Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identification 20180052 Number : | | | | | | Report Filed By : | | CANDI | DATE | | СОМ | ITTEE | ✓ | LOBBYIST | | |
|---|---------------------------------|-------------|------------------------|---------|---------|----------------------|----------------|-------------|----------|--------|------------|--------------------|----------------|----------|-----------|-----------|
| Name of Filing C | Committee, Candi | date or L | obbyist: | | ENE | RGY | VOIC | CES PAC | | | | | | | | |
| Street Address: | 2200 GEORG | ETOWN | DR, STE 5 | 500 | | | | | | | | | | | | |
| City: | SEWICKLEY | | | | | | | State: | PA | | | Zip Cod | ie: 15 | 5143-8 | 753 | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRIMARY | Y PRE | - 2 | 2. X | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT | | Yes | No | ~ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | y pre | ≣- ! | 5. | 30 DA | | POST- | 6. | | TERMINA REPORT | | Yes | No | ~ |
| report type) | ANNUAL REPORT | 7. | Year 2023 | | | | | NG METHO | | | | PAPER | | V | DISKE | TTE |
| Name of Office S | Sought by Candida | ate: | • | | | | | DATE O | F ELE | СТІО | N | District Number | Office Code | Par | ty Code | County |
| | , oug | | | | | | | МО | DAY | YE | AR | Number | Code | | | code |
| | | | | | | | | 11 | | 7 | 2023 | | (SEE IN | ISTRUCTI | ONS FOR O | CODES) |
| | Receipts and | МО | DAY | YEAR | ł | | | МО | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | |
| Expenditures | irom: | | 3 28 | 2 | 023 | Т | 0 | 5 | | 1 | 2023 | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | 1,0 | 57.90 | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From | Sche | dule | I) | \$ | | | | 7.79 | | | | | |
| C. Total Funds | Available (Sum 0 | f Lines A | and B) | | | | \$ | | | 1,0 | 65.69 | | | | | |
| D. Total Expend | ditures (From Scl | nedule II | 1) | | | | \$ | | | | 0.00 | | | | | |
| E. Ending Cash | Balance (Subtra | t Line D | From Line (| C) | | | \$ | | | 1,0 | 65.69 | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From So | chedu | le II |) | \$ | | | | 0.00 | | | | | |
| G. Unpaid Debt | s And Obligation | s (From S | Schedule IV |) | | | \$ | | | | 0.00 | | | ' | | |
| | | | | AFF | IDA | ١٧٧ | T SE | CTION | | | | | | | | |
| | s a Committee re | • | _ | | | | | | | | | | | | | |
| I swear (or affirm) |) that this report, inc ete. | cluding the | e attached sch | nedule | s filed | d on | paper (| or by elect | ronic m | edium, | , are to t | the best o | f my kno | wledge | and belie | ef , true |
| Sworn to and subs | cribed before me th day of | is | 20 | | | | | | | s | ignature | of Perso | n Submit | ting Rep | oort | |
| | Signat | | | | | | - - | | | | | Prin | ted Name | e | | |
| My Commission Ex | _ | uie | | | | | | | | | | Ema | il | | | |
| | мо | D | AY | YR | | | - | | Are | ea Cod | e | Daytim | e Telepi | hone Nu | mber | |
| Part II- If this is | a report of a car | didate'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 ed. | my knowl | edge and beli | ef this | polit | ical | commi | ittee has n | ot viola | ted an | y provis | ions of th | e act of J | une 3,1 | 937 (P.L | . 1333, |
| Sworn to and subsc | ribed before me this | ; | | | | | | | | | s | ignature o | of Candid | late | | |
| | day of | | _ 20 | | | | - | | | | | Drinta | d Name | | | |
| | Signature | | | | | | - | | | | | | | | | |
| My Commission Exp | _ | | | | | | | | | | | Ema | il | _ | | |
| | МО | D | AY | YR | l | | • | | Area | Code | | Da | aytime T | elephor | e Numb | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Detailed Sammary Lag | _ | | | |
|--|-----------|----------|---------------|-----------------|
| Name of Filing Committee or Candidate | Reporting | Period | | |
| ENERGY VOICES PAC | From: | 3/28/202 | <u>23</u> To: | <u>5/1/2023</u> |
| 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) | \$ | 7.79 |
| 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 | | | \$ | 7.79 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | is Part to itemize onl vith an aggregate valu | | | | | | | |
|---------------------------|--|------------------|----|---------|--------|------|----|--------|
| Name of Filing Commit | tee or Candidate | | Re | porting | Period | | | |
| | | | Fr | om: | | То | : | |
| | | <u> </u> | | | DATE | | | AMOUNT |
| Full Name of Contributing | g 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 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) | 1 | | | | | |

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 | lame of Filing Committee or Candidate Rep | | | 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.)

| lame of Filing Committee or Candidate | | | Reporting Period | | | | | | | |
|--|-----------------|----------|------------------|------------|--------|-------|------|-------|-----------|-----------------|
| | | | | Fror | n: | | To | То: | | |
| | | | | | D | ATE | | | AMOUNT | |
| 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 C | ode (Plus | 4) |
| Enter Grand Total of Part C on Scho | edule I, Detail | led Sumr | mary Page, | Section | on 3. | | | \$ | PAGE TO | TAL 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 | Reporting Per | riod | |
|---------------------------------------|---------------|-----------------------|----------|
| ENERGY VOICES PAC | From: | 3/28/2023 To : | 5/1/2023 |

| | | | D | ATE | | AMOUNT |
|--|--------------------|--------------------------------|----|-----|------|---------|
| Full Name Fidelity Investments | | | МО | DAY | YEAR | |
| Mailing Address 450 N Federal Highway, Ste 200 | | | _ | 1 | 2022 | \$ 7.79 |
| City Ft. Lauderdale | State FL | Zip Code (Plus 4) 33301 | 5 | | 2023 | |
| Receipt Description Bank Interes | st | · | | | | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$ 7.79

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 | |
|--|-----------------|-----------------------|-----------------|
| ENERGY VOICES PAC | From: | 3/28/2023 To : | <u>5/1/2023</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER 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 Candid | ate | | Reporting | g Period | | | | |
|------------------------------------|---------------------|-----------------------|-----------|---------------|------|-----------|------------|--|
| | Fn | | | | | То: | n: | |
| | | | | 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 S | chedule II In-Kir | nd Contributions Deta | iled Sum | mary Pag | ле Г | | PAGE TOTAL | |
| Section 2. | incudic 11, 111 Kii | ia contributions beta | nea Sam | illial y I as | , | | PAGE TOTAL | |
| | | | | | | \$ | 0.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | | | 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 | Kind (| Contributions De | etaile | ed | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or (| 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) | Descri | ption of Ex | penditure | | | | | | |
| | | | | | | | PAGE TOTAL | | | | |
| Enter Grand Total of Expen | laitures on Page 1, Re | port Cover Page, Item D |). | | | \$ | 0.00 | | | | |