#### **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 79	00366			Repor Filed E		CANDI	ANDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Cand	lidate or L	obbyist:	P	SEA-P	ACE F	OR STAT	E ELEC	CTIO	NS						
Street Address:	400 N THIF	RD ST														
City:	HARRISBUI	RG					State:	PA			Zip Cod	de: 17	7105-1	724		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PE PRIMARY	D FRIDAY PRE- IMARY 2. 30 DAY PRIMARY				POST- 3.			AMENDM REPORT		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY P ELECTION	RE-	5.	30 DA		POST-	POST- 6.			ATION ?	Yes	No	•	<b>\</b>
report type)	ANNUAL REPO	<b>RT</b> 7.	<b>Year</b> 2023				NG METHO				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	Sought by Candi	date:	•				DATE 0	F ELE	CTIC	N	District Number	Office Code	Pai	ty Code	Coun	
	MO DAY YEAR								EAR	21	STH			Couc		
REPRESENTATIVE IN THE GENERAL ASSEMBLY							9		19	2023		(SEE IN	STRUCTI	ONS FOR	CODES	)
Summary of Expenditures	Receipts and	МО	DAY YE	AR			МО	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	i ii oiii:		7 19	20	23 <b>T</b>	0	9		4	2023						
A. Amount Bro	ught Forward F	rom Last R	eport			\$			701,6	575.34						
B. Total Moneta	ary Contribution	s And Rec	eipts (From Scl	hed	ule I)	\$				0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)			\$			701,	575.34						
D. Total Expend	ditures (From S	chedule II	I)			\$			10,0	00.00						
E. Ending Cash	Balance (Subtr	act Line D	From Line C)			\$		(	691,6	575.34	]					
F. Value Of In-	Kind Contribution	ons Receiv	ed (From Sched	dule	e II)	\$				0.00						
G. Unpaid Debt	ts And Obligatio	ns (From S	Schedule IV)			\$				0.00			•			
			AF	FI	DAVI	T SE	CTION									
PART I - If this is	s a Committee r	eport, trea	surer sign here	e. If	this is	a Cai	ndidate re	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple		ncluding the	e attached schedu	les 1	filed on	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tri	ue
Sworn to and subs	cribed before me	this	20						S	Signature	of Perso	n Submit	ting Re	oort		_
	Sign:	ature				<u>-</u>					Prin	ted Name	e			
My Commission Ex	cpires					_					Ema	il				_
	МО	D	AY Y	/R				Ar	ea Coo	le	Daytim	ie Telepl	none Nu	mber		
Part II- If this is	a report of a ca	andidate's	authorized Con	nmi	ittee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		of my knowl	edge and belief tl	nis p	oolitical	comm	ittee has n	ot viola	ted ar	ıy provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		nis								s	ignature o	of Candid	ate			-
	day of —— ———					_					Printe	d Name				-
	Signatu	re				_										_
My Commission Exp	pires										Ema	il				
	мо	D	AY	YR		_		Area	Code		D	aytime T	elephor	ne Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PSEA-PACE FOR STATE ELECTIONS	From:	7/19/202	<u>3</u> To:	9/4/2023
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 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

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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 Filing 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.

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				Rep	orting Pe	riod				
				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	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	<b>TAL</b> 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	ame of Filing Committee or Candidate				od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i>	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 Perio	d	
PSEA-PACE FOR STATE ELECTIONS	From:	7/19/2023 <b>To</b> :	9/4/2023
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	Name of Filing Committee or Candidate Ro						
	From:						
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	porting l	Period				
					From:			To:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						МО	DAY	YEAR			
Mailing Address									\$ \$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupa	ition				
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00	

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti						
	From			То:			
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure		
Enter Grand Total of Expenditures	on Dago 1 Da	anort Cover Dage Item D					PAGE TOTAL
Lines Grand Total Of Expenditures	on rage 1, Ke	eport Cover Page, Item D	•			\$	0.00