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 :	i on 2008	3026			Report Filed B		CANDI	DATE	СОМ	MITTEE	✓	LOBI	BYIST	
	Committee, Candid	late or Lo	obbyist:			-	R FOR SI	ENATE						
Street Address:	PO BOX 163													
City:	ZELIENOPLE						State:	PA		Zip Co	de: 16	063		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE		30 DA PRIM		POST-	3.	AMENDI REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE		30 DA ELEC		POST-	6.	TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2022				NG METHO			PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by Candida	te:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR					
							11		8 2022	2	(SEE INS	STRUCTI	ONS FOR (CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditure	Denditures from: 1 3 2022 TO 3 28 20							8 2022	2					
A. Amount Bro	ought Forward Fro	m Last R	eport			\$		1	56,382.89)				
B. Total Monetary Contributions And Receipts (From Schedule I)									500.00					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$		1	56,882.89					
D. Total Exper	nditures (From Sch	edule II	I)			\$			3,295.74					
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)		\$		1	53,587.15	_				
F. Value Of In-	-Kind Contribution	s Receive	ed (From S	chedu	le II)	\$			0.00	_				
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	/)		\$			0.00					
				AFF	IDAVI	Γ SE	CTION							
	is a Committee rep		-					• •		-				
I swear (or affirm correct and comp	i) that this report, inc lete.	luding the	attached sc	hedules	s filed on p	paper	or by elect	ronic me	dium, are to	the best o	of my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before me thi day of	S	20						Signatu	e of Perso	on Submitt	ing Rep	port	
	Signatu	ire				-				Prir	nted Name	1		
My Commission E	xpires					_				Ema	ail			
	мо	D/	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee, Ca	andid	ate shall	sign he	re.					
I swear (or affirm No 320) as amend) that to the best of I led.	ny knowle	edge and beli	ief this	political	comm	ittee has n	ot violate	ed any provi	sions of th	ne act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subs	cribed before me this day of		20						:	Signature	of Candida	ite		
						-				Printe	ed Name			
My Commission Ex	Signature					-				Ema	ail			
,	· -													
	мо	D/	AY	YR	l			Area C	ode	D	aytime Te	elephon	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** VOGEL, ELDER FOR SENATE From: <u>1/3/2022</u> **To:** <u>3/28/2022</u> 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)** 0.00 500.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 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 \$ 500.00 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			orting I	Period			
Fro			From: To:					
		·			DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
								PAGE TOTAL
inter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00

Use this Part to it	emize all othe 50.01 to \$250.	1 TO \$250.00 r contribution 00 in the repo	s w ortir	ith an ng per	aggreg iod.			rom
Name of Filing Committee or Candida	te			oorting P	eriod			
			Fro	m:		Тс):	
					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	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 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			Repo	orting Pe	riod			
VOGEL, ELDER FOR SENATE			Fron	n:	<u>1/3/2</u>	<u>022</u> T	o:	<u>3/28/2022</u>
				DA	TE			AMOUNT
Full Name of Contributor Serge Brunner				мо	DAY	YEAR	\$	500.00
Mailing Address 10 Holly Lane				3	16	202	,	
City Millville	State	Zip Code (Plus	s 4)		10	202.	<u>^</u>	
	NJ	08332						
Employer Name Espoma Co				Occupat	ion	Owner		
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	Code (Plus 4)
8 Espoma Rd		Millville			NJ		0833	32
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Sectio	on 3.			\$	PAGE TOTAL 500.00

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			Report	ing Peric	d			
			From:			То:		
				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 Sched	ule 1, Detailed Sumn	nary 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>1/3/2022</u> то:	<u>3/28/2022</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, 1		\$	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				
	Fr					То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	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.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate			Rep	porting I	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		•		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 Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	2		Reporti	ng Period				
VOGEL, ELDER FOR SENATE			From	<u>1/3</u>	<u>3/2022</u>	То:	<u>3/28/2022</u>	
				DATE			AMOUNT	
To Whom Paid			мо	DAY	YEAR			
Beaver County Chamber of Commerce								
Mailing Address 525 Third St 2nd F	loor		3	17	2022	\$	160.00	
City Beaver	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	15009	Gala &	Auction Fu	ndraiser			
To Whom Paid Ellwood City Chamber of Commerce			мо	DAY	YEAR			
Mailing Address 806 Lawrence Ave			2	16	2022	\$	125.00	
City Ellwood City	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	1		
	PA	16117	Member	Membership Dues				
To Whom Paid RCBC			мо	DAY	YEAR			
Mailing Address PO Box 356			2	10	2022	\$	700.00	
City Beaver	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1		
	PA	15009	Lincoln	Day Dinne	r Table S	ponsor		
To Whom Paid Beaver County FONRA			мо	DAY	YEAR			
Mailing Address 1700 Old Broadhea	nd Rd		2	10	2022	\$	500.00	
City Monaca	State	Zip Code (Plus 4)	Descrip	l tion of Exp	l enditure			
	PA	15061	Table S	ponsor				
To Whom Paid Baden American Legion			мо	DAY	YEAR			
Mailing Address 271 State St			2	8	2022	\$	100.00	
City Baden	State	Zip Code (Plus 4)	Descrip	ion of Exp	enditure			
	РА	15005	Full Pag	ie Ad				
To Whom Paid			мо	DAY	YEAR			
Zelienople Post Office			MO					
Mailing Address 249 S Main St	Mailing Address 249 S Main St			21	2022	\$	10.74	
City Zelienople	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA	16063	Mailing	of Annual	Reports			

To Whom Paid				мо	DAY	YEAR		
Butler County Chan	ber of Commerce					/		
Mailing Address	PO Box 1082			1	10	2022	\$	250.00
City Butler		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	16003	Annual	Dues			
To Whom Paid				мо	DAY	YEAR		
Lawrence County C	hamber of Commerc	e		MO		TLAN		
Mailing Address	325 East Washingto	n St		1	10	2022	\$	175.00
City New Castle State Zip Code (Plus 4)			Descrip	tion of Exp	enditure			
PA 16101				Annual	Dues			
To Whom Paid				мо	DAY	YEAR		
Tyler Falk				MO		TLAK		
Mailing Address	421 Lawnview Ave			2	10	2022	\$	425.00
City New Castle		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	16105	Treasur	y Duties			
To Whom Paid				мо	DAY	YEAR		
Tyler Falk				110		/		
Mailing Address	421 Lawnview Ave			1	21	2022	\$	850.00
City New Castle State Zip Code (Plus 4)				Descrip	tion of Exp	enditure		
PA 16105					y Duties D	ec 21 - Ja	an	
								PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	3,295.74	