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 9600	102			Rep File			CAI	NDI	DATE		COM	MITTEE	Y	LUB	51131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:	,	BENI	NIN	GHOF	F, KE	RR\	Y FOR	REP	СОМ					
Street Address: 3258 E. LAMB ST.																	
City:	BELLEFONTE							State	e:	PA		Zip Code: 16823					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA PRIMA		P	POST-	3. X		AMENDN REPORT		Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	j.	30 DA		P	POST-	6.		TERMIN/ REPORT		Yes	No	\
report type)	port type) ANNUAL REPORT 7. Year 2020 FILING METH () CHECK (~ _			PAPER		⋈	DISKE	TTE			
Name of Office Sought by Candidate:							DAT	ΕO	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code	
								МО		DAY	YI	EAR			·		
				_					11	,	3	2020		(SEE IN	STRUCTI	ONS FOR (CODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			_	МО		DAY	Y	EAR	FC	R OFFI	E USE	ONLY	
			5 19	20	020	T	O		6		22	2020]				
A. Amount Bro	ught Forward Fror	n Last R	eport				\$					003.97					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$				29,	500.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				84,	503.97					
D. Total Expend	ditures (From Sch	edule II	I)				\$				11,	167.04					
E. Ending Cash	Balance (Subtrac	Line D	From Line	C)			\$				73,3	336.93					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II))	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00					
				AFF	IDA	VI	ΓSE	CTIC	N								
I swear (or affirm)	that this report, incl	-	_							-		_		f my knov	wledge	and beli	ef , true
correct and comple	ete. cribed before me this	i											- f D	C	D		
	day of		20				•					signature	e or Perso	n Submitt	ing Ke	DOFE	
	Signatu	re					-						Prin	ted Name	•		
My Commission Ex	· —						-		•				Ema				
	MO		AY	YR		_					ea Cod	ie	Daytin	ie Teleph	one Nu	mber	
	a report of a cand that to the best of n					•				_		ny provis	ions of th	e act of Ji	une 3.1	937 (P.L	. 1333.
No 320) as amende		•			•										,	•	
Sworn to and subsc	day of		20									s	ignature (of Candida	ate		
							-						Printe	d Name			
My Commission Exp	Signature ires												Ema	il			
	МО	D	AY	YR			•			Area	Code		D	aytime To	elephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
BENNINGHOFF, KERRY FOR REP COM	From:	<u>5/19/202</u>	<u>0</u> To:	6/22/2020
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	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	29,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	29,500.00
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			\$	29,500.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Committee or Candidate			Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

PAGE TOTAL									
\$	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 Fining Committee of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$0.00

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				
BENNINGHOFF, KERRY FOR REP COM			From:	<u>5/1</u>	<u>9/2020</u>	То:	6/22/	<u>2020</u>
		·		DA	TE		AMOU	NT
Full Name of Contributing Committee COZEN O, CONNER PAC				МО	DAY	YEAR		
Mailing Address 1650 MARKET ST OF	Address 1650 MARKET ST ONE LIBERTY PLACE						\$	5,000.00
City PHILADELPHIA	State PA	Zip Code 19103	e (Plus 4)	6	22	2020		
Full Name of Contributing Committee CABOT OIL & PAC				мо	DAY	YEAR		
Mailing Address PO BOX 4644	la	I I	(2)	6	22	2020	\$	2,500.00
City HOUSTON	State TX	772104	544	-				
Full Name of Contributing Committee CALPINE CORP PAC				МО	DAY	YEAR		
Mailing Address 717 TEXAS ST. SUIT	TE 1000						\$	1,000.00
City HOUSTON	State TX	Zip Code 77002	e (Plus 4)	6	22	2020		
Full Name of Contributing Committee WASTE MANAGEMENT EMPLOYEES BET	TER GOVT FUND			МО	DAY	YEAR		
Mailing Address 701 PENNSYLVANIA	AVE. NW SUITE 590						\$	1,000.00
City WASHINGTON	State DC	Zip Code 20004	e (Plus 4)	6	18	2020		
Full Name of Contributing Committee BUILD PA PAC				МО	DAY	YEAR		
Mailing Address 816 HIGHFIELD CT							\$	10,000.00
City CORAOPOLIS	State PA	Zip Code	e (Plus 4)	6	15	2020		

						PAGE 6
Full Name of Contributing Committee			мо	DAY	YEAR	
FREEDOM RINGS EVERY DAY PAC			MO	DAI	ILAK	
Mailing Address 4031 THICKET LANI	<u> </u>					\$ 1,500.00
City HARRISBURG	State	Zip Code (Plus 4)	6	13	2020	
	PA	17110				
Full Name of Contributing Committee			мо	DAY	YEAR	
BUCHANAN INGERSOLL & amp; ROONI	NEY COMMITTEE FOR	EFFECTIVE GOVT	110		12711	
Mailing Address 501 GRANT ST. SU	ITE 200					\$ 1,000.00
City PITTSBURGH	State	Zip Code (Plus 4)	5	29	2020	
	PA	15219				
Full Name of Contributing Committee	·	·	мо	DAY	YEAR	
CHESAPEAKE ENERGY CORP FED PAC						
Mailing Address PO BOX 18498			5	29	2020	\$ 2,000.00
City OKLAHOMA CITY	State	Zip Code (Plus 4)	3	29	2020	
	ОК	731540495				
Full Name of Contributing Committee		1	МО	DAY	VEAD	
Full Name of Contributing Committee OPERATORS FOR SKILL PAC	1		МО	DAY	YEAR	
	1					\$ 2,500.00
OPERATORS FOR SKILL PAC	State	Zip Code (Plus 4)	MO 5	DAY 26	YEAR 2020	\$ 2,500.00
OPERATORS FOR SKILL PAC Mailing Address PO BOX 343	State PA	Zip Code (Plus 4) 171080343				\$ 2,500.00
OPERATORS FOR SKILL PAC Mailing Address PO BOX 343			5	26	2020	\$ 2,500.00
OPERATORS FOR SKILL PAC Mailing Address PO BOX 343 City HARRISBURG						\$ 2,500.00
OPERATORS FOR SKILL PAC Mailing Address PO BOX 343 City HARRISBURG Full Name of Contributing Committee			мо	26 DAY	2020 YEAR	\$ 2,500.00 \$ 1,000.00
OPERATORS FOR SKILL PAC Mailing Address PO BOX 343 City HARRISBURG Full Name of Contributing Committee PENNSYLVANIA OPTOMETRIC PAC			5	26	2020	
OPERATORS FOR SKILL PAC Mailing Address PO BOX 343 City HARRISBURG Full Name of Contributing Committee PENNSYLVANIA OPTOMETRIC PAC Mailing Address 218 NORTH ST.	PA	171080343	мо	26 DAY	2020 YEAR	
OPERATORS FOR SKILL PAC Mailing Address PO BOX 343 City HARRISBURG Full Name of Contributing Committee PENNSYLVANIA OPTOMETRIC PAC Mailing Address 218 NORTH ST.	PA	171080343 Zip Code (Plus 4)	мо	26 DAY	2020 YEAR	
OPERATORS FOR SKILL PAC Mailing Address PO BOX 343 City HARRISBURG Full Name of Contributing Committee PENNSYLVANIA OPTOMETRIC PAC Mailing Address 218 NORTH ST. City HARRISBURG Full Name of Contributing Committee	State PA	171080343 Zip Code (Plus 4)	MO 5	26 DAY	2020 YEAR 2020	\$ 1,000.00
OPERATORS FOR SKILL PAC Mailing Address PO BOX 343 City HARRISBURG Full Name of Contributing Committee PENNSYLVANIA OPTOMETRIC PAC Mailing Address 218 NORTH ST. City HARRISBURG Full Name of Contributing Committee HAPAC-STATE Mailing Address 30 N. 3RD ST. SUI	State PA	171080343 Zip Code (Plus 4) 17101	мо 5	26 DAY DAY	2020 YEAR 2020	
OPERATORS FOR SKILL PAC Mailing Address PO BOX 343 City HARRISBURG Full Name of Contributing Committee PENNSYLVANIA OPTOMETRIC PAC Mailing Address 218 NORTH ST. City HARRISBURG Full Name of Contributing Committee HAPAC-STATE	State PA	171080343 Zip Code (Plus 4)	MO 5	26 DAY	2020 YEAR 2020	\$ 1,000.00

Full Name of Contributing Committee DUANE MORRIS LLP GOVERNMENT				DAY	YEAR	
Mailing Address 30 S. 17TH ST.	Mailing Address 30 S. 17TH ST.					\$ 1,000.00
City PHILADELPHIA	State	Zip Code (Plus 4)	5	22	2020	
	PA	19103				

PAGE TOTAL\$ 29,500.00

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

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			Rep	Reporting Period					
			Fror	n:		To) :		
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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	d	
BENNINGHOFF, KERRY FOR REP COM	From:	<u>5/19/2020</u> To:	<u>6/22/2020</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 Candidate			Reporting Period					
			From:			To:		
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL	
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period							
					Fro	om:		To:			
							DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor					Occupation						
Employer Mailing Address/Principal Place of Business		City		State		Zip Code(Plus 4)		Descri	Description of Contribution		
Enter Grand Total of Part G on So Summary Page, Section 3.	hedule II,	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
BENNINGHOFF, KERRY FOR REP COM			From <u>5/19/2020</u>			То:	6/22/2020			
				DATE						
To Whom Paid FRIENDS OF MARCI MUSTELLO				DAY	YEAR					
Mailing Address 202 BELLEFIELD DR.				20	2020	\$	1,000.00			
City BUTLER	State	Zip Code (Plus 4)	Description of Expenditure							
BOTELIN	PA	16001	CAMPA							
To Whom Paid VARLIE GAYDOS FOR STATE REPRESENTATIVE				DAY	YEAR					
Mailing Address PO BOX 515				20	2020	\$	1,000.00			
City SEWICKLEY	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	15143	CAMPAIGN SUPPORT							
To Whom Paid USPS			мо	DAY	YEAR					
Mailing Address 132 N. ALLEGHANY ST.				22	2020	\$	55.00			
City BELLEFONTE	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	16823	POSTA							
To Whom Paid SHEETZ			МО	DAY	YEAR					
Mailing Address 113 N. JUNIATA ST.				1	2020	\$	25.00			
City LEWISTOWN	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	17044	CAMPAIGN TRAVEL EXPENSE							
To Whom Paid ONE STOP				DAY	YEAR					
Mailing Address 1637 E. PITT ST.				4	2020	\$	31.00			
City JENNERSTOWN	State	Zip Code (Plus 4)	Description of Expenditure							

15547

PΑ

CAMPAIGN TRAVEL EXPENSE

						PA	GE 14	
To Whom Paid WALMART				DAY	YEAR			
Mailing Address 373 BANNER PIKE				8	2020	\$	16.79	
City STATE COLLEGE	State PA	Zip Code (Plus 4) 16801	Description of Expenditure GOP PICNIC SUPPLIES					
To Whom Paid WEATH CRYSTAL CITY	МО	DAY	YEAR					
Mailing Address 1800 RICHMOND HWY				12	2020	\$	39.00	
City ARLINGTON	State PA	Zip Code (Plus 4) 22202	Description of Expenditure PARKING FOR GOPAC EVENT					
To Whom Paid USPS				DAY	YEAR			
Mailing Address 132 N. ALLEGHENY ST.				19	2020	\$	13.75	
City BELLEFONTE	State PA	Zip Code (Plus 4) 16823	Description of Expenditure POSTAGE					
To Whom Paid FRIENDS OF CHRIS QUINN				DAY	YEAR			
Mailing Address 1400 N. PROVIDENCE RD. SUITE 1040			6	22	2020	\$	2,600.00	
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure CAMPAIGN SUPPORT					
To Whom Paid MJM STRATEGIES LLC				DAY	YEAR			
Mailing Address PO BOX 624				22	2020	\$	6,486.50	
City HARRISBURG	State PA	Zip Code (Plus 4) 171080024	Description of Expenditure RETAINER FEES, COMMISSION, INVITATIONS, POSTAGE					
Futou Cunud Tatal at Fa	likuwa an Barra 4 B	mont Cover Person The Co				P	AGE TOTAL	
Enter Grand Total of Expend	iitures on Page 1, Re	port Cover Page, Item D	•			\$	11,267.04	