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 201	70298			Repo			CANI	DIE	DATE		СОМ	4ITTEE	✓	LOB	BYIS		
Name of Filing C	ommittee, Candi	date or L	obbyist:		FRIE	NDS	S OF	SUMME	R	LEE								
Street Address:	137 ELMORE	RD																
City:	PITTSBURGH	I						State:		PA			Zip Cod	le: 15	221			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY						30 DA PRIMA		P	OST-			AMENDMENT REPORT?		Yes] [No	\
(place X to the right of								P	POST- 6.			TERMINA REPORT?	Yes	֓֟֟֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֓֡֓	No	\		
report type)											PAPER		√	DIS	ETTE			
Name of Office S	ought by Candid	ate:	-					DATE	OF	F ELEC	стіо	N	District Number	Office Code	Par	ty Co	le Cou	
REPRESENTATI	VE IN THE GENE	RAL ASS	SEMBLY					МО		DAY	YE	AR	34	STH	DEN	1		
KEI KESENTATI	VE IN THE CENT		CITIOLI					1	.1		7	2023		(SEE INS	TRUCTI	ONS FO	R CODES	5)
Summary of Expenditures		МО	DAY	YEAR				МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONL	Y	
expenditures	irom:		5 2	20	023	T	0		6		5	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	Sche	dule 1	I)	\$					0.00						
C. Total Funds	Available (Sum (of Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Sc	nedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$				20,8	40.15						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	le II)		\$					0.00						
G. Unpaid Debt	s And Obligation	s (From	Schedule IV	')			\$					0.00						
				AFF	IDA'	VI٦	ΓSE	CTIO	V									
PART I - If this is			_															
I swear (or affirm) correct and comple	that this report, in ete.	cluding th	e attached sc	hedules	filed	on I	paper	or by ele	ctr	onic me	edium	, are to t	he best of	f my knov	vledge	and b	elief , tı	rue
Sworn to and subs	cribed before me th day of	is	20						-		S	Signature	of Person	n Submitt	ing Re _l	ort		
	Signat	ure					-		-				Print	ted Name				-
My Commission Ex	_								-				Emai	il				-
	мо	D	AY	YR			_			Are	a Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized	Comm	ittee	, Ca	andid	ate sha	II s	ign he	re.							
I swear (or affirm) No 320) as amende		my knowl	edge and beli	ef this	politic	cal	comm	ittee has	s no	t violat	ed an	y provis	ions of the	e act of Ju	ine 3,1	937 (F	.L. 133	з,
Sworn to and subsc		5										s	ignature o	f Candida	ite			-
	day of ————————————————————————————————————						-						Printe	d Name				-
	Signature	ı					-		_					-				_
My Commission Exp	ires												Emai	il				
	мо	D	AY	YR			•			Area	Code		Da	ytime Te	elephor	ne Nur	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF SUMMER LEE	From:	<u>5/2/202</u>	<u>3</u> To:	6/5/2023
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 ar 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.

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 Fining Committee of Candidate			Rep	oorting P				
					DATE	To		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 Candidate	ame of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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 Can	ame of Filing Committee or Candidate			Rep	orting Pe					
				Froi	m:		То	Го:		
					D	ATE		AN	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/Princi Business	pal Place of		City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C o	n Schedule 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Per	iod	
FRIENDS OF SUMMER LEE	From:	<u>5/2/2023</u> To:	6/5/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candidat	:e		Reporting	g Period						
	Fre					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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL			
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		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					porting	Period					
						From:			То:			
							DATE			AMOUNT		
Full Name of Contributor						мо	DAY	YEAR				
Mailing Address									\$	0.00		
City	State		Zip Code(F	Plus 4)								
Employer of Contributor			•			Occupa	ation		•			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution		
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00		
Summary Page, Section 3.									0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	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 Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00