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 200	7306				Repor Filed E		CANI	DIC	DATE		COMM	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Cand	idate or L	obbyist	t:	G	SENE Y	AW F	OR SEN	IAT	E				·				
Street Address:																		
City:	WILLIAMSPO	ORT						State:		PA			Zip Cod	le: 17	701			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FF		PRE-	2. X	30 DA		P	OST-	3.		AMENDM REPORT?		Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FF		PRE-	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes		No	\
report type)	ANNUAL REPOR	T 7.	Year 2	2020				NG MET		_			PAPER	√	DIS	ETTE		
Name of Office S	ought by Candid	ate:				_		DATE	OF	ELEC	CTIC	N	District Number	Office Code	Pai	ty Coo	le Cou	
								МО		DAY	YI	AR			REF)	1	
								1	11		3	2020		(SEE INS	TRUCTI	ONS FO	R CODES	5)
	Receipts and	МО	DAY	'	YEAR			МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONL	Y	
Expenditures	from:		3	10	20	20 T	0		5	1	.8	2020						
A. Amount Bro	ught Forward Fro	om Last R	leport				\$				99,3	361.87						
B. Total Monet	ary Contributions	s And Rec	eipts (I	From	Sched	ule I)	\$				-	750.00						
C. Total Funds	Available (Sum (Of Lines A	and B))			\$			-	100,	111.87						
D. Total Expenditures (From Schedule III) \$ 503.22																		
E. Ending Cash Balance (Subtract Line D From Line C)						\$				99,6	08.65							
F. Value Of In-	Kind Contributio	ns Receiv	ed (Fro	m Scl	hedule	e II)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedul	le IV)	1		\$				17,8	329.00		,				
					AFFI	DAVI	T SE	CTIO	N									
PART I - If this is				_								_						
I swear (or affirm) correct and comple	that this report, ir ete.	cluding the	e attache	ed sche	edules	filed on	paper	or by ele	ectro	onic me	dium	, are to t	he best of	f my knov	vledge	and be	elief , tr	rue
Sworn to and subs	cribed before me tl day of	nis	20						-		5	Signature	of Persoi	1 Submitt	ing Re	ort		_
	Signa	ture					- -		-				Print	ted Name				_
My Commission Ex	_								-				Emai	il				-
	МО	D	AY		YR					Are	a Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	author	ized C	Commi	ittee, C	andid	ate sha	II s	ign he	re.							
I swear (or affirm) No 320) as amende		my knowl	edge and	d belief	f this p	oolitical	comm	ittee has	s no	t violat	ed an	y provis	ions of the	e act of Ju	ine 3,1	937 (F	.L. 133	з,
Sworn to and subsc		S										s	ignature o	of Candida	ite			_
	day of		_ 20 				_						Printe	d Name				_
	Signature						-		_					-				_
My Commission Exp	ires												Emai	il				
	мо	D	AY		YR		-		•	Area	Code		Da	ytime Te	elephor	ne Nun	ıber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
GENE YAW FOR SENATE	From:	3/10/202	<u>0</u> To:	5/18/2020
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)	\$	0.00		
TOTAL for the Reporting	\$	0.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	750.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	750.00
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			\$	750.00

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 Candidate			Rep	orting I	Period				
				Fror	m:		То	:	
			-			DATE			AMOUNT
Full Name of Contributin	g 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.

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.

(Exclud	le contributions fron	n political comm	itte	es rep	oorted	in Part	A)		
Name of Filing Committee or Candidate Reporting Period									
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.

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						
GENE YAW FOR SENATE	From:	3/10/2020	То:	5/18/2020			

DATE

Full Name of Contributing Committee
PAMIC PAC

Mo DAY YEAR
PAMIC PAC

* 750.00

Mailing Address

City MECHANICSBURG

State
PA 17055

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL 750.00

AMOUNT

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			Reporting Period						
Froi			Fron	From:			То:		
					ATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip	Code (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						\$	PAGE TOTAL 0.00		
							т	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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	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 Perio	od							
GENE YAW FOR SENATE	From:	3/10/2020 To :	<u>5/18/2020</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			Reporting Period					
Fi			From:			То:		
		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 Schedule II, In-Kind Contributions Detail				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	Name of Filing Committee or Candidate			Reporting 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	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 Can	ndidate		Reportir	ng Period					
GENE	YAW FOR SENATE			From	<u>3/1</u> (0/2020	То:	5/18/2020		
					DATE			AMOUNT		
To W	om Paid			МО	DAY	YEAR				
AA SE	LF STORAGE									
Mailin	g Address			3 23 2020 \$ 1						
City	MONTOURSVILLE	State	Zip Code (Plus 4)	Descript	Description of Expenditure					
		PA	17754	STORAG	GE OF CAM	PAIGN M	IATERIALS	5		
To Whom Paid					DAY	YEAR				
BBT								5.00		
Mailin	g Address			4	1	2020	\$	5.00		
City	WILLIAMSPORT State Zip Code (Plus 4) Description of Expenditure					enditure				
PA 17701				BAML FI	EE					
	nom Paid :LF STORAGE	мо	DAY	YEAR						
Mailing Address					20	2020	\$	100.70		
City	MONTOURSVILLE	State PA	Zip Code (Plus 4) 17754		tion of Exp SE OF CAM			5		
To Wi	nom Paid	•	<u>'</u>							
KEELE	ER NEWSPAPTERS			МО	DAY	YEAR				
Mailin	g Address			4	21	2020	\$	265.00		
City	WYALUSING	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	1			
		PA	18853	AG WEE	Description of Expenditure AG WEEK, SUSQUEHANNA AG DAY AD					
To W	om Paid			МО	DAY	YEAR				
BBT				1-10		ILAK				
Mailin	g Address			5	1	2020	\$	5.00		
City	WILLIAMSPORT	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	1			
		PA	17701	BANK FI	EE					
To W	om Paid			МО	DAY	YEAR				
BBT				1-10		ILAK				
Mailin	g Address			5	6	2020	\$	26.82		
City WILLIAMSPORT State Zip Code (Plus 4)			Description of Expenditure							
		PA	17701	CHECKS	5					
. .	nter Grand Total of Evnenditures on Page 1. Penert Cover Page 14cm D.							PAGE TOTAL		
Entei	ter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						 	503.22		

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

lame of Filing Committee or Candidate				Reporting Period					
GENE YAW FOR SENATE				<u>3</u>	/10/2020	5/18/2020			
					DATE			standing ance of Debt	
Name of Creditor					DAY	YEAR			
GENE YAW				,					
Mailing Address							\$	17,829.00	
City MONTOURSVILLE	State	Zip Code (P	lus 4)	Descript	ion of Deb	t			
	PA	17754							
								PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	17,829.00	