Campaign Finance Report

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

Filer Identificat	ion 2022	C0349			Repo			CANDI	DATE	✓	СС	OMMITTE	1	LOBI	BYIST				
Number : Name of Filing (Committee, Candid	ate or la	obbvist:		Filed JIM G														
			<i></i>		5111 0														
Street Address:																			
City:							5	State:				Zip Cod	e: 16	648					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE	- 2.) day Rimai		POST-	3.		AMENDM REPORT?	ENT	Yes	No)			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.) DAY _ECTI		POST-	6.		TERMINA REPORT?	TION	Yes	No) V			
report type)	ANNUAL REPORT	7.	Year 2022					G METHO				PAPER		\checkmark	DISKE	TTE			
Name of Office S	Sought by Candidat	te:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County	,		
								мо	DAY	YE	AR	80	STH	REP	•				
REPRESENTAT	IVE IN THE GENER	RAL ASS	EMBLY				Ē	11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)			
	Receipts and	мо	DAY	YEAF	2		[мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY				
Expenditures	s from:		1 1	2	022	то		3	2	8	2022								
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				0.00								
B. Total Monet	ary Contributions /	And Rec	eipts (Fron	n Sche	dule I)	\$				0.00								
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.00								
D. Total Expen	ditures (From Sche	edule II	[)				\$				0.00								
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$				0.00								
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)		\$				0.00								
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			\$				0.00								
				AFF	IDAV	/IT	SEC	CTION											
	s a Committee repo																		
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedule	s filed o	on paj	per o	r by elect	ronic me	dium,	are to	the best of	my know	ledge	and beli	ef , true	1		
Sworn to and subs	scribed before me this day of	5	20							Si	gnatur	e of Person	Submitt	ing Rep	oort				
	Signatu	re				_						Print	ed Name						
My Commission E	-											Emai							
	мо	DA	AY	YR					Are	a Cod	•	Daytime	e Telepho	one Nu	mber				
Part II- If this is	a report of a cand	lidate's	authorized	Comr	nittee,	Can	dida	te shall	sign he	re.									
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ief this	s politica	al co	mmit	tee has n	ot violat	ed any	, provis	ions of the	act of Ju	ne 3,1	937 (P.I	1333,			
Sworn to and subso	cribed before me this										s	ignature o	f Candida	te					
	day of											Printe	l Name						
	Signature																		
My Commission Exp	bires											Emai	I						
	мо	DA	AY	YR	ł				Area	Code		Da	ytime Te	lephon	e Numb	er			

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** JIM GREGORY From: <u>1/1/2022</u> **To:** <u>3/28/2022</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Period					
				From: To:			1		
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
·····								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						\$	0.00		

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. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candidate Reporting Period										
			Fror	From: To:						
					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. \$ 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	J Period								
				То:								
				DA	TE		A	MOUNT				
Full Name of Contributing Committee				мо	DAY	YEAR		0.00				
Mailing Address							- \$	0.00				
City	State	Zip Cod	e (Plus 4)									
								PAGE TOTAL				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	0.00				

PART D 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				leporting Period					
From				1: To:					
			D	ATE		AM	OUNT		
Full Name of Contributor				DAY	YEAR	\$	0.00		
State	Zip Code (Plu	s 4)							
•			Occupation						
ce of Business	City			State	State Zip Code (Plus 4)				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							GE TOTAL 0.00		
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA From: DA MO State Zip Code (Plus 4) Coccupat ce of Business City	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code		

PART E **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	Name of Filing Committee or Candidate			porting Period						
			From:	n: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·	•								
		_	.	_				PAGE TO	ΓAL	
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumr	nary Page,	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		
JIM GREGORY	From:	<u>1/1/2022</u> To:	<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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period								
			From:									
	DATE AN			AMOUNT								
Full Name of Contributor				DAY	YEAR							
Mailing Address	_	_				\$	0.00					
City	State	Zip Code (Plus 4)										
Description of Contribution:	•		-		1	- I						
Enter Grand Total of Part F on Sc Section 2.	nedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	_		PAGE TOTAL					
						\$	0.00					

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period						
					То:					
					DATE AMOU					
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor				Occupa	ation					
Employer Mailing Address/Principal Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	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) Description of Expenditure									
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item							PAGE TOTAL			
	on Page 1, Report C	Jover Page, Item L				\$	0.00			