Campaign Finance Report

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

Filer Identificati	on	2024	C0277				por		CAND	IDATE	√	CC	MMITTEE		LOBE	BYIST	
Number :	`ommitte	e Candida	ate or L	abbyist:			ed E		PASQUA	l E							
Name of Filling C	Jonninite	e, canulu	ate or L	obbyist.		LUC	JLIVI	IO DLI	PASQUA	LL							
Street Address:																	
City:	_								State:				Zip Code	e: 15	219		
TYPE OF REPORT	6TH TUES PRE-PRIM	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST- 3. X AMENDMENT Yes REPORT?						No	\
(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					IG METH				PAPER		/	DISKE	TTE
Name of Office S	Sought by	, Candidat	·e·	<u>!</u>					DATE (OF ELE	CTIO	N	District	Office	Par	ty Code	
							МО	DAY	YE	AR	Number -1	Code ATT	DEN	1	Code		
ATTORNEY GENERAL									11	ı	5	2024	_	(SEE INS	TRUCTIO	ONS FOR C	CODES)
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	YE	AR	FOF	R OFFIC	E USE	ONLY	
Expenditures	from:			4 9	2	024	Т	0	Ĺ	5	13	2024					
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$			•	0.00					
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00	1				
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00]				
D. Total Expend	ditures (I	From Sche	dule 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)	\$				44.44					
G. Unpaid Debt	s 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,	candid	late si	gn here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	d on	paper	or by elec	tronic m	edium,	are to	the best of	my know	/ledge	and belie	ef , true
Sworn to and subs	cribed before day of	ore me this		20							Si	ignatur	e of Person	Submitt	ing Rep	ort	
	_	Signatur	·e					_					Printe	ed Name			
My Commission Ex	cpires	-											Email				
		мо	D	AY	YR					Ar	ea Cod	е	Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		ne best of m	ıy knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viola	ted any	y provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,
Sworn to and subsc		re me this								-		s	ignature of	Candida	te		
	day of —							_					Printed	Name			
		Signature						_					- mited				
My Commission Exp		J											Email				
	_	МО	D	AY	YR	<u> </u>		-		Area	Code		Day	time Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
EUGENIO DEPASQUALE	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) 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)	\$	0.00
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 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 Committe	Name of Filing Committee or Candidate				Reporting Period					
				From:		То	•			
			'		DATE			AMOUNT		
Full Name of Contributing	Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	S	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

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 Filing Committee or Candidate				Reporting Period					
Fr			From: T			o :			
			-		DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (F	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 Ca	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		0.00
Mailing Address							*	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	n Schedule I, Detailed	d 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.)

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				orting Pe	riod				
					From:			То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address								7		
City	State	Zi	p Code (Plus	s 4)						
Employer Name	•				Occupa	tion	-	-		
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE 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		Report	ing Peri	od			
			From:			To:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (F	Plus 4)					
Receipt Description	.	•		•	•	•	•	
Enter Crand Total of Doub	. F. a.v. Cabadula I. Datailad	Commence Dame	Castian	4				PAGE TOTAL
enter Grand Total of Part	E on Schedule I, Detailed	Summary 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		
EUGENIO DEPASQUALE	From:	<u>4/9/2024</u> To:	5/13/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	44.44
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,		\$	44.44

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period							
F						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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period					
						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			0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
						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 Grand Total of Expenditures	on Dago 1 Bonort C	Cover Page Item F					PAGE TOTAL	
Lines Grand Total of Expenditures (ni rage 1, keport c	Lovei Fage, Itelli L	, .			\$	0.00	