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 2020	00021				port ed B		CAND	IDATE		COM	4ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		ELE	CT C	SREG	HAYES									
Street Address:																	
City:	ERIE							State:	PA			Zip Cod	le: 16	5505			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI	DAY PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	N)	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI	DAY PRI N	E-	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	N)	\
report type)	ANNUAL REPORT	7.	Year 20	22				NG METH CHECK C				PAPER		\	DISK	ETTE	
Name of Office S	Sought by Candida	te:	_					DATE (OF ELE	CTI	ON	District Number	Office Code	Pai	ty Code	Cour	
	,							МО	DAY	Υ	EAR	Number	Code	REI	·	TCOUC	
								11	L	8	2022		(SEE IN	STRUCTI	ONS FOR	CODES	5)
	Receipts and	МО	DAY	YEAF	2			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		3	29 2	022	T	0	Ē	5	2	2022						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$				63.54						
B. Total Moneta	ary Contributions	And Rec	eipts (Fr	om Sche	edule	e I)	\$				0.00						
C. Total Funds	Available (Sum Of	f Lines A	and B)				\$				63.54						
D. Total Expend	ditures (From Sch	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Lin	e C)			\$				63.54						
F. Value Of In-	Kind Contributions	s Receiv	ed (From	Schedu	le I	I)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule	IV)			\$				0.00			•			
				AFF	-ID/	AVI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sig	ın here.	If th	nis is	a Car	ndidate r	eport,	cand	idate sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached	schedule	s file	ed on p	paper	or by elec	tronic n	nediun	n, are to t	he best of	my kno	wledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me this day of	5	20								Signature	of Persor	Submit	ting Re	oort		_
	Signatu	ıre					-					Print	ted Name	=			
My Commission Ex	cpires											Emai	I				_
	МО	D	AY	YR					А	rea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authoriz	ed Comr	nitte	ee, Ca	andid	ate shall	sign h	iere.							
I swear (or affirm) No 320) as amende	that to the best of r	ny knowle	edge and b	elief this	s poli	itical	comm	ittee has i	not viol	ated a	ny provis	ions of the	act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me this										s	ignature o	f Candid	ate			-
	day of ————————————————————————————————————						-					Printe	d Name				_
	Signature						-										_
My Commission Exp	-											Emai	I				
	МО	D.	AY	YF	R		•		Area	a Code		Da	ytime T	elephoi	ne Numi	per	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ELECT GREG HAYES	From:	3/29/202	<u>2</u> To:	5/2/2022
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
			ı	
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

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				
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee	e		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL \$0.00

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

PART B 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.

	Name of Filing Committee or Candidate						
From: To:							
	•			DATE			AMOUNT
		м	0	DAY	YEAR		
						\$	0.00
State	Zip Code (Plus 4)						
	State	State Zip Code (Plus 4)		мо		MO DAY YEAR	MO DAY YEAR \$

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

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 Candidate			Reporting Period					
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary 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								
	om: To:								
				D	ATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary 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 Candidate			Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	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 Perio	od						
ELECT GREG HAYES	From:	3/29/2022 To :	<u>5/2/2022</u>					
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 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 Candidate				Reporting Period					
	From: To:								
				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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL		
						\$	(0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					orting	Period					
From:						rom: To:					
						DATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address				-					\$	0.00	
City	State	;	Zip Code(Plus 4)								
Employer of Contributor					Occup	ation					
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on	
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL	
Summary Page, Section 3.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
				DATE	AMOUNT				
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Evnenditures	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	0.00		