## **Campaign Finance Report**

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

Filer Identificat Number :	ion 2022	C1464			Repor Filed		CAND	IDATE	✓	CC	OMMITTE	1	LOBI	BYIST		
	Committee, Candid	ate or Lo	obbyist:		SUMME	-	I LEE									
Street Address:	<u> </u>															
City:							State:				<b>Zip Code:</b> 15218					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIN	DAY MARY	POST-	3.		AMENDM REPORT?	ENT	Yes	No	<ul> <li>Image: A start of the start of</li></ul>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	DAY CTION	POST-	6. <b>X</b>		TERMINA REPORT?	TION	Yes	No	$\checkmark$	
report type)	eport type) ANNUAL REPORT 7. Year 2022 FILING METHOD () CHECK ONE							PAPER		$\checkmark$	DISKE	TTE				
Name of Office S	Sought by Candidat	te:					DATE O	OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
REPRESENTAT	IVE IN THE GENER			мо	DAY	YE.	AR	34	STH	DEN	1					
				-			11	L	8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of Expenditures	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
	5 110111.	1	.0 25	2	022	ГО	11	L	28	2022	1					
	ught Forward From		-			_	\$			0.00	_					
B. Total Monet	ary Contributions /	And Rece	eipts (From	1 Sche	dule I)		\$			0.00	-					
	Available (Sum Of		-			_	\$			0.00	_					
-	ditures (From Sche		-			_	\$			0.00	_					
	Balance (Subtract			-			\$			0.00	-					
	Kind Contributions		•		ie II)		\$			0.00						
G. Onpaid Deb	ts And Obligations			-		•	\$			0.00						
DADT I - If this i	s a Committee repo	ort troo					ECTION		andid	ata ciu	an here					
	) that this report, incl											my know	/ledge	and beli	ef , true	
	scribed before me this day of	;	20						Si	gnatur	e of Person	Submitt	ing Rep	oort		
	Signatu					_					Print	ed Name				
My Commission E	-										Emai	l				
	мо	DA	NY	YR				Are	ea Code	•	Daytime	e Telepho	one Nu	mber		
	a report of a canc ) that to the best of m ed.							-		/ provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,	
Sworn to and subse	cribed before me this day of		20							S	ignature o	f Candida	te			
											Printe	l Name				
Signature My Commission Expires											Emai	l				
	мо	DA	١Y	YR	l	_		Area	Code		Da	ytime Te	lephon	ie Numb	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SUMMER L. LEE From: <u>10/25/2022</u> **To:** 11/28/2022 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			Re	porting I	Period			
Fro				om:				
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candidat	e		Rep	orting P	eriod				
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	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	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	Reporting Period	
	From:	То:

				D	ATE			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of		City		State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	·····	-	,				\$		0.00

I

### 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			ing Perio	od				
			From:			То:			
				D	ATE			AMOUNT	ſ
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	·					•	•		
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
			20000				\$		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 Peric	od	
SUMMER L. LEE	From:	<u>10/25/2022</u> то:	<u>11/28/2022</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 PART	ſF)		
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 Rep				g Period			
	From: To:						
				DATE		АМО	UNT
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 Schedule II, In-Kind Contributions Detai Section 2.				mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or Cano	lidate				Reporting F	Period			
					From:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	l tion		I	
Employer Mailing Address/Princip Business	al Place of	City	Sta	te	Zip 4)	Code(Plus	Descri	ption of	Contribution
		·	<u> </u>						PAGE TOTAL

_ 1	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From						
				DATE			AMOUNT
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City State Zip Code (Plus 4)			Descrij	otion of Exp	penditure		
Enter Grand Total of Expenditures	an Page 1. Benert C	over Dage Item F					PAGE TOTAL
	on Page 1, Report C	over Page, Item L				\$	0.00