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 2024	C0516			Repor Filed I		CANDI	DATE	✓	co	OMMITTE		LOBI	BYIST	
	Committee, Candida	ate or Lo	bbyist:		VALERI	-	YDOS								
Street Address:															
City:							State:				Zip Cod	e: 15	143		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X	30 D. PRIM		POST-	3.		AMENDM REPORT?	ENT	Yes	Nc	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pre	E- 5.	30 D. ELEC	AY I TION	POST-	6.		TERMINA REPORT?	TION	Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2024				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by Candidat	te:			Į	DATE OF ELECTION District Office Code					Par	ty Code	County Code		
REPRESENTAT	IVE IN THE GENER		-MBLY				мо	DAY	YE.	AR	44	STH	REP	,	
REI RESERTAT.							11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FO	R OFFIC	e use	ONLY	
Expenditures	s from:		3 5	2	024 1	0	4		8	2024					
A. Amount Bro	ought Forward Fron	n Last Re	eport			\$				0.00					
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedule I)						5			0.00					
C. Total Funds Available (Sum Of Lines A and B)						\$	5			0.00					
D. Total Expenditures (From Schedule III)					\$	5			0.00						
E. Ending Cash	Balance (Subtract	t Line D I	From Line	C)		\$	5			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	chedule IV	')		\$	5			0.00		,			
				AFF	IDAVI	T SE	CTION								
	s a Committee repo														
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedule	s filed on	paper	or by elect	ronic m	edium,	are to	the best of	my know	ledge	and beli	ef , true
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	Y	YR				Are	ea Code	•	Daytime	e Telepho	one Nu	mber	
	a report of a cand) that to the best of m ed.							-		provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,
Sworn to and subso	cribed before me this									s	ignature o	f Candida	te		
. <u> </u>	day of 		20			_					Printer	d Name			
	Signature					_									
My Commission Exp	pires										Emai	I			
	мо	DA	Y	YR		-		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** VALERIE GAYDOS From: <u>3/5/2024</u> **To:** 4/8/2024 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 Candidat	e		Re	Reporting Period					
			Fro	om:	То:				
				DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
inter 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)									
				porting Period					
			Fro	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		A	AMOUNT	
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 Pag				on 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.)

lame of Filing Committee or Candidate				eporting Period					
F			1: To:						
			D	ATE	AMOUNT				
Full Name of Contributor				DAY	YEAR	\$	0.00		
State	Zip Code (Plu	s 4)							
•			Occupation						
ce of Business	City			State		Zip Code	(Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							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			Reporting Period						
			From:	1: To:						
				D	ATE			AMOUNT	2	
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	•				•					
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	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		
VALERIE GAYDOS	From:	<u>3/5/2024</u> To:	<u>4/8/2024</u>
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Reporting 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 Sched Section 2.	ailed Summary Page, PAGE T			PAGE TOTAL					
						\$	0.00		

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

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate			Reporting Period					
			Fro	m:					
					DATE		AMOUNT		
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			Reporting Period						
				From			То:		
	DATE A				AMOUNT				
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp					
Enter Grand Total of Exponditures	`				PAGE TOTAL				
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D					\$	0.00		