

Commonwealth of Pennsylvania

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 : 20180505		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: RICKY'S PRIDE PAC										
Street Address: PO BOX 312										
City: LANSDALE			State: PA		Zip Code: 19446					
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.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2022	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				
				11	8	2022	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		9	20	2022	TO	10	24	2022		
A. Amount Brought Forward From Last Report				\$		5,688.94				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		500.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		6,188.94				
D. Total Expenditures (From Schedule III)				\$		1,376.60				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		4,812.34				
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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
RICKY'S PRIDE PAC	From: <u>9/20/2022</u> To: <u>10/24/2022</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)	\$ 250.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 250.00

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.)	\$ 500.00
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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
RICKY'S PRIDE PAC	From: <u>9/20/2022</u> To: <u>10/24/2022</u>
DATE	AMOUNT

Full Name of Contributing Committee	MO	DAY	YEAR	
MARIA FOR PA				
Mailing Address PO BOX 1006				\$ 250.00
City SPRING HOUSE	10	12	2022	
State PA				

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

PAGE TOTAL
\$ 250.00

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
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor				\$ 0.00
Mailing Address	MO	DAY	YEAR	
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	Reporting Period
	From: To:

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

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

PAGE TOTAL
\$ 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	Reporting Period
	From: To:

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

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

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 RICKY'S PRIDE PAC	Reporting Period From: <u>9/20/2022</u> To: <u>10/24/2022</u>
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				DATE	AMOUNT	
Full Name			MO	DAY	YEAR	
PLANNED PARENT HOOD						\$ 250.00
Mailing Address 186 COURT STREET			10	18	2022	
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18901				
Receipt Description REFUND						

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

PAGE TOTAL
\$ 250.00

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 RICKY'S PRIDE PAC	Reporting Period From: <u>9/20/2022</u> To: <u>10/24/2022</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	
Mailing Address				\$ 0.00
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		
Mailing Address				\$	0.00
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
RICKY'S PRIDE PAC	From <u>9/20/2022</u> To: <u>10/24/2022</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
GREG SCOTT PAC	9	19	2022	\$ 150.00
Mailing Address PO BOX 376				
City NORRISTOWN	State PA	Zip Code (Plus 4) 194040376	Description of Expenditure DONATION	
To Whom Paid HISCOX	10	7	2022	\$ 28.83
Mailing Address 5 CONCOURSE PARKWAY SUITE 2150				
City ATLANTA	State GA	Zip Code (Plus 4) 30328	Description of Expenditure INSURANCE	
To Whom Paid PLANNED PARENT HOOD	10	7	2022	\$ 500.00
Mailing Address 186 COURT STREET				
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18901	Description of Expenditure DONATION	
To Whom Paid BJS	10	12	2022	\$ 12.99
Mailing Address 640 COWPATH ROAD				
City MONTGOMERYVILLE	State PA	Zip Code (Plus 4)	Description of Expenditure MONTGOMERY COUNTY LGBT FALL HARVEST	
To Whom Paid MONTGOMERY COUNTY DEMOCRATIC COMMITTEE	10	12	2022	\$ 150.00
Mailing Address PO BOX 857				
City NORRISTOWN	State PA	Zip Code (Plus 4) 19404	Description of Expenditure DONATION	

To Whom Paid DOLLAR TREE # 1617			MO	DAY	YEAR	
Mailing Address 555 S. BROAD STREET			10	13	2022	
City LANSDALE	State PA	Zip Code (Plus 4) 19446	Description of Expenditure MONTGOMERY COUNTY LGBT FALL HARVEST			
To Whom Paid BE THE CHANGE PA			MO	DAY	YEAR	
Mailing Address P.O. BOX 254			10	17	2022	
City ROYERSFORD	State PA	Zip Code (Plus 4) 19468	Description of Expenditure DONATION			
To Whom Paid FETTERMAN FOR PA			MO	DAY	YEAR	
Mailing Address P.O. BOX 6061			10	17	2022	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15211	Description of Expenditure DONATION			
To Whom Paid FEDEX OFFICE			MO	DAY	YEAR	
Mailing Address 25 AIRPORT SQUARE			10	17	2022	
City NORTH WALES	State PA	Zip Code (Plus 4) 19454	Description of Expenditure PRINTING EXPENSES			
To Whom Paid THE HISTORICAL SOCIETY OF MONTGOMERY COUNTY, PA			MO	DAY	YEAR	
Mailing Address 1654 DEKALB PIKE			10	19	2022	
City NORRISTOWN	State PA	Zip Code (Plus 4) 19401	Description of Expenditure DONATION			
To Whom Paid FEDEX OFFICE			MO	DAY	YEAR	
Mailing Address 25 AIRPORT SQUARE			10	24	2022	
City NORTH WALES	State PA	Zip Code (Plus 4) 19454	Description of Expenditure PRINTING EXPENSES			

To Whom Paid FRIENDS OF MELISSA CERATO			MO	DAY	YEAR	
Mailing Address P.O. BOX 151			10	24	2022	
City HORSHAM	State PA	Zip Code (Plus 4) 19044	Description of Expenditure DONATION			
To Whom Paid FRIENDS OF JOE WEBSTER			MO	DAY	YEAR	
Mailing Address PO BOX 26264			10	24	2022	
City COLLEGEVILLE	State PA	Zip Code (Plus 4) 19426	Description of Expenditure DONATION			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,376.60

