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	C0510				port ed B		CANI	DIE	DATE	✓	СО	MMITTEE	П	LOBI	BYIST	
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:				-	TTEIN									
Street Address:																		
									State:					Zin Code	. 10	045		
City:	-													Zip Code	. 10	043		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		P	OST-	3.		AMENDME REPORT?	NT	Yes	No	\
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pre	<u>-</u>	5.	30 DA		P	OST-	6.		TERMINAT REPORT?	ION	Yes	No	
report type)	ANNUAL	. REPORT	7. X	Year 2022					IG MET CHECK					PAPER		⋈	DISKE	TTE
Name of Office S	Sought by	, Candidat	·e·						DATE	TE OF ELECTION District Office Number Code					ty Code			
Name of Office 5	ought by	Canada							МО		DAY	YEAI	₹	18	STS	REP		Code
SENATOR IN TH	HE GENE	RAL ASSE	MBLY						1	1		8 2	2022		(SEE INS	TRUCTI	ONS FOR C	ODES)
Summary of		s and	МО	DAY	YEAR	R			МО		DAY	YEAI	R	FOR	OFFIC	E USE	ONLY	
Expenditures	from:			11 29	2	022	Т	0	1	12	3	31 2	2022					
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$				(0.00					
B. Total Moneta	ary Contr	ibutions <i>A</i>	And Rec	eipts (From	Sche	dule	e I)	\$				(0.00					
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)			\$				9,257	7.77					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le II	I)	\$				C	0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$				(0.00		,			
					AFF	IDA	AVI	T SE	CTIO	V								
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	didate	re	port, c	andida	te siç	ın here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	nedule	s file	d on	paper	or by ele	ectr	onic me	edium, aı	re to t	the best of	my knov	vledge	and belie	ef , true
Sworn to and subs	cribed before day of	ore me this		20						-		Sigr	nature	of Person	Submitt	ing Rep	oort	
	<u> </u>	Signatur	·e					- -		-				Printe	d Name			
My Commission Ex	cpires									-				Email				
		мо	D	AY	YR			_		_	Are	a Code		Daytime	Teleph	one Nu	mber	_
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate sha	II s	ign he	re.						
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	tical	comm	ittee has	s no	t violat	ed any p	rovis	ions of the	act of Ju	ine 3,1	937 (P.L.	1333,
Sworn to and subsc	ribed befo	re me this											s	ignature of	Candida	ite		<u> </u>
	day of			_ 20				_						.				
		Signat						_						Printed	Name			
My Commission Exp		Signature								-				Email				
	-	МО	D	AY	YR	l		-		•	Area (Code		Day	rtime Te	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
JOHN MERHOTTEIN	From:	11/29/202	22 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)	\$	9,257.77
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 Page			\$	9,257.77

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	:			
		1		DATE			AMOUNT		
Full Name of Contributing C	ommittee		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.

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.

Name of Filing Committ	ee 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)			İ	I	

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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	AMOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d 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			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	eriod	
JOHN MERHOTTEIN	From:	11/29/2022 To:	12/31/2022

			D	ATE		AM	IOUNT
Full Name			мо	DAY	YEAR	_	0.257.77
JOHN MERHOTTEIN			MO	DAT	TEAK	\$	9,257.77
Mailing Address 1903 VINTAGE DRIVE			12	15	2022		
City EASTON S	State	Zip Code (Plus 4)	12	15	2022		
F	PA	18045					
Receipt Description LOAN REPAYMENT	S FORGIVEN.						

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

PAGE TOTAL \$ 9,257.77

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	
JOHN MERHOTTEIN	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 Ca	ndidate		Reporting Period					
	Fi					То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						- \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
				_	Г			
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	nmary Pa	ge,		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			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti					
			From			То:		
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL	
Lines Grand Total of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00	