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	20180	0052				port ed B		CA	NDII	DATE		COMN	MITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee	, Candida	ite or Lo	obbyist:		ENE	ERGY	VOI	CES P	AC									
Street Address:	2200	GEORGE	TOWNE	DR, S	ΓE 500														
City:	SEWI	CKLEY							State	e:	PA			Zip Cod	l e: 15	143-8	3753		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FR PRIMAR	IDAY PRE Y	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	√
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FR ELECTION	IDAY PR ON	E-		30 DA		Р	OST-	6. X		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL	REPORT	7.	Year 2	023					METHOD ECK ONE				PAPER		\	DISK	ETTE	
Name of Office S	ought by	Candidat	e:						DAT	ΕO	F ELE	CTIO	N	District Number	Office Code	Pa	rty Cod	Cour	
									МО		DAY	YE	AR		1000			10000	
										11		7	2023		(SEE INS	TRUCT	ONS FOR	CODES)
Summary of		and	МО	DAY	YEA	R			МО		DAY	ΥI	AR	FO	R OFFIC	E USE	ONLY	,	
Expenditures	from:		1	10	24 2	2023	T	0		11	7	27	2023						
A. Amount Bro	ught Forw	ard From	Last R	eport				\$				1,1	12.09						
B. Total Moneta	ary Contri	butions A	and Rec	eipts (F	rom Sch	edule	e I)	\$				3	329.64						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				1,4	141.73						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtract	Line D	From Li	ne C)			\$				1,4	41.73						
F. Value Of In-	Kind Cont	ributions	Receive	ed (Fro	n Schedu	ıle I	I)	\$					0.00						
G. Unpaid Debt	s And Obl	igations ((From S	chedul	e IV)			\$					0.00						
					AFI	-ID/	AVI	ΓSE	CTIC	NC									
PART I - If this is	a Commi	ttee repo	rt, trea	surer si	gn here.	If th	nis is	a Car	ndidat	e re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		eport, inclu	uding the	attache	d schedule	s file	ed on p	oaper	or by e	electr	onic m	edium	, are to t	he best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed befo	re me this		20								S	ignature	of Persor	n Submitt	ing Re	port		_
								_						Print	ted Name				_
My Commission Ex	oires	Signatur	e											Emai					_
,	-	мо	D/	AY	YR	l l		-			Are	ea Cod	le		e Teleph	one Nu	ımber		-
Part II- If this is	a report	of a cand	idate's	authori	zed Comi	mitte	ee, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and	belief thi	s poli	itical	comm	ittee h	as no	ot viola	ted an	y provisi	ions of the	e act of Ju	ıne 3,1	.937 (P.	L. 133	з,
Sworn to and subsc	ribed befor	e me this											Si	ignature o	f Candida	ite			-
	day of			20 _				-						Dutat	d Name				_
		ignature						-						Printe	d Name				
My Commission Exp		.g.ia.ui e								•				Emai	il				_
		мо	D	AY	YI	R		•			Area	Code		Da	ytime Te	elepho	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
ENERGY VOICES PAC	From:	10/24/202	23 To :	11/27/2023			
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)	\$	329.64			
			1				
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 Page			\$	329.64			

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					
		From: To			o:			
		<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 Filling Committee of Candidate					Reporting Period From: To:					
					DATE		AN	4OUNT		
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.

Name of Filing Committee or Candi	ame 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					
			From:				То:		
				D	ATE		АМО	DUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address State Tip Code (Plue 4)							\$	0.00	
City State Zip Code (Plus 4)									
Employer Name				Occupation					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	GE 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 Candidate	Reporting Pe	riod	
ENERGY VOICES PAC	From:	<u>10/24/2023</u> To:	11/27/2023

			D	ATE		AMOUNT
Full Name Fidelity Investments	МО	DAY	YEAR			
Mailing Address 450 N Federal Highway, Ste 200				2.7	2022	\$ 329.64
City Ft. Lauderdale	State FL	Zip Code (Plus 4) 33301	11	27	2023	
Receipt Description Bank Inte	rest					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL329.64

\$

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					
ENERGY VOICES PAC	From:	<u>10/24/2023</u> To:	11/27/2023				
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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	ate		Reporting	g Period				
			From:			То:		
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame 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	iption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det Summary Page, Section 3.				etaile	ed				PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Candidate	ame of Filing Committee or Candidate				Reporting Period					
						То:					
				DATE			AMOUNT				
To Whom Paid				DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00				