

Campaign Finance Report

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

Filer Identification Number :		20120363		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF CRIS DUSH C/O PAMELA AMES												
Street Address: 314 RHODES LN												
City: BROOKVILLE						State: PA			Zip Code: 15825			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2021	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	REP			
						11	2	2021	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	23	2021		12	31	2021				
A. Amount Brought Forward From Last Report						\$ 13,391.66						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 3,000.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 16,391.66						
D. Total Expenditures (From Schedule III)						\$ 1,667.63						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 14,724.03						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF CRIS DUSH C/O PAMELA AMES	From: <u>11/23/2021</u> To: <u>12/31/2021</u>

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)	\$ 3,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 3,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,000.00
---	-------------

Name of Filing Committee or Candidate	Reporting Period From: To:
--	--

	DATE	AMOUNT
--	------	--------

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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 FRIENDS OF CRIS DUSH C/O PAMELA AMES	Reporting Period From: <u>11/23/2021</u> To: <u>12/31/2021</u>
--	--

				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
PA LAND TITLE ASSOC				11	26	2021	
Mailing Address 1010 W. 8TH AVE STE H							
City KING OF PRUSSIA		State PA	Zip Code (Plus 4) 19406				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
POM PAC				11	26	2021	
Mailing Address 911B S. EISENHOWER BLVD							
City MIDDLETOWN		State PA	Zip Code (Plus 4) 17057				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
PA AMERICAN WATER CO				12	17	2021	
Mailing Address 852 WESLEY DR.							
City MECHANICSBURG		State PA	Zip Code (Plus 4) 17055				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 1,000.00
BETTER PENNSYLVANIA PAC				12	17	2021	
Mailing Address 121 STATE ST.							
City HARRISBURG		State PA	Zip Code (Plus 4) 17101				

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

PAGE TOTAL \$ 3,000.00

			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	

PAGE 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 Candidate	Reporting Period From: To:
--	--

			DATE			AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL	
\$	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	
FRIENDS OF CRIS DUSH C/O PAMELA AMES		From: <u>11/23/2021</u> To: <u>12/31/2021</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description 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 Candidate	Reporting Period
FRIENDS OF CRIS DUSH C/O PAMELA AMES	From <u>11/23/2021</u> To: <u>12/31/2021</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
USPS				
Mailing Address 67 WHITE ST	11	26	2021	\$ 7.38
City BROOKVILLE	State PA	Zip Code (Plus 4) 15825	Description of Expenditure POSTAGE	
To Whom Paid	MO	DAY	YEAR	
MILL COVE INC				
Mailing Address 8 S. MAIN ST. REAR #1	11	28	2021	\$ 100.00
City MANSFIELD	State PA	Zip Code (Plus 4) 16933	Description of Expenditure DONATION	
To Whom Paid	MO	DAY	YEAR	
COURIER EXPRESS				
Mailing Address PO BOX 370	12	3	2021	\$ 159.00
City WEST FRANKFORT	State IL	Zip Code (Plus 4) 62896	Description of Expenditure ADVERTISING	
To Whom Paid	MO	DAY	YEAR	
MJM STRATEGIES				
Mailing Address P.O. BOX 624	12	8	2021	\$ 794.25
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure FUNDRAISER COSTS	
To Whom Paid	MO	DAY	YEAR	
MJM STRATEGIES				
Mailing Address P.O. BOX 624	12	12	2021	\$ 50.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure FUNDRAISER COSTS	
To Whom Paid	MO	DAY	YEAR	
NORTH CENTRAL SIGHT SERVIC				
Mailing Address 2121 REACH ROAD	12	15	2021	\$ 100.00
City WILLIAMSPORT	State PA	Zip Code (Plus 4) 17701	Description of Expenditure DONATION	

To Whom Paid NORTHERN TIER CHILDREN'S HOME			MO	DAY	YEAR	\$ 100.00
Mailing Address 4309 STATE ROUTE 49 W			12	15	2021	
City HARRISON VALLEY	State PA	Zip Code (Plus 4) 16927	Description of Expenditure DONATION			

To Whom Paid HOMETOWN PUNXSUTAWNEY			MO	DAY	YEAR	\$ 357.00
Mailing Address 159 ASPEN RD.			12	28	2021	
City PUNXSUTAWNEY	State PA	Zip Code (Plus 4) 15767	Description of Expenditure ADVERTISING			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,667.63

