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	C0506				port ed B		CAN	ANDIDATE COMMITTEE LOBBYIST					BYIST				
Name of Filing C	ommitte	e, Candida	ate or L	obbyist:				AVANZ	ZO									•	_
Street Address:																			
City:									State	:				Zip Code	e: 15	479			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		P	OST-	3.		AMENDMENT Yes Ne REPORT?					/
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	Y PRE	≣-	5.	30 DA		POST- 6. TERMINATION YES					Yes	No	•	/	
report type)	ANNUAL	. REPORT	7. X	Year 2022					CHECH					PAPER		\checkmark	DISKE	TTE	
Name of Office S	ought by	Candidat	e:	•					DATI	E 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YE	AR	58	STH	REP		Couc	
REPRESENTATI	VE IN IF	IE GENER	AL ASS	EMBLY						11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)	,
Summary of		s and	МО	DAY	YEAR	R			МО		DAY	YI	AR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			11 29	2	022	Т	0		12	Š	31	2022						
A. Amount Bro	ught For	ward Fron	ı Last R	eport				\$	-				0.00						
B. Total Monet	ary Contr	ibutions A	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)			\$				1	30.61						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$					0.00		,				
					AFF	ID	AVI	T SE	CTIC	N									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidat	e re	port, c	andi	date sig	n here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by e	lectr	onic m	edium	, are to t	the best of	my know	/ledge	and beli	ef , tru	16
Sworn to and subs	cribed bef day of	ore me this		20						,		S	ignature	e of Person	Submitt	ing Rep	ort		-
	_	Signatur	e					- -						Printe	ed Name				-
My Commission Ex	cpires							_		•				Email					_
		МО	D	AY	YR						Are	ea Coc	le	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sh	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	comm	ittee ha	as no	ot viola	ted an	y provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		re me this		20									s	ignature of	Candida	te			-
	day of —							-						Printed	Name				-
		Signature						-											_
My Commission Exp	ires													Email					
	_	МО	D	AY	YR	1		-			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		
ERIC DAVANZO	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 antotals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	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						
			From:		То	•			
		•		DATE			AMOUNT		
Full Name of Contributing Committee			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

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 Candidate			Rep	Reporting Period					
Fr			From: To			Го:			
					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.

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	ne of Filing Committee or Candidate			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			Reporting Period						
Fron			om: 1				Го:		
				D/	ATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip	Code (Plus 4)	
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00	
							т	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	Name of Filing Committee or Candidate			ing Peri	od			
			From:			То:		
		•		D	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 Bout	For Cabadula I Batailad	I Comment Page Co		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	
ERIC DAVANZO	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Cand	Name of Filing Committee or Candidate Re				Reporting Period					
F						То:				
				DATE			AMOUNT			
Full Name of Contributor				DAY	YEAR					
Mailing Address						7 \$	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•	•					
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL			
Section 2.						\$	0.00			

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

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

				From:			10:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address							\$	0.00	
City State Zip Code(Plus 4)									
Employer of Contributor				Occupation					
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zi	p Code(Plus 4)	Descri	ption o	f Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Ki	nd (Contributions D	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti						
				From			
				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 Dago 1 Bonort C	'over Page Item F					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			<i>,</i> .			\$	0.00