Campaign Finance Report

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

									CAND	IDATE	/	CO	MMITTEE		LOBI	RYIST		
Filer Identificati Number :	on	2024	C0516				port ed E		CAND	ANDIDATE COMMITTEE LOBBYIST								
Name of Filing C	committe	e, Candida	ate or L	obbyist:		VAL	ERI	E GAY	DOS									
Street Address:																		
City:									State:				Zip Code	e: 15	143			
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3. X	(AMENDMENT Yes No REPORT?					/
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	•	/
report type)	ANNUAL	. REPORT	7.	Year 2024					NG METH CHECK C				PAPER		✓	DISKE	TTE	
Name of Office S	Sought by	/ Candidat	te:						DATE (ATE OF ELECTION District Office Number Code						ty Code	Count	ty
									МО	DAY	Y	'EAR	44	STH	REP		Code	
REPRESENTATI	VE IN TH	HE GENER	AL ASS	EMBLY					11		5	2024		(SEE INS	TRUCTI	ONS FOR (CODES)	
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	Y	'EAR	FOF	R OFFIC	E USE	ONLY		
Expenditures	from:			4 9	2	024	Т	0	Ţ	5	13	2024						
A. Amount Bro	ught For	ward Fron	1 Last R	eport				\$		•	•	0.00						
B. Total Moneta	ary Contr	ributions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	ts And Ob	oligations	(From S	Schedule IV	')			\$				0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport,	cand	idate sig	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper	or by elec	tronic m	ediun	n, are to t	the best of	my know	/ledge	and beli	ef , tru	ı e
Sworn to and subs	cribed bef day of	ore me this		20								Signature	of Person	Submitt	ing Rep	ort		-
	_	Signatu	re					_					Printe	ed Name				-
My Commission Ex	cpires												Email					-
		мо	D	AY	YR					Ar	ea Co	de	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viola	ted a	ny provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	,
Sworn to and subsc		re me this										s	ignature of	Candida	te			-
	day of —							_					Printed	Name				-
		Signature						-										_
My Commission Exp													Email					
	_	МО	D	AY	YR	<u> </u>		-		Area	Code	1	Day	time Te	lephon	e Numb	er	·

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
VALERIE GAYDOS	From:	4/9/202	<u>4</u> То:	5/13/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

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	R	Reporting Period					
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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	Candidate		Re	porting P	eriod			
			Fro	om:		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.

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	ame of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							- \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary 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.)

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Reporting Period				
			Fro	m:		To) :	
				D	ATE		AI	MOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Pl	ıs 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ice of Business	City		•	State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Pag	e, Secti	on 3.			P.	O.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		Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Coand Total of Dant	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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 Peri	od	
VALERIE GAYDOS	From:	<u>4/9/2024</u> To:	5/13/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Car	lame of Filing Committee or Candidate					Reporting Period				
	From:			То:						
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						7 \$	C	0.00		
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•		•				
					-					
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL			
Section 2.						\$	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				porting	Period				
				Fro	From:			То:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Crand Total of Evnanditures	on Dogg 1 Donowh (Cover Dage Item F					PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Faye, Item L	, .			\$	0.00