Date Of Election MM/DD/YYYY)	11/08/2022	Year		2022	Amendment Report		Termination Report	
Summary of Receipts and Expenditures	From Date	95	To Date			For	Office Use Only	
	01/01/2022	7	12	/31/2022		TO CALL SYNAID AND A SILVEN NOW A SILVEN STATE OF THE		
A. Amount Brought Forward	"我们的	\$		1747.60		<u>2002 (6.00 (6.00 (6.00) 6.00) 6.00 (6.00 </u>	9	S
3. Total Monetary Contribut From Schedule I)	ions and Receipts	\$		0				
Total Funds Available Sum of Lines A and B)		\$:	1747.60			gradus gr	25
). Total Expenditures From Schedule ((i)		\$		4.00	1			P# 12:
. Ending Cash Balance Subtract Line D from Line C)	dighter and mark	\$		1743.60			<u> </u>	
. Value of In-Kind Contribut From Schedule II)	lons Received	\$		0.00			9	တ္
. Unpaid Debts and Obligat From Schedule IV)	lons	\$		0.00				
art 1- If this is a Committee repo	art transverse des bei	- 15-1	-la la - C	Affidavit Se	ection			
swear (or affirm) that this repor	t, including the attach	e. II ti	ns is a can hedules on	paper, is to the	andidate sign here best of my knowle	edge and belief t	rue, correct and complet	e.
worn to and subscribed before r								
18 day of TAW	20 23		• 1	_	7/1	- 11	<u> </u>	
- Juny Hopwealth	Prenglyanja Notar	y See			Signature	of Person Subn	nitting report	
Signature 0	PLICKINGER, Notary E auphin County Inn Evoires May 31, 201	ublic	· .	_	-	Printed Nam	98	
.,of on expires_Commiss	ion Number 1051348				Area Code	Day	time Telephone Numbe	-

Sworn to and subscribed before me this

Contributions Received from Political Committees (Part A)		\$ o
All Other Contributions (Part B)		\$ 0
Total for the reporting period	(2)	\$ 0
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ o
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
otal Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rescover Page, Item B)	port	\$ 0

House #	Street Address			Date [MM/DD/YYYY] \$	
110036 #	Sireet Augress			Pare [initit/DD/1111]	
	A STATE OF THE STA				
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY] \$	ł
El Philippine Contact Contact			•		
House #	Street Address			Date [MM/DD/YYYY] \$	
City	Agringering Care Color Med	State	Zip Code	Date [MM/DD/YYYY] \$	-
2793 (575) 2 (57) (45)				1	1
Full Name of Co	tributing		, .,,, .,, .,, ., ., .,	Date [MM/DD/YYYY] \$	_
Committee					- [
House #	Street Address		,	Date [MM/DD/YYYY] 5	
		•		Oute [Miley DD/ 1111]	
City		l Canada (1	Trestance and six		_
		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Cor	tributing 1950	The grant of	Control of State Size	Date [MM/DD/YYYY] (\$)	-
Committee				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City	数数数数数数	State	Zip Code 💮	Posts (See a (DD (MOOV))	
		State	Zip coge	Date [MM/DD/YYYY] \$	ı
(36%) - U bis	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· 1883年2月			_
Full Name of Cor Committee	tributing			Date [MM/DD/YYYY] \$	1
					ł
House #	Street Address			Date [MM/DD/YYYY] \$	
	10000				
City	outside and ordered and	State	Zin Code	Date [MM/DD/VVVV]	_

			(2000) (2000)	
	eet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	eet Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	eet Address		Date [MM/DD/YYYY] \$	
Gity	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/XXXY] \$	
House #	eet Address		Date [MM/DD/YYYY] \$	
Gity	State	-Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor			Date [MM/DD/YYYY] \$	
	et Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/MM/] \$	

containtais committee				
	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee			Date [MM/DD/YYYY] \$	
	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee House # Street	and the supplement		Date [MM/DD/YYYY] \$	
	Address		Date [MM/DD/YYYY] \$	
Full Name of	State	Zip Code	Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	
Contributing Committee House # Street /	Address		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/WYY] \$	
Full Name of Contributing Committee		- 1460 (1613-707 1649)	Date [MM/DD/WYY] .\$	
House # Street A	ddress		Date [MM/DD/YYYY] \$	
City	State	Zip Gode	*Date://MM//DD//YYYYI \$5	

Flouse:# Street Ad	dress		Date [MM/DD/XYYY] \$
Glty 3	State	Zip Code	
	State The state of the state of	ZID.Code	Date [MM/DD/YYYY] \$
Employer Name	Art of the second		Occupation
Employer Mailing Address /			
Principal Place of Business Full Name of Contributor			
		•	Date [MM/DD/YYYY] \$
House # Street Ad	dress		Date [MM/DD/YYYY] \$
(City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Francisco (Control Control Con
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Add	dress		Date [MM/DD/YYYY) S.
City	State	Zip Code	Date [MM/DD/XYYY] §
Employer Name			Occupation:
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor,			Date [MM/DD//YYYY] \$
House # Street Add	ress		Date (MM/DD/YYYY)

			Code _		
Receipt Description		257.9525.2547.3		<u>.</u>	
Full Name,					
House # Str	eet Address				
City		State	Zip (Code	Date [MM/DD/YYYY]	J
Receipt Description			2000ANSAPA 2000A		12000
Füll Name					
House# Str	eet Address				
Citÿ		State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			366
Full Name					
House # Stre	et Address				·
ity		State	Zip Code	Date [MM/DD/YYYY]	!
Receipt Description			建筑是教 养科		整装
ull Name		···			
louse# Stre	et Address				
ilfy		State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description					[後漢]
uli Name					

-			V
2 IN-KIND CONTRIBUTIONS RE	GEIVED-VALUE OF \$50.01.TO \$250.	00 (F	ROM/PART.F)
TOTAL for the reporting period	(2)	\$	0
3 IN-KIND/CONTRIBUTION/REG	EIVED-VALUE, OVER \$250:00:(FROM	1 PAR	T.G)
TOTAL for the reporting period	(3)	\$	0
TOTAL VALUE OF IN-KIND CONTRIBUT: PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	ONS DURING THIS REPORTING from boxes 1, 2, and 3; also enter	\$	O
		<u> </u>	

100-100				
City		State	Zip Code	Date [MM/DD/YYYY] S
Description of	Contribution .	T.	The state of the state of	Discoord
Full Name of C	ontributor			Date (MM/DD/YYYY) 5
louse#	Street Address			*Date [MM/DD/YYYY] \$
lty -		State	-Zip Code.	Date [MM/DD/YYYY] \$
Description of (
ull Name of Co	ontributor			Date:[MM/DD/YYYX]
louse#	Street Address			Date [MM/DD/YYYY] \$
ity Pescription of C	ant-but a	State	Zip Code	Date [MM/DD/YYYY] \$
		46		
ull Name of Co				Date [MM/DD/YYYY]] \$
ouse#	Street:Address			Date [MM/DD/YYYY] \$
escription of C	Ontribution	State	Zip Code	Date (MM/DD/YYYY) \$
	all entered to the first of the first		<u></u>	
ull Name of Co	ntributor.			Date [MM/DD/YYYY] \$

(City)		State	Zip Code	Date [MIVI/DD//YYYY] \$	
Employer Name		<i>C</i> .		«Occupation	
Place of Busines				Description of Contribution	1
Full Name of Co				Date [MM/DD/YYYY] \$	7
House:#	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	1
Employer Name				Occupation	1
Place of Busines				Description of Contribution	
Full Name of Co				Date [MM/DD/XXXY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code.	Date (MM/DD/YYYY) \$	-
Employer Name				Occupation	-1
Place of Business				Description of: Contribution:	
Full Name of Cor	tributor			Date [MM/DD/YYYY] 5	1

		<u> </u>		
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				Date [MIV/DD/YYYY] \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	
To Whom Paid				*Date [MM/DD/YYYY] * \$
House #	Street Address			Description of Expenditure
City		State	Zip Code	The state of the s
To Whom Paid				Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
Citý		State	Zip Code	The form of the second second is a second of the second of
To Whom Paid				Date [MM/DD/YYYY] \$
House#	Street Address			Description of Expenditure
GI I Ý		State	Zip Code	
To Whom Paid				Date [MM/DD/YYYY] \$
louse#	Street-Address			Description of Expenditure

escription of Debt		
ame of Creditor		Outstanding Balance of Debt
Duse # Street Address	DATE DEBT INCURF [MM/OD/YYYY]	
iy		
	State Zip Code	
escription of Debt		
ime of Creditor		Outstanding Balance of Debt
Street Address	DATE DEBT INCURR	ED \$
	[MM/DD/YYYY]	
Ž	State Zip>	
scription of Debt	Code	
me.of/Greditor		Outstanding Balance of Debt
use# Street Address	DATE DEBT INCURR	
	[MM/DD/YYYY]	
Ý	State Zip Code	
scription of Debt	Code	4.3
me of Creditor		
use # Street Address		Outstanding Balance of Debt
Street Address	DATE DEBT INCURRI [MM/DD/XYYY]	ED S
	62 147 5460 By 1964 November 1	
12.00 PM 10.00 PM 10.	State Zip	