Campaign Finance Report

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

Filer Identificat Number :	ion 2007	306			Repo Filed			CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST	Г	
	Committee, Candid	ate or L	obbyist:			-		ENE YA	W								
Street Address:	PO BOX 56																
City:	RALSTON						s	State: PA Zip Code: 17763									
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY				DAY		POST-	3.		AMENDMENT REPORT?		Yes	Ν	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				DAY ECTI		POST- 6.			TERMINATION REPORT?		Yes	N	0	\checkmark
report type)	ANNUAL REPORT	7. X	Year 2021					G METHO HECK O				PAPER		\checkmark	DISK	ETTE	
Name of Office	L Sought by Candida	te:					Į.	DATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Cod	e Cou Cod	
							r	10	DAY	Y	EAR			REP	•	1	-
								11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR	2		ľ	40	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY	,	
Expenditures	s from:		11 23	2	021	то		12	1	31	2021						
A. Amount Bro	ught Forward From	n Last R	leport				\$			128,	523.79						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I))	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			128,	523.79						
D. Total Expen	ditures (From Sch	edule II	1)				\$			1,3	392.08						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$		1	.27,2	231.71	-					
F. Value Of In-	Kind Contributions	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 S	SEC	TION									
	s a Committee rep	•	-									-					
I swear (or affirm correct and compl) that this report, incl ete.	luding the	e attached sc	hedule	s filed o	n pap	oer or	· by elect	ronic m	edium	, are to	the best o	f my knov	vledge	and be	lief , ti	rue
Sworn to and sub	scribed before me this day of	5	20							9	Signaturo	e of Perso	n Submitt	ing Rep	oort		_
	Signatu	re				_						Prin	ted Name				_
My Commission E	xpires											Ema	il				
	МО	D	AY	YR					Are	ea Coo	le	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a cano	didate's	authorized	Comn	nittee,	Cano	didat	te shall	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowl	edge and bel	ief this	; politica	l cor	mmit	tee has n	ot viola	ted ar	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	33,
Sworn to and subse	cribed before me this day of		20								S	ignature (of Candida	ite			-
												Printe	ed Name				-
My Commission Exp	Signature pires											Ema	il				_
	мо	D	AY	YR	1	_			Area	Code		D	aytime Te	elephor	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF GENE YAW From: <u>11/23/2021</u> To: 12/31/2021 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)** 0.00 All Other Contributions (Part B) \$ **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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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 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 Candida	te			oorting P	eriod					
			Fro	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, Detail	led Summary Pag	je, Se	ection 2	2.		\$	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							
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.0		
Mailing Address							- \$	0.0		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						\$	0.00			

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 Rej				porting Period					
			Froi	n:		Т):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	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 Candidate				Reporting Period						
				From: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	•				•					
		_	o .:					PAGE TO	TAL	
Enter Grand Total of Part E on Scheo	iule I, Detailed Sum	imary 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

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	od	
FRIENDS OF GENE YAW	From:	<u>11/23/2021</u> то:	<u>12/31/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	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 Re			Reporting 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 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					
						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	e of Business (City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution		
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name	of Filing Committee or Candidate			Reporti	ng Period						
FRIEN	IDS OF GENE YAW			From	<u>11/2</u>	<u>3/2021</u>	То:	<u>12/31/2021</u>			
					DATE		AMOUNT				
To Whe	om Paid			мо	DAY	YEAR					
THE PF	RINT SHOPPE										
Mailing	g Address 421 WASHINGTON	BLVD		11	23	2021	\$	313.58			
City	WILLIAMSPORT	State	Zip Code (Plus 4)	Description of Expenditure							
PA 17701				PRINTI	NG NOTE C	ARDS					
To Whom Paid				мо	DAY	YEAR					
THE DAILY REVIEW											
Mailing Address 116 MAIN STREET			12	1	2021	\$	30.00				
City TOWANDA State Zip Code (Plus 4)				Descrip	Description of Expenditure						
PA 18848				VETERA	N'S DAY F	lag pag	ES				
To Whe	om Paid			мо	DAY	YEAR					
HALO											
Mailing	g Address 3182 MOMENTUM P	LACE		12	1	2021	\$	893.50			
City	CHICAGO	State	Zip Code (Plus 4)	Description of Expenditure							
		IL	606895331	CALENDARS							
To Whe	om Paid			мо	DAY	YEAR					
KEELE	R NEWSPAPER										
Mailing	g Address PO BOX 187			12	17	2021	\$	40.00			
City	WYALUSING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	-				
		РА	18853	VETERA	NS DAY AI	D					
To Whe	om Paid			мо	DAY	YEAR					
STAND	DARD JOURNAL										
Mailing Address 21 NORTH ARCH STREET			12	17	2021	\$	115.00				
City MILTON State Zip Code (Plus 4)			Descrip	tion of Exp	enditure						
PA 17847				VETERAN'S DAY AD							
Enter	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL			
Enter	Grand Total of Expenditures of	on Page 1, Report (Lover Page, Item I).			\$	1,392.08			