		\$			0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')			\$			0.00						
				AFF	IDAV	IT S	ECTION									
	s a Committee repo											-				
I swear (or affirm correct and compl	) that this report, incl ete.	uding the	attached sc	hedule	s filed o	1 pape	r or by elect	tronic me	dium,	are to	the best of	my know	ledge	and beli	ef , true	
Sworn to and subs	scribed before me this day of	5	20						Si	gnatur	e of Person	Submitt	ing Rep	oort		
	Signatu	re				_					Print	ed Name				
My Commission E	xpires										Email					
	мо	DA	AY	YR				Are	a Code		Daytime	e Telepho	one Nu	mber		
	a report of a canc ) that to the best of m ed.							•		provis	ions of the	act of Ju	ne 3,1	937 (P.L	1333,	
Sworn to and subse	cribed before me this day of		20							s	ignature o	f Candida	te			
											Printeo	i Name				
My Commission Exp	Signature					_		Email								
•						_										
	МО	DA	AY .	YR	l			Area	Code		Da	ytime Te	lephon	e Numb	er	

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** CARRUE DELROSSO 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 Commit	Name of Filing Committee or Candidate						
			Reporting From:	i cirioù	То		
			From:		10	•	
				DATE			AMOUNT
Full Name of Contributing	) Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL
Enter Grand Total of Pa	art A on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

\$

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 Candidat	e		Rep	orting P	eriod					
			Fro	m:		Τα	):			
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	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 Can	ndidate		Reporting	g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

## 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 Candidate			Report	ing Perio	od				
			From:			То:			
				D	ATE			AMOUNT	Г
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	·						•		
Enter Grand Total of Part E on Sched	ule I. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
	are 1, Detailed Sum	iniai y Faye,	Section				\$		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	d	
CARRUE DELROSSO	From:	<u>11/29/2022</u> то:	<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			Reporting	g Period			
	Fr					То:	
				DATE		АМО	UNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate				Rej	porting P	eriod				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor					Occupat	tion				
Employer Mailing Address/Principal Place of City State			State		Zip 4)	Code(Plus	Descri	ption of	Contribution	

Enter Grand Total of Part G on Schedule	II, In-Kind Co	ntributions Det	ailed	PAGE TOTAL
Summary Page, Section 3.				0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
F						То:		
				DATE				
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrij	otion of Ex	penditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
	Ji Page 1, Report C	over Page, Item I				\$	0.00	