Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 2022C1318 Number :					Repoi Filed		CA	NDI	DATE	*	CC	OMMITTE		LOB	BYIS	Т			
Name of Filing C	ommittee,	Candida	ate or Lo	obbyi	st:	C	AROL	TAYL	ORFO	R PA	SENA	ATE						•	-
Street Address:																			
City:	_								State	e:				Zip Code: 16602					
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND PRIM	FRIDAY ARY	PRE-	2.	30 DA		POST- 3.			AMENDM REPORT?	Yes] [No	\		
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND ELEC	FRIDAY TION	PRE-	5.	30 DA	AY TION					TERMINA REPORT?		Yes		No	/
report type)	ANNUAL R	REPORT	7. X	Year	2022				NG MI CHEC					PAPER		\	DIS	KETTE	
Name of Office S	ought by C	Candidat	e:						DAT	ΈΟ	F ELE	CTI	ION	District Number	Office Code	Pai	rty Co	de Cou Cod	
SENATOR IN TH	JE CENED	AL ACCE	:MDI V						МО		DAY		YEAR	30	STS	DEI	М		
SLINATOR IN TI	IL GLINEK	AL ASSL	.IMDL1							11	8 2022 (SEE INS			STRUCTI	ONS F	OR CODE	S)		
Summary of		and	МО	DA	Y	YEAR			МО		DAY		YEAR	FO	R OFFI	CE USE	ONL	.Y	
Expenditures from: 11 29 2022						22	ГО		12		31	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)						\$	5				0.00								
D. Total Expenditures (From Schedule III)						\$	5				0.00								
E. Ending Cash Balance (Subtract Line D From Line C)						\$	5				0.00	_							
F. Value Of In-	Kind Contr	ibutions	Receive	ed (Fr	rom Sc	hedule	e II)	\$	5				0.00						
G. Unpaid Debt	s And Obli	gations	(From S	Sched	ule IV)	1		\$	5				947.44						
						AFFI	DAV:	IT SE	CTI	NC									
PART I - If this is		-	-		_														
I swear (or affirm) correct and comple		port, inclu	uding the	attacl	hed sch	edules 1	filed or	paper	or by	electr	onic m	ediu	ım, are to	the best of	my knov	wledge	and b	elief , t	rue
Sworn to and subs	cribed befor day of	e me this		20									Signatur	e of Persor	Submitt	ting Re	port		
		Signatur	·a	-				_						Print	ed Name	•			_
My Commission Ex	pires	oigilatai	_							•				Emai	ı				_
	м	ю	DA	ΑY		YR				,	Are	ea C	Code	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report o	of a cand	idate's	autho	rized (Commi	ittee,	Candid	late s	hall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge aı	nd belie	f this p	oolitica	comm	nittee l	nas no	ot viola	ted	any provis	ions of the	act of J	une 3,1	937 (P.L. 133	33,
Sworn to and subsc		me this											S	ignature o	f Candida	ate			-
	day of — –			20 -				_						Printe	d Name				_
	Sig	gnature						_											_
My Commission Exp	ires										Email								
MO DAY						YR		_			Area Code Daytime Telephone Num					mber	_		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -									
Name of Filing Committee or Candidate	Reporting	g Period							
CAROL TAYLORFOR PA SENATE	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	\$	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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
		From: To						
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

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 or Candi	date		Re _l Fro	oorting P m:	eriod	To	o:	
					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.

ame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		Α	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 S	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								
				Fro	From: To:						
					D	ATE		AN	MOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address City State Zip Code (Plus 4)								\$	0.00		
City	State	Zi	p Code (Plus	4)							
Employer Name		•			Occupa	tion	•	•			
Employer Mailing Address/Principal Business	Place of		City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on S	chedule I, Deta	iled Sumr	mary Page,	Secti	on 3.			P	AGE 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	Name of Filing Committee or Candidate			ting Perio				
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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							
CAROL TAYLORFOR PA SENATE	From:	<u>11/29/2022</u> To:	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 Candidate			Reporting Period					
			From:			То:		
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candida	Name of Filing Committee or Candidate				Reporting Period						
					From:			То	То:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•		Occupation						
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed			PAGE TOTAL		
Summary Page, Section 3.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
						То:			
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descri	ption of Ex					
-					PAGE TOTAL				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	0.00		

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

lame of Filing Committee or Candidate				Reporting Period						
CAROL TAYLORFOR PA SENATE	CAROL TAYLORFOR PA SENATE				/29/2022		12/31/2022			
					DATE			Outstanding Balance of Debt		
Name of Creditor KATHERINE MORRIS	мо	DAY	YEAR							
Mailing Address 281 ELCONA ST.							\$	947.44		
City CUNCANSVILLE	State PA	Zip Code (Plu 16635	us 4)	1	otion of Del	22				
Enter Grand Total of Unpaid Deb	ts on Page 1	l, Report Cover Pa	ge, Item	ı G.			\$	PAGE TOTAL 947.44		