### **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 202	2C0240			Rep File			CAN	DII	DATE	<b>√</b>	C	OMMITTE		LOB	BYIST	•	
Name of Filing C	ommittee, Candi	date or L	obbyist:		JONE	ES F	OR L	T GOV	'ERI	NOR P	PΑ							
Street Address:																		
City:								State:	1				Zip Cod	<b>e:</b> 19	9040			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		OST-	3.		AMENDMI REPORT?	ENT	Yes		lo	<b>\</b>	
(place X to	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	Y PRE	- 5	5.	30 DA		P	OST-	6.		TERMINA' REPORT?	TION	Yes	ľ	lo	<b>\</b>
the right of report type)	ANNUAL REPORT	Г 7.	<b>Year</b> 2022			FILING METHOD ( ) CHECK ONE					PAPER		<b>√</b>	DISK	ETTE			
Name of Office S	ought by Candida	ate:	•		•			DATE	01	F ELE	СТІ	ON	District Number	Office Code	Pai	rty Cod	e Cou	
LIFLITENIANIT	OVERNOR							МО		DAY	,	YEAR	-1	LTG	REF	)		
LIEUTENANT G	OVERNOR								11		8	2022		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of Expenditures		МО	DAY	YEAR			_	МО		DAY		YEAR	FOI	R OFFI	CE USE	ONL	<b>(</b>	
			1 1	. 20	022	Т	0		3	:	28	2022	_					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00	_					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$				6	,975.00						
C. Total Funds	Available (Sum C	f Lines A	and B)				\$				6	,975.00						
D. Total Expend	ditures (From Scl	nedule II	I)				\$				4	,522.83						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$				2	,452.17	1					
F. Value Of In-	Kind Contribution	ıs Receiv	ed (From S	chedu	le II)	)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule I\	/)			\$					0.00			•			
				AFF	IDA	VI	T SE	CTIO	N									
PART I - If this is	a Committee rep	ort, trea	surer sign	here.	[f thi	s is	a Car	ndidate	e re	port, o	cano	lidate si	gn here.					
I swear (or affirm) correct and complete	that this report, inc ete.	cluding the	e attached so	hedules	filed	on	paper	or by el	ectr	onic m	ediu	m, are to	the best of	my kno	wledge	and be	elief , tı	rue
Sworn to and subs	cribed before me th day of	is	20						•			Signatur	e of Person	Submit	ting Re	port		_
	Signat						<b>-</b>		•				Print	ed Name	e			_
My Commission Ex	_	ui e							-				Email					_
	мо	D	AY	YR			_		-	Are	ea C	ode	Daytime	Teleph	none Nu	mber		
Part II- If this is	a report of a car	ididate's	authorized	Comn	nittee	e, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of	my knowl	edge and bel	ief this	politi	ical	comm	ittee ha	s no	ot viola	ted a	any provis	sions of the	act of J	une 3,1	937 (P	.L. 133	33,
Sworn to and subsc	ribed before me this	;										9	Signature of	f Candid	ate			- <u> </u>
	day of						_						Drintes	l Name				_
	Signature						-						Frinted	. наше				
My Commission Exp	-								-				Email	l				
	МО	D	AY	YR			•			Area	Cod	e	Da	ytime T	elephoi	ne Nun	ber	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
JONES FOR LT GOVERNOR PA	From:	1/1/202	<u>2</u> To:	3/28/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	20.00
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)			\$	5,000.00
TOTAL for the Reporting	Period	(3)	\$	5,000.00
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			\$	5,020.00

#### **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 Committe	ee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing	Committee			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.

(Exclud	le contributions fro	m political commi	ittee	es re <sub>l</sub>	oorted	in Part	A)	
Name of Filing Committee	or Candidate		Repo	rting P	eriod			
			From	ı:		To	<b>)</b> :	
					DATE			AMOUNT
Full Name of Contributor				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.

#### **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			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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 Candidat	e			Rep	orting Pe	riod			
JONES FOR LT GOVERNOR PA				Fron	n:	1/1/2	<u>022</u> To	):	3/28/2022
					D	ATE			AMOUNT
Full Name of Contributor RAYMOND BLYDENBURGH					мо	DAY	YEAR	4	\$ 5,000.00
Mailing Address					2	4	2022	1	
City	State	Zi	p Code (Plus	<b>4</b> )	_		2022		
Employer Name	•				Occupat	tion		•	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	Sumn	mary Page,	Section	on 3.				PAGE TOTAL
							:	\$	5,000.00

## 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:			То:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	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 Period		
JONES FOR LT GOVERNOR PA	From:	<u>1/1/2022</u> <b>To:</b>	<u>3/28/2022</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 Candidate	ne of Filing Committee or Candidate			Reporting Period					
			From:			To:			
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address		_				<b> </b>		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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
JONES FOR LT GOVERNOR PA	From	1/1/2022	То:	3/28/2022			

				DATE		AMOUNT
To Whom Paid			мо	DAY	YEAR	
VARIOUS			М		ILAK	
Mailing Address			1	31	2022	\$ 615.93
City State Zip Code (Plus 4)				tion of Exp		
To Whom Paid VARIOUS			мо	DAY	YEAR	
Mailing Address			2	28	2022	\$ 760.90
City	State	Zip Code (Plus 4)	1	tion of Exp		
To Whom Paid VARIOUS			МО	DAY	YEAR	
Mailing Address			3	31	2022	\$ 3,145.00
City	State	Zip Code (Plus 4)	1	tion of Exp		
						PAGE TOTAL
Enter Grand Total of Ex	xpenditures on Page 1, Rep	oort Cover Page, Item D	•			\$ 4,521.83