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 790	0366			Report Files			CAN	ADI	DATE		СОМ	AITTEE	Y	LUB	БИТ	•	
Name of Filing C	ommittee, Candi	date or L	obbyist:	,	PSEA	-PA	CE F	OR ST	ATI	E ELEC	TIO	NS						
Street Address:	400 N THIRE	ST																
City:	HARRISBURG	i i						State	:	PA			Zip Co	de: 17	7105-	1724		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2		30 DA PRIMA		Р	OST-	3.		AMENDN REPORT		Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		P	OST-	6.		TERMINA REPORT		Yes		No	\
report type)	ANNUAL REPORT	7.	Year 2023					CHECK					PAPER		$ \cdot $	DIS	KETT	E
Name of Office S	ought by Candida	ate:			-			DAT	ΕO	F ELE	CTIC	N	District Number	Office Code	Pa	rty Co	ode Co	ounty ode
REPRESENTATI	VE IN THE GENE	RAI ASS	SEMBLY					МО		DAY	YI	EAR	35	STH				
									2		7	2023		(SEE IN	STRUCT	IONS F	OR COD	ES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR				МО		DAY	Y	EAR	FC	R OFFI	CE US	E ON	LY	
			1 24	20	023	T)		2	:	17	2023						
A. Amount Bro	ught Forward Fro	m Last R	Report				\$				365,	454.49						
B. Total Monetary Contributions And Receipts (From Schedule I)							\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				365,	454.49						
D. Total Expenditures (From Schedule III)						\$				1,0	00.00							
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			3	364,4	54.49						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$					0.00						
G. Unpaid Debt	s And Obligation	s (From	Schedule IV	')			\$					0.00						
				AFF	'IDA'	VI٦	SE	CTIO	N									
PART I - If this is		-	_							-		_						
correct and comple) that this report, in ete.	cluding th	e attached sc	hedules	filed	on p	aper	or by e	lecti	ronic m	edium	, are to t	the best o	f my kno	wledge	and	belief ,	true
Sworn to and subs	cribed before me th day of	is	20								5	Signature	of Perso	n Submit	ting Re	port		
	Signat	ure											Prin	ted Name	e			
My Commission Ex	pires								•				Ema	il				
	МО	D	AY	YR						Are	ea Cod	de	Daytin	ne Teleph	one N	umbe	r	
Part II- If this is	a report of a car	didate's	authorized	Comm	nittee	, Ca	ndid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ef this	politio	cal	comm	ittee ha	as no	ot viola	ted ar	ıy provis	ions of th	e act of J	une 3,1	L937 ((P.L. 1	333,
Sworn to and subsc	ribed before me this day of	i	20									s	ignature	of Candid	ate			_
													Printe	ed Name				—
My Commission Exp	Signature ires						•						Ema	il				-
	мо	D	AY	YR						Area	Code		D	aytime T	elepho	ne Nu	ımber	$-\mid$

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PSEA-PACE FOR STATE ELECTIONS	From:	<u>1/24/202</u>	<u>3</u> To:	2/17/2023
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 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			
			Fre	om:		То	:	
		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.

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:					
					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 Candida	ate			Rep	orting Pe	riod			
				Froi	n:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	i 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 So	chedule 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	bd			
			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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Pe	riod	
PSEA-PACE FOR STATE ELECTIONS	From:	<u>1/24/2023</u> To:	2/17/2023
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 Candid	ate		Reportin	g 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 So	chedule II. In-Kir	nd Contributions Deta	iled Sun	ımarv Pad	ae.		PAGE TOTAL
Section 2.				 ;		\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candi	date				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			1			Occupa	tion		1	
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descr	iption (of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
PSEA-PACE FOR STATE ELECTIONS	From	1/24/2023	То:	2/17/2023		

				DATE			AMOUNT
To Whom Paid Team Gergely			мо	DAY	YEAR		
Mailing Address 1644 Fawcett Ave			1	27	2023	\$	1,000.00
City White Oak	State PA	Zip Code (Plus 4) 15131	Descrip Contrib	otion of Exp	penditure		
Enter Crand Total of Evnend							PAGE TOTAL
Enter Granu Total of Expend	ter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						1,000.00