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 2021	0207			Report iled B		CAND	DATE		СОМ	4ITTEE	✓	LOBBYIST		
Name of Filing C	ommittee, Candid	ate or L	obbyist:	Z	AMA F	OR PA	A CPC								
Street Address:	PO BOX 343														
City:	EAST STROUG	SBURG					State:	PA	PA			de: 1	8301		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	E-	2.	30 DA		POST-			AMENDMENT Yes No				
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PF ELECTION	RE-	5.	30 DA		POST-				TERMINATION Yes No REPORT?			
report type)	ANNUAL REPORT	7. X	Year 2022				NG METH CHECK O				PAPER DISKETTE				
Name of Office S	- Sought by Candida	te:					DATE C	F ELE	CTIO	N	District Number	Office Code	Party Code	County Code	
							МО	DAY	YE	AR			REP		
							11		8	2022		(SEE IN	ISTRUCTIONS FOR C	CODES)	
	Receipts and	МО	DAY YEA	R			МО	DAY	YE	EAR	FC	R OFFI	CE USE ONLY		
Expenditures	rrom:	:	11 29	202	22 T	0	12	:	31	2022					
A. Amount Bro	ught Forward Fror	n Last R	eport			\$			53,1	101.22					
B. Total Moneta	ary Contributions	And Rec	eipts (From Sch	edu	ule I)	\$			2	290.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			53,3	391.22					
D. Total Expend	ditures (From Sch	edule II	I)			\$			53,3	391.22					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$				0.00					
F. Value Of In-	Kind Contributions	Receiv	ed (From Sched	ule	II)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•		
			AF	FΙΙ	DAVI	T SE	CTION								
PART I - If this is	a Committee rep	ort, trea	surer sign here.	If	this is	a Car	ndidate r	eport, d	andi	date sig	ın here.				
I swear (or affirm) correct and comple	that this report, incl ete.	uding the	attached schedul	es f	iled on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge and belie	ef , true	
Sworn to and subs	cribed before me this day of	i	20						S	ignature	of Perso	n Submit	ting Report		
	Signatu	re	-			-					Prin	ted Nam	e		
My Commission Ex	rpires					_					Ema	il			
	МО	D	AY YI	R				Ar	ea Cod	le	Daytim	e Telep	hone Number		
Part II- If this is	a report of a cand	didate's	authorized Com	mit	ttee, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ned.	ny knowle	edge and belief th	is p	olitical	comm	ittee has r	ot viola	ted an	y provis	ions of th	e act of I	une 3,1937 (P.L.	. 1333,	
Sworn to and subsc	ribed before me this day of		20							s	ignature (of Candid	late		
						-					Printe	ed Name			
My Commission Exp	Signature					-					Ema	il			
,						-									
	МО	D	AY Y	R				Area	Code		D	aytime 1	elephone Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ZAMA FOR PA CPC	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)	\$	290.00
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			\$	290.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize on with an aggregate val								
Name of Filing Comm	Name of Filing Committee or Candidate			Reporting Period					
			Fr	om:		То	:		
					DATE			AMOUNT	
Full Name of Contribution	ng Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
	•					-	Г	PAGE TOTAL	

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

PAGE TOTAL\$ 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 Filling Committee of Candidate				Reporting Period From: To:					
			l		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.

Name of Filing Committee or Candi	date		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	•			Rep	orting Pe	riod				
				Froi	m:		То):		
					D	ATE		AN	MOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address								\$	0.00)
City	State	Zi	p Code (Plus	5 4)						
Employer Name	•	•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City		•	State		Zip Cod	e (Plus 4)	
Enter Grand Total of Part C on Scho	edule I, Deta	iled Sumr	mary Page,	Section	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	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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	
ZAMA FOR PA CPC	From:	<u>11/29/2022</u> 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 Candidat	lame of Filing Committee or Candidate Rep					Reporting Period					
	From:		То:	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 Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	(ind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	Dama esti-	n n Davia d					
ZAMA FOR PA CPC	ZAMA FOR PA CPC			ng Period <u>11/2</u> 9	9/2022	То:	12/31/2022
				DATE			AMOUNT
To Whom Paid PNC BANK			мо	DAY	YEAR		
Mailing Address 60 WASHINGTON	6	30	2022	\$	189.04		
City EAST STROUDSBURG State PA 2ip Code (Plus 4) 18301				otion of Exp SERVICE C			
To Whom Paid PNC BANK			МО	DAY	YEAR		
Mailing Address 60 WASHINGTO	N ST		7	31	2022	\$	48.93
City EAST STROUDSBURG	State PA	Zip Code (Plus 4) 18301		otion of Exp SERVICE C			
To Whom Paid NCHE ZAMA			МО	DAY	YEAR		
Mailing Address PO BOX 343			7	31	2022	\$	53,153.25
City EAST STROUDSBURG	State PA	Zip Code (Plus 4) 18301	1 -	otion of Exp DATE LOAM			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 53,391.22