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 : | on 2008 | 026 | | | Rep File | port | | CANDI | DATE | | соми | MITTEE | ✓ | LOBI | BYIST | | |
|--|----------------------------------|-------------|------------------------|------------|-------------|-------|----------------|-------------|----------|--------|------------|--------------------|----------------|----------|-----------|----------------|---|
| Name of Filing C | Committee, Candida | ate or L | obbyist: | • | VOG | SEL, | ELDE | R FOR S | ENATE | | | | | | | | |
| Street Address: | PO BOX 163 | | | | | | | | | | | | | | | | |
| City: | ZELIENOPLE | | | | | | | State: | PA | PA | | Zip Cod | le: 16 | 5063 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. X | 2ND FRIDAY PRIMARY | PRE- | - 2 | 2. | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT? | | Yes | No | ~ | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | / PRE | - [| 5. | 30 DA ELECT | | POST- | 6. | | TERMINA REPORT? | | Yes | No | ~ | |
| report type) | ANNUAL REPORT | 7. | Year 2020 | | | | | IG METH | | | | PAPER | DISKE | TTE | | | |
| Name of Office S | Sought by Candidat | te: | • | | | | | DATE C | F ELE | СТІС | N | District Number | Office Code | Par | ty Code | County Code | |
| | | | | | | | | МО | DAY | ΥI | EAR | | 1 | | | | |
| | | | | | | | | 11 | | 3 | 2020 | | (SEE IN | STRUCTI | ONS FOR (| ODES) | |
| | Receipts and | МО | DAY | YEAR | l | | | МО | DAY | Y | EAR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | from: | | 1 1 | 20 | 020 | Т | 0 | 3 | : | 9 | 2020 | | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | | \$ | _ | | 206,2 | 290.36 | | | | | | |
| B. Total Monet | ary Contributions / | And Rec | eipts (From | Sche | dule | : I) | \$ | | | 9 | 900.00 | | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | | \$ | | | 207,: | 190.36 | | | | | | |
| D. Total Expen | ditures (From Sch | edule II | I) | | | | \$ | | | 3,6 | 572.23 | | | | | | |
| E. Ending Cash | Balance (Subtract | Line D | From Line C | :) | | | \$ | | 2 | 203,5 | 18.13 | | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From Sc | hedu | le II | :) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV |) | | | \$ | | | | 0.00 | | | | | | |
| | | | | AFF | ΊDΑ | ١٧٢ | T SE | CTION | | | | | | | | | |
| | s a Committee repo | • | - | | | | | | | | | | | | | | |
| I swear (or affirm) correct and complete |) that this report, incl ete. | uding the | e attached sch | edules | filed | d on | paper (| or by elect | tronic m | edium | , are to t | he best o | f my kno | wledge | and beli | ef , true | |
| Sworn to and subs | cribed before me this day of | ; | 20 | | | | | | | 9 | Signature | of Perso | n Submit | ting Rep | oort | | |
| | Signatur | re | - | | | | - - | | | | | Prin | ted Name | • | | | |
| My Commission Ex | _ | . • | | | | | | | | | | Ema | il | | | | |
| | мо | D | AY | YR | | | | | Are | ea Cod | de | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a cand | lidate's | authorized | Comn | nitte | e, C | andida | ate shall | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of med. | ny knowle | edge and belie | ef this | polit | tical | commi | ittee has r | ot viola | ted ar | ny provis | ions of the | e act of J | une 3,1 | 937 (P.L | . 1333, | l |
| Sworn to and subso | ribed before me this | | | | | | | | | | s | ignature o | of Candid | ate | | | |
| | day of | | | | | | - | | | | | Printe | d Name | | | | |
| My Commission Exp | Signature pires | | | | | | - | | | | | Ema | il | | | | |
| | мо | D | AY | YR | | | - | | Area | Code | | Da | aytime T | elephor | ie Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | | | | | |
|--|-----------|----------|--------------|----------|--|--|--|--|
| VOGEL, ELDER FOR SENATE | From: | 1/1/202 | <u>0</u> To: | 3/9/2020 | | | | |
| 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) | \$ | 400.00 | | | | | | |
| TOTAL for the Reporting | Period | (2) | \$ | 400.00 | | | | |
| 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) | | | \$ | 500.00 | | | | |
| TOTAL for the Reporting |) Period | (3) | \$ | 500.00 | | | | |
| 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 | | | \$ | 900.00 | | | | |

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 Commit | ttee or Candidate | | | Report | ting I | Period | | | |
|--------------------------|-------------------|-------|-------------------|--------|--------|--------|------|----|--------|
| | | | | From: | | | То | : | |
| | | | • | | | DATE | | | AMOUNT |
| Full Name of Contributin | ng Committee | | | M | 0 | 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 Candid | ate | | Rep | orting P | eriod | | | |
|------------------------------------|-------|------------------|-----|----------|-------|-----------------|------------|----------|
| VOGEL, ELDER FOR SENATE | | | Fro | m: | 1/1/ | 2020 T o | o : | 3/9/2020 |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Michael J Rubino | | | | | | | | 50.00 |
| Mailing Address 756 Indiana Ave | T | I | _ | 2 | | 2020 | \$ | 50.00 |
| City Monaca | State | Zip Code (Plus 4 |) | 2 | 9 | 2020 | | |
| | PA | 15061 | | | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Sherman E Hostetter | | | | | | | | |
| Mailing Address 4370 Constitution | Blvd | T | | | | | \$ | 150.00 |
| City Darlington | State | Zip Code (Plus 4 | •) | 1 | 25 | 2020 | | |
| | PA | 16115 | | | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Kerien Fitzpatrick | | | | MO | DAT | TEAR | | |
| Mailing Address 149 Windy Ghoul | Dr | | | | | | \$ | 100.00 |
| City Beaver | State | Zip Code (Plus 4 |) | 1 | 2 | 2020 | | |
| | PA | 15009 | | | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mark C Andrews | | | | МО | DAT | TEAR | | |
| Mailing Address 333 Paden Road | | | | | | | \$ | 100.00 |
| City New Castle | State | Zip Code (Plus 4 |) | 1 | 30 | 2020 | | |
| | PA | 16101 | | | | | | |
| | | | | | • | • | | |

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

PAGE TOTAL \$ 400.00

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 | | , | 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 Schee | 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 | | | Rep | orting Pe | riod | | | |
|---|---------------------|----------------|---------|----------------|-------|---------------|------------|-------------|
| VOGEL, ELDER FOR SENATE | | | Fron | n: | 1/1/2 | <u>020</u> To |) : | 3/9/2020 |
| | | | | D/ | ATE | | А | MOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 500.00 |
| Maynard L Dunn | | | | | | | _] * | 300.00 |
| Mailing Address 338 Glen Eden Rd | | | | 2 | 1 | 2020 | | |
| City Rochester | State | Zip Code (Plus | 5 4) |] - | _ | 2020 | | |
| | PA | 15074 | | | | | | |
| Employer Name Retired | | | | Occupat | ion | Retired | | |
| Employer Mailing Address/Principal Plac | e of Business | City | | | State | | Zip Cod | de (Plus 4) |
| Retired | | Rochester | - | | PA | | 15074 | |
| Enter Grand Total of Part C on Sche | lule T. Detailed Su | ımmary Page. | Section | on 3. | | | F | PAGE TOTAL |
| zinci orana rotal or rate o on ochic | zaic i, Detailed St | a. y i ugc, | Section | ,,, <u>,</u> , | | | \$ | 500.00 |

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: | | |
| | | ' | | | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (P | Plus 4) | | | | | |
| Receipt Description | ' | | | | | | <u> </u> | |
| | - C | | . .: | _ | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | 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 | I | | | | | | | |
|--|------------------|----------------------------|-----------------|--|--|--|--|--|--|
| VOGEL, ELDER FOR SENATE | From: | <u>1/1/2020</u> To: | <u>3/9/2020</u> | | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 Candidate | I Name of Contributor | | | g Period | | | | |
|---------------------------------------|-----------------------|----------------------|----------|----------|------|-------------|-----------|------|
| | | | From: | | | To: | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | - | - | • | • | • | | | |
| | | | | | | | | |
| Enter Grand Total of Part F on Sche | dule II, In-Kind | d Contributions Deta | iled Sum | mary Pag | ge, | | PAGE TOTA | L |
| Section 2. | | | | | | \$ | | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Re | porting | Period | | | | |
|---|------------------|------|------------------|--------|---------|--------------|-------|------|---------------------|------|
| | | | | Fro | m: | | To: | | | |
| | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | ation | | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | ′ | Stat | e Zip | Code(Plus 4) | Desci | ript | ion of Contribution | on |
| Enter Grand Total of Part G on Scho | edule II, In-Kir | nd C | ontributions De | etaile | ed | | | | PAGE TO | ΓAL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | | | |
|---------------------------------------|------------------|----------|-----|----------|--|--|--|
| VOGEL, ELDER FOR SENATE | From | 1/1/2020 | То: | 3/9/2020 | | | |

| | | | | DATE | | | AMOUNT | | | |
|-----------------------------------|--------------|-------------------|----------------------------|----------------------------|----------|----|--------|--|--|--|
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| Lawrence County Chamber of Com | merce | | | | | | | | | |
| Mailing Address 325 East Wash | ngton Street | | 2 | 13 | 2020 | \$ | 150.00 | | | |
| City New Castle | State | Zip Code (Plus 4) | Descrip | Description of Expenditure | | | | | | |
| | PA | 16101 | Annual | Dinner | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| Beaver County Chamber of Comm | erce | | 1-10 | | ILAK | | | | | |
| Mailing Address 798 Turnpike S | t | | 2 | 19 | 2020 | \$ | 160.00 | | | |
| City Beaver | State | Zip Code (Plus 4) | Descrip | Description of Expenditure | | | | | | |
| | PA | 15009 | Gala & | Auction | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | | |
| Cray Youth and Family Services | | | MO | DAI | ILAK | | | | | |
| Mailing Address 44 S Beaver St | | | 2 | 24 | 2020 | \$ | 150.00 | | | |
| City New Castle | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | | |
| | PA | 16101 | Bowl-A- | -Thon | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | | |
| Beaver County Association for the | Blind | | MO | DAT | TEAR | | | | | |
| Mailing Address 616 Fourth Stre | eet | | 2 | 24 | 2020 | \$ | 100.00 | | | |
| City Beaver Falls | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | | |
| | PA | 15010 | Bowl-A- | -Thon | | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | | |
| Vietnam Veterans Association 862 | | | МО | DAT | TEAR | | | | | |
| Mailing Address PO Box 26 | | | 2 | 13 | 2020 | \$ | 50.00 | | | |
| City Rochester | State | Zip Code (Plus 4) | Descrip | l tion of Exp | enditure | | | | | |
| | PA | 15074 | TET Party | | | | | | | |
| To Whom Paid | | | Mo | DAY | VEAD | | | | | |
| Todd Krick Graphic Design | | | МО | DAT | YEAR | | | | | |
| Mailing Address 131 Clover Lane | | | 2 | 13 | 2020 | \$ | 68.90 | | | |
| City Palmyra | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | | |
| • | PA | 17078 | | | | | | | | |
| | PA | 1/0/8 | Reception Invitation | | | | | | | |

| To Whom | Paid | | | МО | DAY | YEAR | | | | |
|---|-----------------------------|-------|-------------------|----------------------------|------------|----------|----|----------|--|--|
| Tyler Falk | | | | | DAI | ILAK | | | | |
| Mailing Address 341 American School Rd | | | | | 13 | 2020 | \$ | 425.00 | | |
| City Fo | ombell | State | Zip Code (Plus 4) | Descript | ion of Exp | enditure | | | | |
| | | PA | 16123 | Treasur | y Dues | | | | | |
| To Whom | Paid | | | мо | DAY | YEAR | | | | |
| Beaver Co | ounty Sports Hall of Fame | | | MO | DAI | ILAK | | | | |
| Mailing Address 533 Phillips Street | | | | 2 | 11 | 2020 | \$ | 60.00 | | |
| City Ba | aden | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | | PA | 15005 | Booklet | Ad | | | | | |
| To Whom | | | | МО | DAY | YEAR | | | | |
| | ntoline Memorial Foundation | | | | | | _ | | | |
| Mailing Ad | ddress 900 S Gross Street | | | 2 | 11 | 2020 | \$ | 45.00 | | |
| City Co | onway | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| PA 15027 | | | 15027 | Night at the Races | | | | | | |
| To Whom Paid Ellwood City Area Chamber of Commerce | | | | | DAY | YEAR | | | | |
| Mailing Ad | ddress 806 Lawrence Ave | | | 2 | 11 | 2020 | \$ | 125.00 | | |
| City El | llwood City | State | Zip Code (Plus 4) | Descript | ion of Exp | enditure | | | | |
| | | 16117 | Annual Dues | | | | | | | |
| To Whom Paid | | | | | DAY | YEAR | | | | |
| Beaver Co | ounty County FNRA | | | МО | DAI | ILAK | | | | |
| Mailing Address 1700 Old Broadhead Rd | | | | | 11 | 2020 | \$ | 1,500.00 | | |
| City M | onaca | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | | PA | 15061 | Club Table | | | | | | |
| To Whom Paid | | | | | DAY | YEAR | | | | |
| Zelienople Post Office | | | | | | | | | | |
| Mailing Ad | ddress 249 S Main St | | | 1 | 24 | 2020 | \$ | 8.33 | | |
| City Ze | elienople | State | Zip Code (Plus 4) | Descript | ion of Exp | enditure | | | | |
| | | PA | 16063 | Mailing | of Reports | | | | | |
| To Whom Paid Tyler Falk | | | | | DAY | YEAR | | | | |
| Mailing Address 341 American School Rd | | | | | 24 | 2020 | \$ | 425.00 | | |
| City Fo | ombell | State | Zip Code (Plus 4) | Descript | ion of Exp | enditure | | | | |
| , | - | PA | 16123 | Treasur | - | | | | | |
| To Whom Paid | | | | | | VEAR | | | | |
| Butler County Chamber of Commerce | | | | | DAY | YEAR | | | | |
| Mailing Address 101 E Diamond Street Suite 116 | | | | | 21 | 2020 | \$ | 350.00 | | |
| City Bu | utler | State | Zip Code (Plus 4) | Descript | ion of Exp | enditure | | | | |
| | | PA | 16003 | Annual | Dues | | | | | |
| | 177 10005 | | | | 1, | | | | | |

| | | | | | | | 7.02 15 |
|---|------------------------|--------------------------|---------|-------------|----------|----|------------|
| To Whom Paid Greater Midland Scholarship F | мо | DAY | YEAR | | | | |
| Mailing Address 1061 Virgi | 1 | 21 | 2020 | \$ | 55.00 | | |
| City Midland | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | • | |
| | PA | 15059 | Quarter | Page Ad | | | |
| | | | | | | | PAGE TOTAL |
| Enter Grand Total of Expen | iditures on Page 1, Ro | eport Cover Page, Item D | - | | | \$ | 3,672.23 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |