Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat	ion 2008	3026			Repor		CANDI	DATE		СОМ	MITTEE	\checkmark	LOB	BYIST	
Number :					Filed	-									
Name of Filing G	Committee, Candid	late or L	obbyist:		VOGEL	., ELDE	ER FOR S	ENATE							
Street Address:	PO BOX 163														
City:	ZELIENOPLE						State:	PA			Zip Co	de: 16	063		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D/ PRIM		POST-	3. X		AMENDI REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.	30 D/ ELEC		POST-	6.		TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2021				NG METH				PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by Candida	te:					DATE O	F ELE	стіо	N	District Number	Office Code	Par	ty Code	County Code
						мо	DAY	YE	AR	Humber	coue			couc	
							11		2	2021		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAF	۲		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditure	s from:		5 4	2	021	ГО	6		7	2021					
A. Amount Bro	ught Forward Fro	m Last R	eport			\$	_		125,7	94.99	1				
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$			13,6	00.00					
C. Total Funds Available (Sum Of Lines A and B)								:	139,3	94.99					
D. Total Expenditures (From Schedule III)						\$				7.19					
E. Ending Cash Balance (Subtract Line D From Line C)					\$		1	139,3	87.80						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$				0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)		\$				0.00					
				AFF	IDAV	IT SE	CTION								
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this i	s a Ca	ndidate r	eport, c	andid	late sig	gn here.				
I swear (or affirm correct and compl) that this report, inc ete.	luding the	e attached so	hedule	s filed or	n paper	or by elect	ronic me	edium,	are to t	the best o	of my know	vledge	and beli	ef , true
Sworn to and sub	scribed before me thi day of	S	20						Si	ignature	e of Perso	n Submitt	ing Rep	oort	
						_					Prir	ited Name	1		
My Commission E	Signatu xpires	ire									Ema	il			
	мо	D	AY	YR		_		Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comr	nittee, (Candid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of r ed.	ny knowl	edge and bel	ief this	s politica	l comm	ittee has n	iot viola	ted any	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subse	cribed before me this									s	ignature	of Candida	ate		
	day of 										Printe	ed Name			
	Signature					_									
My Commission Ex	pires										Ema	hil			
	мо	D	AY	YR	ł	_		Area	Code		D	aytime T	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** VOGEL, ELDER FOR SENATE From: <u>5/4/2021</u> **To:** 6/7/2021 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 100.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 100.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 13,500.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 13,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 13,600.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	Name of Filing Committee or Candidate				Reporting Period					
				From: To:			1			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
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. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candidate Reporting Period										
VOGEL, ELDER FOR SENATE				From: <u>5/4/2021</u> To				e: <u>6/7/2021</u>		
					DATE			AMOUNT		
Full Name of Contributor David C Spokane				мо	DAY	YEAR				
Mailing Address 108 James Dr		-					\$	100.00		
City Beaver	State	Zip Code (Plus 4)	6	7	2021				
	PA	15009								
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								100.00		

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	Name of Filing Committee or Candidate Reporting			g Period			
VOGEL, ELDER FOR SENATE			From:	<u>5/</u>	<u>/4/2021</u>	То:	<u>6/7/2021</u>
				DA	TE		AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	
Pennsylvania Horsebreeders Assoc Inc							\$ 1,000.00
Mailing Address 701 E Baltimore PK S	Suite E			6	4	2021	
City Kennett Square	State	Zip Cod	e (Plus 4)				
	РА	19348					
Full Name of Contributing Committee MSOA PAC				мо	DAY	YEAR	\$ 2,500.00
Mailing Address 200 RACETRACK RD	PO BOX 253			6	4	2021	4 2,300.00
City MEADOW LANDS	State	Zip Cod	e (Plus 4)		4	2021	
	РА	15347					
Full Name of Contributing Committee DENTONS COHEN AND GRIGSBY PAC				мо	DAY	YEAR	\$ 2,500.00
Mailing Address 625 LIBERTY AVE				6		2024	· · · 2,300.00
City PITTSBURGH	State	Zip Code	e (Plus 4)	6	4	2021	
	РА	15222-	3152				
Full Name of Contributing Committee PA HBPA PAC	•	•		мо	DAY	YEAR	\$ 2,500.00
Mailing Address 777 Hollywood Blvd				6	4	2021	φ 2,300.00
City Grantville	State	Zip Code	e (Plus 4)		4	2021	
	PA	17028					
Full Name of Contributing Committee				мо	DAY	YEAR	
STANDARDBRED BREEDERS ASSOC OF	PA PAC						\$ 1,500.00
Mailing Address P O BOX 339 ROUTE	194 SOUTH			6	4	2021	
City HANOVER	State	Zip Code	e (Plus 4)				
	PA	173310	339				
Full Name of Contributing Committee				мо	DAY	YEAR	
PA THA PAC (THOROUGHBRED HORSEN	1EN)			HIC .	DAT	TEAK	\$ 3,500.00
Mailing Address PO BOX 300				6	4	2021	,
City BENSALEM	State	Zip Cod	e (Plus 4)]			
	PA	190200	000				

\$

13,500.00

PART D 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	Name of Filing Committee or Candidate				Reporting Period					
From				om:			То:			
				DATE AMOUI				IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Plu	s 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	e of Business	City			State Zip Code (Plu		e (Plus 4)			
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							P/ \$	AGE TOTAL 0.00		

PART E **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 Candic	late		Report	Reporting Period					
			From:	n: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description						•			
			.					PAGE TOT	AL
Enter Grand Total of Part E on Sch	nequie 1, Détailed	i 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 Period											
VOGEL, ELDER FOR SENATE	From:	<u>5/4/2021</u> то:	<u>6/7/2021</u>									
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	L UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00									
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)											
TOTAL for the Reporting Pe	riod (2)	\$	0.00									
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)												
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00									

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Period	·								
				From:			То:						
				DATE			AMOUNT						
Full Name of Contributor				DAY	YEAR								
Mailing Address		_				7 \$		0.00					
City	State	Zip Code (Plus 4)											
Description of Contribution:			1										
Enter Grand Total of Part F on Sched Section 2.	mary Pag	je,		PAGE TOTA	AL.								
						\$		0.00					

PAGE 11

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					
				om:		То:				
					DATE AMOUNT					
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor				Occupa	ation					
Employer Mailing Address/Principal Plac	City	Stat	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	Name of Filing Committee or Candidate				Reporting Period						
VOGEL, ELDER FOR SENATE				<u>5/-</u>	<u>4/2021</u>	То:	<u>6/7/2021</u>				
				DATE	AMOUNT						
To Whom Paid				DAY	YEAR						
Zelienople Post Office			мо								
Mailing Address 251 S Main St			5	4	2021	\$	7.19				
City Zelienople	State	Zip Code (Plus 4)	Description of Expenditure								
	PA	16063	Mailing	of Reports							
					PAGE TOTAL						
Enter Grand Total of Expenditure	D.			\$	7.19						

7/7/2025 11:29:28 AM