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 :	i on 2018	0052			Repor Filed I	-	CANDI	DATE	СОМІ	MITTEE	✓	LOBE	BYIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:	 E	ENERG	Y VOI	CES PAC							•
Street Address:	2200 GEORG	ETOWNE	DR, STE	500										
City:	SEWICKLEY						State: PA Zip Code: 1					143-8	753	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 D/ PRIM		POST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5.	30 D/ ELEC	AY I TION	POST- 6	.	TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7. X					NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candida	te:					DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEAR					
							11	7	2023]	(SEE INS	TRUCTIO	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:	1	.1 28	20)23 1	0	12	3:	L 2023					
A. Amount Bro	ught Forward Fror	n Last Ro	eport			\$			1,441.73					
B. Total Monetary Contributions And Receipts (From Schedule I)						\$;		12.06					
C. Total Funds Available (Sum Of Lines A and B)							;		1,453.79					
D. Total Expenditures (From Schedule III)							;		0.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$;		1,453.79	-				
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedul	e II)	\$;		0.00					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')		\$			0.00					
				AFF]	IDAVI	T SE	CTION							
	s a Committee rep	•	-					• •		-				
I swear (or affirm correct and comple) that this report, inc ete.	luding the	attached sc	hedules	filed on	paper	or by elect	ronic med	lium, are to	the best o	f my know	ledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20						Signatur	e of Perso	n Submitt	ing Rep	ort	
	Signatu	re				_				Prin	ted Name			
My Commission Ex	xpires					_				Ema	il			
	МО	DA	Y	YR				Area	Code	Daytin	ne Telepho	one Nu	mber	
Part II- If this is	a report of a can	didate's a	authorized	Comm	ittee, C	Candid	late shall	sign her	e.					
No 320) as amende		ny knowle	dge and beli	ef this	political	comm	ittee has n	ot violate	d any provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of		20						S	ignature	of Candida	te		
						_				Printe	ed Name			
My Commission Exp	Signature bires					-				Ema	il			
	мо	DA	Y	YR		-		Area Co	ode	D	aytime Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** ENERGY VOICES PAC From: <u>11/28/2023</u> To: <u>12/31/2023</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) 12.06 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 12.06 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	Period			
Fr				om:		То	:	
					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.

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 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 S	Schedule I, Detail	ed Summary Pag	e, Se	ection 2	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		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	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			Report	ing Perio	d				
ENERGY VOICES PAC			From:		<u>11/28/202</u>	<u>3</u> To:	: <u>12/31/2023</u>		
				D	ATE			AMOUNT	
Full Name Fidelity Investments				мо	DAY	YEAR			
Mailing Address 450 N Federal Highway, Ste 200							\$	12.06	
City Ft. Lauderdale	State FL	Zip Code (33301	Plus 4)	12	31	202:	3		
Receipt Description Bank Inte	rest	·							
Enter Grand Total of Part E on Sc	hedule T. Detailed	Summary Page	Section	Д				PAGE TOTAL	
	incutic 1, Detailed	Summary Fage,	Section				\$	12.06	

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	d	
ENERGY VOICES PAC	From:	<u>11/28/2023</u> то:	<u>12/31/2023</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 Ro			Reporting	g Period			
Fr						То:	
				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 Details Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate				Rep	oorting P	eriod				
					Fro	m:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business				State		Zip 4)	Code(Plus	Descri	ption of	Contribution

Enter Grand Total of Part G on Schedule II, In-	Kind Contributic	ons Detailed	PAGE TOTAL
Summary Page, Section 3.			0.00
			1

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
F						То:			
		AMOUNT							
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)			Descrij	otion of Ex	penditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL		
	on rage 1, Report C	over rage, Item L				\$	0.00		