#### **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 2022	0296			Rep File			CAND	IDATE		СОМ	<b>4ITTEE</b>	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		CAR	OL	TAYLO	OR FOR I	PA		-						
Street Address:	C/O TREASUR	ER 901	WADE LN														
City:	DUNCANSVILI	_E			State:				PA	PA			<b>le:</b> 16	635			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDM REPORT?		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	=- !	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	•	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022					NG METH CHECK C				PAPER			DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE (	)F ELE	CTIC	N	District Number	ty Code	Coun			
								МО	DAY	YI	EAR		Code				
								11		8	2022		(SEE IN	STRUCTI	ONS FOR (	CODES)	)
	Receipts and	МО	DAY	YEAR	R			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		5 3	2	022	Т	0	(	5	6	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			:	200.00						
B. Total Monet	dule	I)	\$			9	930.00										
C. Total Funds Available (Sum Of Lines A and B)							\$			1,	130.00						
D. Total Expend	ditures (From Scho	edule II	I)				\$			3	332.36						
E. Ending Cash	Balance (Subtract	Line D	From Line (	C)			\$			7	97.64	]					
F. Value Of In-	Kind Contributions	Receive	ed (From So	chedu	le II	)	\$			4	150.04						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00						
				AFF	IDA	١٧٧	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere. :	If thi	is is	a Can	ndidate r	eport,	candi	date sig	jn here.					
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sch	nedule	s filed	d on	paper (	or by elec	tronic m	edium	, are to t	the best o	f my knov	wledge	and beli	ef , tru	ue
Sworn to and subs	cribed before me this day of	:	20							5	Signature	of Perso	n Submit	ting Re	oort		_
			-				<b>-</b>					Prin	ted Name	e			-
My Commission Ex	Signatu opires	re										Ema	il				-
	мо	DA	AY	YR			_		Ar	ea Co	le	Daytim	e Teleph	one Nu	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	commi	ittee has	not viola	ted ar	ıy provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
	day of		_ 20				_					Duinta	d Name				_
	Signature						-					Printe	d Name				
My Commission Exp	<del>-</del>											Ema	il				_
	МО	D/	AY	YR	l		-		Area	Code		Da	aytime T	elephor	ne Numb	er	-

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

-				
Name of Filing Committee or Candidate	Reporting	g Period		
CAROL TAYLOR FOR PA	From:	<u>5/3/202</u>	<u>2</u> To:	6/6/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	230.00
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)			\$	700.00
TOTAL for the Reporting	) Period	(2)	\$	700.00
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			\$	930.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Name of Filing Comm		Reporting Period						
			From: To:					
		I		DATE			AMOUNT	
Full Name of Contribut	ing 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 \$**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 Candidat	Name of Filing Committee or Candidate							
CAROL TAYLOR FOR PA			Froi	m:	<u>5/3/2</u>	2 <u>022</u> <b>T</b> o	):	6/6/2022
					DATE			AMOUNT
Full Name of Contributor HELEN M SHEEHY				МО	DAY	YEAR		
Mailing Address 207 LYNN DRIVE							\$	100.00
City TYRONE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16686		5	13	2022		
Full Name of Contributor LAURA BURKE				МО	DAY	YEAR		
Mailing Address 901 WALNUT STRE	State	Zip Code (Plus 4)		5	12	2022	\$	200.00
Full Name of Contributor KATHERINE MORRIS				МО	DAY	YEAR		
Mailing Address 281 ELCONA STREE	ΞΤ						\$	100.00
City HOLLIDAYSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16648		5	12	2022		
Full Name of Contributor MEERA BAJWA				МО	DAY	YEAR		
Mailing Address 1374 SYLVAN DRIV	E						\$	100.00
City HOLLIDAYSBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16648						
Full Name of Contributor DAVID PRESTON				МО	DAY	YEAR		
Mailing Address 202 NICOL DRIVE							\$	200.00
City READING	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19606		5	28	2022		

**PAGE TOTAL** 

**\$** 700.00

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committ	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	1			Rep	orting Pe	riod			
				Fror	n:		To	<b>)</b> :	
					D	ATE		Α	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ce of		City		•	State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Deta	iled Sumr	mary Page,	Section	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 Can	didate		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR		-
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description		·					•	
Enter Grand Total of Part E on S	Schedule I Detailer	d Summary Page	Section	4		[	P	PAGE TOTAL
zneci Grana rotar or r art z on o	renedure 1/ Detaned	· Summary rage,	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 Period	I	
CAROL TAYLOR FOR PA	From:	<u>5/3/2022</u> <b>To:</b>	<u>6/6/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	450.04
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	150.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	300.04
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,	•	\$	900.08

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Car	ndidate		Reporting	Period			
CAROL TAYLOR FOR PA			From:	<u>!</u>	5/3/2022	To:	6/6/2022
				DATE			AMOUNT
Full Name of Contributor DENICE RODANICHE			мо	DAY	YEAR		
Mailing Address 207 31ST S	STREET		5	3	2022	\$	150.00
City ALTOONA	State	Zip Code (Plus 4)	1				
	PA	16602					
Description of Contribution:	PAID FOR AD IN SOUTH	ERN ALLEGHENIES MU:	SEUM OF A	ART BROC	HURE		
Enter Grand Total of Part F or Section 2.	n Schedule II, In-Kin	d Contributions Deta	iled Sum	mary Pag	je,		PAGE TOTAL
Section 2.						<b>\$</b>	150.00

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

Name of Filing Committee or Candidate

CAROL TAYLOR FOR PA

Reporting Period

From: 5/3/2022 To: 6/6/2022

					DATE		AMOUNT	
Full Name of Contributor DIANE OSGOOD				мо	DAY	YEAR		
Mailing Address 803 HEDGE	STREET						<b>\$</b> 300.04	
City HOLLIDAY	State		Zip Code(Plus 4)	6	6	2022		
	PA		16648					
Employer of Contributor RET	TRED			Occupation				
Employer Mailing Address/Princi Business	ipal Place of	City	State	Zip 4)	Code(Plus	Descri	ption of Contribution	
						VALUE SP	OF RENT FOR OFFICE	
Enter Grand Total of Part G	on Schedule II	In-Kind	Contributions Detail	led			PAGE TOTAL	
Summary Page, Section 3.	on ocheane 11,	2.1 Killu	Contributions Detail				300.04	

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
CAROL TAYLOR FOR PA			From	<u>5/</u>	3/2022	То:	6/6/2022
				DATE			AMOUNT
To Whom Paid KATE KIME MORRIS			МО	DAY	YEAR		
Mailing Address 281 ELCONA	STREET		5	23	2022	\$	118.69
City DUNCANSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16635	<b>Descrip</b> PRINTI				
To Whom Paid KATE KIME MORRIS			мо	DAY	YEAR		
Mailing Address 281 ELCONA	STREET		5	23	2022	\$	48.71
City DUNCANSVILLE	1	otion of Exp					
To Whom Paid KATE KIME MORRIS			МО	DAY	YEAR		
Mailing Address 281 ELCONA	STREET		5	25	2023	\$	66.36
City DUNCANSVILLE	State PA	<b>Zip Code (Plus 4)</b> 16635		otion of Exp			
To Whom Paid KATE KIME MORRIS	·		мо	DAY	YEAR		
Mailing Address 281 ELCONA	STREET		5	30	2022	\$	61.86
City DUNCANSVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16635		otion of Exp		3	
To Whom Paid ACT BLUE FEES	•		мо	DAY	YEAR		
Mailing Address 14 ARROW S	STREET SUITE 11					\$	36.73
City CAMBRIDGE	State MA	<b>Zip Code (Plus 4)</b> 02138		otion of Exp ON CONTRI			
Fatan Consultation 1			<u>'</u>			P.	AGE TOTAL
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item l	J.			\$	332.35