#### **Campaign Finance Report**

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

| Filer Identificati<br>Number :             | on 2022                         | 20047      |  |                                      |        | port<br>ed B |       | CAND        | DATE                               |          | COMM              | MITTEE                   | <b>✓</b>       | LOBI     | BYIST    |           |          |  |
|--|---------------------------------|------------|--|--------------------------------------|--------|--------------|-------|-------------|------------------------------------|----------|-------------------|--------------------------|----------------|----------|----------|-----------|----------|--|
| Name of Filing C                           | Committee, Candid               | ate or L   | obbyist:                                     |                                      | FRII   | END:         | S OF  | GREGG :     | SEMEL                              |          |                   |                          |                |          |          |           |          |  |
| Street Address:                            | Street Address: 315 E BEAVER ST |            |  |                                      |        |              |       |             |                                    |          |                   |                          |                |          |          |           |          |  |
| City:                                      | ZELIENOPLE                      |            |  |                                      |        |              |       | State:      | PA <b>Zip Code:</b> 16063-1364     |          |                   |                          |                |          |          |           |          |  |
| TYPE OF<br>REPORT                          | 6TH TUESDAY<br>PRE-PRIMARY      | 1.         | 2ND FRIDAY PRE- 2. 30 DAY POS<br>PRIMARY POS |                                      |        |              |       | POST-       | 3. <b>X</b>                        |          | AMENDM<br>REPORT? | Yes                      | N              | 0        | <b>\</b> |           |          |  |
| (place X to<br>the right of                | 6TH TUESDAY<br>PRE-ELECTION     | 4.         | 2ND FRIDA                                    |                                      |        |              |       |             | POST-                              | POST- 6. |                   |                          | ATION          | Yes      | N        | 0         | <b>/</b> |  |
| report type)                               | ANNUAL REPORT                   | 7.         | <b>Year</b> 2022                             | Year 2022 FILING METHOI ( ) CHECK ON |        |              |       |             |                                    |          | PAPER             |                          | <b>\</b>       | DISK     | ETTE     |           |          |  |
| Name of Office S                           | Sought by Candida               | te:        | •  |                                      |        |              |       | DATE (      | F ELE                              | CTIC     | ON .              | District<br>Number       | Office<br>Code | Par      | ty Cod   | Code      |          |  |
|  | ,                               |            |  |                                      |        |              |       | МО          | DAY                                | Y        | EAR               | 12                       | STH            | REP      | 1        | 10        |          |  |
| REPRESENTATIVE IN THE GENERAL ASSEMBLY  11 |                                 |            |  |                                      |        |              |       | 8           | 2022                               |          | (SEE IN           | STRUCTI                  | ONS FOR        | CODES    | 5)       |           |          |  |
|  | Receipts and                    | МО         | DAY  | YEAR                                 | ł      |              |       | МО          | DAY                                | Y        | EAR               | FO                       | R OFFI         | CE USE   | ONLY     |           |          |  |
| Expenditures                               | from:                           |            | 5 3  | 3 2                                  | 022    | Т            | 0     | 6           | 5                                  | 6        | 2022              |                          |                |          |          |           |          |  |
| A. Amount Bro                              | ught Forward Froi               | n Last R   | eport  |                                      |        |              | \$    | _           |                                    | 13,      | 633.17            |                          |                |          |          |           |          |  |
| B. Total Monet                             | ary Contributions               | And Rec    | eipts (Fror                                  | n Sche                               | dule   | e I)         | \$    |             |                                    | 6,       | 940.80            |                          |                |          |          |           |          |  |
| C. Total Funds                             | Available (Sum O                | f Lines A  | and B)                                       |                                      |        |              | \$    |             |                                    | 20,      | 573.97            |                          |                |          |          |           |          |  |
| D. Total Expend                            | ditures (From Sch               | edule II   | I)   |                                      |        |              | \$    |             |                                    | 20,      | 573.97            |                          |                |          |          |           |          |  |
| E. Ending Cash                             | Balance (Subtrac                | t Line D   | From Line                                    | C)                                   |        |              | \$    |             |                                    |          | 0.00              |                          |                |          |          |           |          |  |
| F. Value Of In-                            | Kind Contribution               | s Receiv   | ed (From S                                   | Schedu                               | le II  | I)           | \$    |             |                                    |          | 0.00              |                          |                |          |          |           |          |  |
| G. Unpaid Debt                             | ts And Obligations              | (From S    | Schedule I                                   | V)                                   |        |              | \$    |             |                                    |          | 0.00              |                          |                |          |          |           |          |  |
|  |                                 |            |  | AFF                                  | IDA    | AVI          | ΓSE   | CTION       |                                    |          |                   |                          |                |          |          |           |          |  |
|  | s a Committee rep               | •          | =  |                                      |        |              |       |             |                                    |          | _                 |                          |                |          |          |           |          |  |
| I swear (or affirm) correct and comple     | ) that this report, inc<br>ete. | luding the | e attached so                                | chedule                              | s file | d on         | paper | or by elec  | tronic m                           | nediun   | n, are to t       | the best o               | f my knov      | wledge   | and be   | lief , tr | ue       |  |
| Sworn to and subs                          | cribed before me this<br>day of | 5          | 20   |                                      |        |              |       |             |                                    | :        | Signature         | of Perso                 | n Submit       | ting Rep | ort      |           |          |  |
|  | Signatu                         | re         |  |                                      |        |              | -     |             |                                    |          |                   | Prin                     | ted Name       | •        |          |           | _        |  |
| My Commission Ex                           | cpires                          |            |  |                                      |        |              | _     |             |                                    |          |                   | Ema                      | il             |          |          |           |          |  |
|  | МО                              | D          | AY   | YR                                   |        |              |       |             | Area Code Daytime Telephone Number |          |                   |                          |                |          |          |           |          |  |
| Part II- If this is                        | a report of a can               | didate's   | authorized                                   | l Comn                               | nitte  | ee, C        | andid | ate shall   | sign h                             | ere.     |                   |                          |                |          |          |           |          |  |
| I swear (or affirm)<br>No 320) as amende   | that to the best of red.        | ny knowle  | edge and be                                  | lief this                            | poli   | tical        | comm  | ittee has ı | ot viola                           | ated a   | ny provis         | ions of the              | e act of J     | une 3,1  | 937 (P   | L. 133    | з,       |  |
| Sworn to and subsc                         | ribed before me this<br>day of  |            | 20   |                                      |        |              |       |             |                                    |          | s                 | ignature o               | of Candid      | ate      |          |           | - J      |  |
|  |                                 |            |  |                                      |        |              | _     |             | Printed Name                       |          |                   |                          |                |          |          |           | -        |  |
| My Commission F                            | Signature                       |            |  |                                      |        |              | -     |             |                                    |          |                   | Ema                      | il             |          |          |           | _        |  |
| My Commission Exp                          |                                 |            |  |                                      |        |              | •     |             |                                    |          |                   |                          |                |          |          |           | _        |  |
|  | МО                              | D          | AY   | YR                                   | !      |              |       |             | Area                               | Code     |                   | Daytime Telephone Number |                |          |          |           |          |  |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , ,  |           |              |                 |          |  |  |  |  |  |  |
|--|-----------|--------------|-----------------|----------|--|--|--|--|--|--|
| Name of Filing Committee or Candidate  | Reporting | J Period     |                 |          |  |  |  |  |  |  |
| FRIENDS OF GREGG SEMEL   | 5/3/202   | <u>2</u> To: | <u>6/6/2022</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)   | \$        | 1,333.50     |                 |          |  |  |  |  |  |  |
| TOTAL for the Reporting  | ) Period  | (2)          | \$              | 1,333.50 |  |  |  |  |  |  |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |              |                 |          |  |  |  |  |  |  |
| Contributions Received From Political Committees (Part C)  |           |              | \$              | 1,000.00 |  |  |  |  |  |  |
| All Other Contributions (Part D)   |           |              | \$              | 3,793.98 |  |  |  |  |  |  |
| TOTAL for the Reporting  | Period    | (3)          | \$              | 4,793.98 |  |  |  |  |  |  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |              |                 |          |  |  |  |  |  |  |
| TOTAL for the Reporting  | ) Period  | (4)          | \$              | 813.32   |  |  |  |  |  |  |
| 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 |           |              | \$              | 6,940.80 |  |  |  |  |  |  |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|  | this Part to itemize onl<br>with an aggregate val |                |                  |     |      |      |               |            |  |
|--|---|----------------|------------------|-----|------|------|---------------|------------|--|
| Name of Filing Committee or Candidate Re |   |                | Reporting 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 |
|------------|
| \$<br>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 Filing Committee or Candidate               |                    |                                   |      | Reporting Period |              |                 |                 |        |  |  |  |
|---|--------------------|-----------------------------------|------|------------------|--------------|-----------------|-----------------|--------|--|--|--|
| FRIENDS OF GREGG SEMEL                              |                    |                                   | Froi | m:               | <u>5/3/3</u> | 2022 <b>T</b> o | <u>6/6/2022</u> |        |  |  |  |
|   |                    |                                   |      |                  | DATE         |                 | AMOUNT          |        |  |  |  |
| Full Name of Contributor  Aaron Rectenwald          |                    |                                   |      | МО               | DAY          | YEAR            |                 |        |  |  |  |
| Mailing Address 115 Vista Ct.                       |                    |                                   |      |                  |              |                 | \$              | 248.28 |  |  |  |
| City Harmony, PA                                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16037 |      | 5                | 20           |                 | 2022            |        |  |  |  |
| Full Name of Contributor Paul Keelan                | МО                 | DAY                               | YEAR |                  |              |                 |                 |        |  |  |  |
| Mailing Address 155 Harbison Rd.,  City Valencia PA | <b>State</b> PA    | <b>Zip Code (Plus 4)</b><br>16059 |      | 5                | 3            | 2022            | \$              | 248.18 |  |  |  |
| Full Name of Contributor Patrick Murray             | МО                 | DAY                               | YEAR |                  |              |                 |                 |        |  |  |  |
| Mailing Address 206 Fanker Rd.,                     |                    |                                   |      |                  |              |                 | \$              | 99.27  |  |  |  |
| City Harmony PA                                     | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16037 |      | 5                | 4            | 2022            |                 |        |  |  |  |
| Full Name of Contributor Pete Stumm                 |                    |                                   |      | МО               | DAY          | YEAR            |                 |        |  |  |  |
| Mailing Address 362 Dutch Rd.,  City Harmony, PA    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16037 |      | 5                | 4            | 2022            | \$              | 99.27  |  |  |  |
| Full Name of Contributor Charles Evanoksi           |                    |                                   |      | МО               | DAY          | YEAR            |                 |        |  |  |  |
| Mailing Address 101 Oakhaven Dr.                    |                    |                                   |      |                  |              |                 | \$              | 100.00 |  |  |  |
| City Wexford,                                       | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15090 |      | 5                | 5            | 2022            |                 |        |  |  |  |

| Full Name of Contributor Anne Conn         | МО                 | DAY                               | YEAR |                  |      |                  |
|--|--------------------|-----------------------------------|------|------------------|------|------------------|
| Mailing Address 237 Meadowbrook            |                    |                                   |      | <b>\$</b> 200.00 |      |                  |
| City Cranberry Twp PA                      | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 16066    | 5    | 7                | 2022 |                  |
| Full Name of Contributor Vincent Kasievich | МО                 | DAY                               | YEAR |                  |      |                  |
| Mailing Address 1031 Colony Dr.            |                    |                                   |      |                  |      | <b>\$</b> 100.00 |
| City Pittsburgh                            | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15205 | 5    | 7                | 2022 |                  |
| Full Name of Contributor Ronald Pusic      |                    |                                   | МО   | DAY              | YEAR |                  |
| Mailing Address 126 Rose Ave.,             |                    |                                   |      |                  |      | <b>\$</b> 238.50 |
| City Pittsburgh PA                         | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15229 | 5    | 7                | 2022 |                  |

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

**PAGE TOTAL \$** 1,333.50

#### **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 |          |     |          |  |  |  |  |
|---------------------------------------|------------------|----------|-----|----------|--|--|--|--|
| FRIENDS OF GREGG SEMEL                | From:            | 5/3/2022 | То: | 6/6/2022 |  |  |  |  |

DATE AMOUNT

| Full Name of Contributing Committee PA REALTORS PAC |                    |                                   |   | DAY | YEAR        |  |
|---|--------------------|-----------------------------------|---|-----|-------------|--|
| Mailing Address 500 NORTH 12TH STREET               |                    | _                                 |   |     | \$ 1,000.00 |  |
| City LEMOYNE  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17043 | 5 | 20  | 2022        |  |

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

1,000.00

### 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 Committe                    | e or Candidate   |       |     |            | Repo    | orting Pe        | riod         |               |                           |          |  |
|--|------------------|-------|-----|------------|---------|------------------|--------------|---------------|---------------------------|----------|--|
| FRIENDS OF GREGG SE                        | MEL              |       |     |            | Fron    | n:               | <u>5/3/2</u> | <u>022</u> To | <b>o:</b> <u>6/6/2022</u> |          |  |
|  |                  |       |     |            |         | D <i>A</i>       | ATE          |               | AMOUNT                    |          |  |
| Full Name of Contributor                   |                  |       |     |            |         | мо               | DAY          | YEAR          |                           |          |  |
| Kevin Caridad                              |                  |       |     |            |         | 140              | DA!          | LAK           |                           |          |  |
| Mailing 168 Sc<br>Address                  | outhridge Dr.    |       |     |            |         |                  |              |               | \$                        | 1,000.00 |  |
| City Cranberry Twp.,                       | PA               | State | Zip | Code (Plus | 4)      | 5                | 13           | 2022          | 2                         |          |  |
|  |                  | PA    | 16  | 066        |         |                  |              |               |                           |          |  |
| Employer Name Cognitive Behavior Institute |                  |       |     |            | Occupat | tion (           | CEO          | •             |                           |          |  |
| Employer Mailing Address Business          | s/Principal Plac | e of  |     | City       |         |                  | State        |               | Zip Code (Plus 4)         |          |  |
| 125 Emeryville Dr. Suite 230 CRANBERRY TWP |                  |       |     | /P         | PA      | 16066            |              |               |                           |          |  |
| Full Name of Contributor Robert Carbeau    |                  |       |     | мо         | DAY     | YEAR             |              |               |                           |          |  |
| Mailing 2 Cres                             | tview Dr.        |       |     |            |         |                  |              |               | \$                        | 496.16   |  |
| City Zelienople, PA                        |                  | State | Zip | Code (Plus | 4)      | 5                | 7            | 2022          | 2                         |          |  |
| Zellelløple, 171                           |                  | PA    | 16  | 063        |         |                  |              |               |                           |          |  |
| Employer Name Univer                       | sal Scaffolding  |       |     |            |         | Occupation Owner |              |               |                           |          |  |
| Employer Mailing Address Business          | s/Principal Plac | e of  |     | City       |         |                  | State        |               | Zip Code                  | (Plus 4) |  |
| 550 West New Castle St                     | reet,            |       |     | Zelienopl  | e PA    |                  | PA           |               | 16063                     |          |  |
| Full Name of Contributor                   |                  |       |     |            |         |                  |              |               |                           |          |  |
| Ronald Kampas                              |                  |       |     |            |         | МО               | DAY          | YEAR          |                           |          |  |
| Mailing 215 Oa                             | ak Leaf Drive,   |       |     |            |         |                  |              |               | \$                        | 297.82   |  |
| City Mars, PA                              |                  | State | Zip | Code (Plus | 4)      | 5                | 4            | 2022          | 2                         |          |  |
| ·  |                  | ОН    | 16  | 046        |         |                  |              |               |                           |          |  |
| Employer Name Kampas Orthodontics          |                  |       |     | Occupat    | tion (  | )wner            | •            |               |                           |          |  |
| Employer Mailing Address Business          | s/Principal Plac | e of  |     | City       |         |                  | State        |               | Zip Code                  | (Plus 4) |  |
| 508 S. Main Street Unit                    | 103              |       |     | Zelienopl  | e, PA   | PA 16063         |              |               |                           |          |  |

|   |                   |           |                  |                         |         |               | PAGE          | 8        |  |
|---|-------------------|-----------|------------------|-------------------------|---------|---------------|---------------|----------|--|
| Full Name of Contributor  Dominic Gigliotti               |                   |           |                  | мо                      | DAY     | YEAR          |               |          |  |
| Dominic dignotti  |                   |           |                  |                         |         |               |               |          |  |
| Mailing 276 Eddie Lewi<br>Address                         | s Dr              |           |                  |                         |         |               | \$            | 500.00   |  |
| City Wexford, PA  | State             | Zi        | p Code (Plus 4)  | 5                       | 8       | 2022          |               |          |  |
|   | PA                | 15        | 5090             |                         |         |               |               |          |  |
| Employer Name Gigliotti Properties                        |                   |           |                  |                         | tion    | Owner         |               |          |  |
| Employer Mailing Address/Principal Place of Business City |                   |           |                  |                         | State   |               | Zip Code (Plu | s 4)     |  |
| 11279 Perry Highway, Wexford Wexford, PA                  |                   |           |                  |                         | PA      |               | 15090         |          |  |
| Full Name of Contributor  Daniel Fritch                   |                   |           |                  | мо                      | DAY     | YEAR          |               |          |  |
| Mailing<br>Address 311 W. Beaver                          | Street            |           |                  |                         |         |               | \$            | 500.00   |  |
| City Zelienople PA  | State             | Zi        | p Code (Plus 4)  | 5                       | 8       | 2022          |               |          |  |
| ·   | PA                | 16        | 5063             |                         |         |               |               |          |  |
| Employer Name Barber Dan's                                |                   | •         |                  | <b>Occupation</b> Owner |         |               |               |          |  |
| Employer Mailing Address/Princip<br>Business              | al Place of       |           | City             | State Zip Code (Plus 4) |         |               |               |          |  |
| 128 S. Main Street,                                       |                   |           | Zelienople       | PA 16063                |         |               |               |          |  |
| Full Name of Contributor                                  |                   |           |                  |                         |         |               |               |          |  |
| Thomas Murray   |                   |           |                  | МО                      | DAY     | YEAR          |               |          |  |
| Mailing 1 Parkedge Dr.                                    |                   |           |                  | _                       | _       |               | \$            | 1,000.00 |  |
| City Zelienople PA  | State             | Zi        | p Code (Plus 4)  | 5                       | 8       | 2022          |               |          |  |
|   | PA                | 16        | 5063             |                         |         |               |               |          |  |
| Employer Name Murray Investment Properties                |                   |           | Occupat          | tion E                  | xecutiv | e             |               |          |  |
| Employer Mailing Address/Principal Place of City Business |                   |           |                  | State                   |         | Zip Code (Plu | s 4)          |          |  |
| 223 S. Main Street Zelienople PA                          |                   |           |                  |                         | PA      |               | 16063         |          |  |
| Enter Grand Total of Part C on                            | Schedule I, Detai | iled Sumr | nary Page, Secti | on 3.                   |         |               | PAGE TO       | OTAL     |  |

3,793.98

## 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 Perio |                            |          |
|---------------------------------------|-----------------|----------------------------|----------|
| FRIENDS OF GREGG SEMEL                | From:           | <u>5/3/2022</u> <b>To:</b> | 6/6/2022 |

|                                    |   |                                | D  | ATE |      | AMOUNT    |  |  |  |  |
|------------------------------------|---|--------------------------------|----|-----|------|-----------|--|--|--|--|
| Full Name<br>Gregg Semel           |   |                                | МО | DAY | YEAR |           |  |  |  |  |
| Mailing Address 315 East Beaver St |   |                                |    | 31  | 2022 | \$ 813.32 |  |  |  |  |
| <b>City</b> Zelienople             | State<br>PA                             | <b>Zip Code (Plus 4)</b> 16063 | 5  | 31  | 2022 |           |  |  |  |  |
| Receipt Description Loan fr        | Receipt Description Loan from Candidate |                                |    |     |      |           |  |  |  |  |

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

**PAGE TOTAL \$** 813.32

#### **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 GREGG SEMEL   | From:            | <u>5/3/2022</u> <b>To:</b> | 6/6/2022 |  |  |  |  |  |
| 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 PART 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 |           |           |      |            |
|---------------------------------------|--------------------|-----------------------|------------------|-----------|-----------|------|------------|
| F                                     |                    |                       | From:            |           |           | То:  |            |
|                                       |                    |                       |                  | DATE      |           |      | AMOUNT     |
| Full Name of Contributor              |                    |                       | МО               | DAY       | YEAR      |      |            |
| Mailing Address                       |                    |                       |                  |           | <b>\$</b> | 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 | ge,       |      | PAGE TOTAL |
| Section 2.                            |                    |                       |                  |           |           | \$   | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate               |             |        | Repo          | orting P                        | eriod |         |                 |      |    |            |
|---|-------------|--------|---------------|---------------------------------|-------|---------|-----------------|------|----|------------|
|   |             |        |               |                                 | Fron  | n:      |                 | То:  |    |            |
|   |             |        |               |                                 |       |         | DATE            |      |    | AMOUNT     |
| Full Name of Contributor                            |             |        |               |                                 |       | МО      | DAY             | YEAR |    |            |
| Mailing Address                                     |             |        |               |                                 |       |         |                 |      | \$ | 0.00       |
| City  | State       |        | Zip Code(Plus | s 4)                            |       |         |                 |      |    |            |
| Employer of Contributor                             |             |        |               |                                 | •     | Occupat | tion            |      |    |            |
| Employer Mailing Address/Principal Plac<br>Business | ce of       | City   | Si            | zip Code(Plus Description of 4) |       |         | of Contribution |      |    |            |
| Enter Grand Total of Part G on Sch                  | edule II, I | n-Kind | Contribution  | s Det                           | ailed |         |                 |      |    | PAGE TOTAL |
| Summary Page, Section 3.                            | •           |        |               |                                 |       |         |                 |      |    | 0.00       |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Reporting Period |          |                            |  |  |
|------------------|----------|----------------------------|--|--|
| 5/3/2022         | То:      | 6/6/2022                   |  |  |
|                  | 5/3/2022 | <u>5/3/2022</u> <b>To:</b> |  |  |

|                                       |                    |                                   |  | DATE                        |      | AMOUNT |          |  |
|---------------------------------------|--------------------|-----------------------------------|--|-----------------------------|------|--------|----------|--|
| <b>To Whom Paid</b><br>Citizens Bank  |                    |                                   | мо                                     | DAY                         | YEAR |        |          |  |
| Mailing Address 105 E. Culvert Street |                    |                                   |  | 3                           | 2022 | \$     | 3.00     |  |
| City Zelienople, PA                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16063 | 1                                      | otion of Exp<br>ervice Cha  |      |        |          |  |
| <b>To Whom Paid</b><br>RBG Politics   |                    |                                   | МО                                     | DAY                         | YEAR |        |          |  |
| Mailing Address 3031 Logan Street,    |                    |                                   |  | 5                           | 2022 | \$     | 2,331.64 |  |
| City Camp Hill, PA                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17011 | <b>Descrip</b><br>Mail Pie             |                             |      |        |          |  |
| <b>To Whom Paid</b><br>RBG Politics   |                    |                                   | МО                                     | DAY                         | YEAR |        |          |  |
| Mailing Address 3031 Logan S          | Street,            |                                   | 5                                      | 6                           | 2022 | \$     | 5,686.98 |  |
| City Camp Hill, PA                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17011 | Description of Expenditure  Mail Piece |                             |      |        |          |  |
| <b>To Whom Paid</b><br>RBG Politics   | <u>'</u>           |                                   | МО                                     | DAY                         | YEAR |        |          |  |
| Mailing Address 3031 Logan S          | Street,            |                                   | 5                                      | 6                           | 2022 | \$     | 5,625.00 |  |
| City Camp Hill, PA                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17011 | 1                                      | otion of Expece Follow      |      |        |          |  |
| <b>To Whom Paid</b><br>RBG Politics   |                    |                                   | МО                                     | DAY                         | YEAR |        |          |  |
| Mailing Address 3031 Logan S          | Street,            |                                   | 5                                      | 17                          | 2022 | \$     | 6,524.35 |  |
| City Camp Hill, PA                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17011 |  | otion of Exp<br>ece Digital |      |        |          |  |

| To Whom Paid Club Leaf and Bean       |                    |                                   | МО                                       | DAY                        | YEAR |      |            |
|---------------------------------------|--------------------|-----------------------------------|--|----------------------------|------|------|------------|
| Mailing Address 10020 Pendelteon Way, |                    |                                   | 5  | 17                         | 2022 | \$   | 400.00     |
| City Cranberry Twp. PA                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16066 | <b>Description of Expenditure</b> Smoker |                            |      |      |            |
| To Whom Paid<br>Citizens Bank         |                    |                                   | мо                                       | DAY                        | YEAR |      |            |
| Mailing Address 105 E. Culvert Street |                    | 5                                 | 31                                       | 2022                       | \$   | 3.00 |            |
| City Zelienople, PA                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16063 |  | otion of Exp<br>ervice Cha |      |      |            |
| Enter Grand Total of Expenditure      | s on Page 1 Pr     | onort Cover Page Item D           |  |                            |      |      | PAGE TOTAL |
| Linter Grand Total of Expenditures    | on raye 1, K       | eport cover rage, item D.         | •  |                            |      | \$   | 20,573.97  |

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

| Name of Filing Committee or Candidate Report |                       |                   |          | ng Period           |                         |      |       |                                |
|--|-----------------------|-------------------|----------|---------------------|-------------------------|------|-------|--------------------------------|
| FRIENDS OF GREGG SEMEL From:                 |                       |                   |          |                     | <u>5/3/2022</u>         | То:  |       | 6/6/2022                       |
|  |                       |                   |          |                     | DATE                    |      |       | Outstanding<br>Balance of Debt |
| Name of Creditor<br>Gregg Semel              |                       |                   |          | мо                  | DAY                     | YEAR |       |                                |
| Mailing Address 315 East Beaver St           |                       |                   | 6        | 15                  | 2022                    | \$   | 0.00  |                                |
| City Zelienople                              | State                 | Zip Code (Plu     | ıs 4)    | Description of Debt |                         |      |       |                                |
| ·  | PA                    | 16063             |          |                     | Friends G<br>3.58 was f |      | mel C | ommittee of                    |
|  |                       |                   |          |                     |                         |      |       | PAGE TOTAL                     |
| Enter Grand Total of U                       | npaid Debts on Page 1 | , Report Cover Pa | ge, Item | G.                  |                         |      | \$    | 0.00                           |
|  |                       |                   |          |                     |                         | _    |       |                                |