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 20	007306	i			Rep File			CANDI	DATE		СОМ	4ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Can	didate	or Lol	bbyist:		GEN	ΕY	AW FC	OR SENA	ΓE								
Street Address:	PO BOX 32	246																
City:	WILLIAMS	PORT							State:	PA			Zip Cod	le: 17	7701			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDAY PRIMARY	/ PRE	- 2	2. X	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	5.	30 DA ELECT		OST-	6.		TERMINA REPORT?		Yes	No	•	
report type)	ANNUAL REPO	PRT 7.	Ì	Year 2020					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Cand	idate:							DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count Code	у
									МО	DAY	YE	AR			REP			
									11		3	2020		(SEE IN	STRUCTIO	ONS FOR (ODES)	
Summary of Expenditures		ı M	0	DAY	YEAR			_	МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
			3	3 10	2	020	Т	0	5	-	18	2020						
A. Amount Bro	ught Forward F	rom La	st Re	port				\$			99,3	361.87						
B. Total Monet	ary Contributio	ns And	Recei	ipts (From	Sche	dule	I)	\$			7	750.00						
C. Total Funds	Available (Sum	of Line	es A a	and B)				\$			100,1	11.87						
D. Total Expenditures (From Schedule III) \$ 503.22																		
E. Ending Cash	Balance (Subt	ract Lin	e D F	rom Line C	E)			\$			99,6	08.65						
F. Value Of In-	Kind Contributi	ions Re	ceive	d (From Sc	hedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligation	ons (Fro	om Sc	hedule IV)			\$			17,8	29.00			•			
					AFF	IDA	VI	T SE	CTION									
PART I - If this is																		
I swear (or affirm) correct and complete		includin	g the a	attached sch	edules	filed	l on	paper o	or by electi	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	e,
Sworn to and subs	cribed before me day of	this		20							S	ignature	of Perso	n Submit	ting Rep	ort		-
								- -					Prin	ted Name	e			-
My Commission Ex	_	nature											Ema	il				-
	мо		DAY	r	YR			-		Are	ea Cod	le	Daytim	e Teleph	none Nu	mber		-
Part II- If this is	a report of a c	andida	te's a	uthorized	Comn	nitte	e, C	andida	ate shall :	sign he	ere.							
I swear (or affirm) No 320) as amende		of my kn	nowled	lge and belie	ef this	polit	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333,	,
Sworn to and subsc		this										Si	ignature o	of Candid	ate			-
	day of 			20				-					Printe	d Name				-
	Signati	ıre						-										_
My Commission Exp	_												Ema	il				
	МО		DAY	Y	YR			•		Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
GENE YAW FOR SENATE	From:	<u>3/10/202</u>	<u>0</u> To:	<u>5/18/2020</u>
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)			\$	750.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	750.00
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			\$	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 Commit	tee or Candidate			Reporting	Period			
				From:		То	:	
			'		DATE			AMOUNT
Full Name of Contributin	g 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.

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.

Name of Filing Commi	ittee or Candidate		Reporting	Period			
			From:		To	o:	
				DATE			AMOUNT
Full Name of Contributo	r		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

7/27/2024 10:35:17 AM

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

DATE AMOUNT

Full N	Name of Contributing Committee			мо	DAY	YEAR	
PAMI	PAMIC PAC			110	DA!	IEAR	\$ 750.00
Mailir	Mailing Address 4999 LOUISE STREET SUITE 304		3	19	2020	, , , , , , , , , , , , , , , , , , , ,	
City	MECHANICSBURG	State	Zip Code (Plus 4)			2020	
		PA	17055				

 $\label{lem:constraint} \textbf{Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.}$

PAGE TOTAL \$ 750.00

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			
			Fron	n:		т	o:	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Section	on 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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<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 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 P	ER 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	Reporting 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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	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				Rep	porting	Period			
				Fro	m:		То:		
						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	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
GENE YAW FOR SENATE			From	<u>3/1</u> 0	0/2020	То:	5/18/2020
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
AA SELF STORAGE			1-10				
Mailing Address 5565 LYC	OMING MALL ROAD		3	23	2020	\$	100.70
City MONTOURSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	17754	STORAC	GE OF CAM	PAIGN M	IATERIALS	;
To Whom Paid BBT			мо	DAY	YEAR		
Mailing Address EAST THI	RD STREET		4	1	2020	\$	5.00
City WILLIAMSPORT	State	Zip Code (Plus 4)	Descrip	l tion of Exp	l enditure	1	
	PA	17701	BAML FI	ΞE			
To Whom Paid	·		l Mo	DAY	VEAD		
AA SELF STORAGE			МО	DAY	YEAR		
Mailing Address 5565 LYCOMING MALL ROAD			4	20	2020	\$	100.70
City MONTOURSVILLE State Zip Code (Plus 4)				tion of Exp	enditure	•	
	PA	17754	STORAC	GE OF CAM	PAIGN M	IATERIALS	;
To Whom Paid			МО	DAY	YEAR		
KEELER NEWSPAPTERS			1-10		12/11		
Mailing Address PO BOX 1	87		4	21	2020	\$	265.00
City WYALUSING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18853	AG WEE	K, SUSQU	EHANNA	AG DAY A	ND
To Whom Paid BBT			МО	DAY	YEAR		
Mailing Address EAST THI	RD STREET		5	1	2020	\$	5.00
City WILLIAMSPORT	State	Zip Code (Plus 4)	Descrip	l tion of Exp	l enditure		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PA	17701	BANK F	EE .			
To Whom Paid	•						
BBT			МО	DAY	YEAR		
Mailing Address EAST THI	RD STREET		5	6	2020	\$	26.82
City WILLIAMSPORT	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	1	
	PA	17701	CHECKS	5			
	17701						
Enter Grand Total of Expe			_				PAGE TOTAL

STATEMENT OF UNPAID DEBTS

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

Name of Filing Committee or Candidate			Reporting Period						
GENE YAW FOR SENATE			From:	<u>3/10/2020</u> To:			<u>.</u>	5/18/2020	
				DATE				Outstanding Balance of Debt	
Name of Creditor GENE YAW				мо	DAY	YEAR			
Mailing Address 1916 MOUNTVIEW AVENUE							\$	17,829.0	0
City MONTOURSVILLE	State	Zip Code (Plus 4) 17754		Description of Debt					
	PA								
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								PAGE TOTAL	
							\$	17,829.00	o