Campaign Finance Report

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

Filer Identificat	ion 2	010000		-	Repor	+	CANDI	DATE	CO	IMITTEE		LOBI	BYIST	
Number :		010223			Filed E						•			
Name of Filing C	Committee, Ca	ndidate or	Lobbyist:		MASSE	R, KUI	RT FRIEN	IDS OF						
Street Address:	57 MOUN	TAIN RD												
City:	SHAMOKI	N					State:	PA		Zip Co	de: 17	872		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE-	- 2.	30 DA PRIMA		POST-	3.	AMEND REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID ELECTION		- 5.	30 DA ELECT		POST-	6. X	TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPO	DRT 7.	Year 2023	2			NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Cane	didate:			₽		DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
DEDDECENTAT			CEMPLY				мо	DAY	YEAR	107	STH	REP		49
REPRESENTATI	IVE IN THE GE	INERAL AS	SEMBLY				11		8 202	2	(SEE INS	STRUCTI	ONS FOR (CODES)
Summary of	Receipts and	d MO	DAY	YEAR	1		мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY	
Expenditures	s from:		10 2	5 20	022 T	0	11	2	8 202	2				
A. Amount Bro	ught Forward	From Last	Report			\$			6,594.8	1				
B. Total Monet	ary Contributio	ons And Re	eceipts (Fro	m Sche	dule I)	\$			0.0	0				
C. Total Funds	Available (Sur	n Of Lines	A and B)			\$			6,594.8	1				
D. Total Expen	ditures (From	Schedule 1	III)			\$			750.0	D				
E. Ending Cash	Balance (Sub	tract Line	D From Line	e C)		\$			5,844.8	1				
F. Value Of In-	Kind Contribut	ions Recei	ived (From	Schedu	le II)	\$			0.0	D				
G. Unpaid Deb	ts And Obligati	ions (From	Schedule I	V)		\$			0.0	D				
				AFF	IDAVI	T SE	CTION							
PART I - If this is	s a Committee	report, tre	easurer sign	here. 1	If this is	a Car	ndidate re	eport, ca	andidate s	ign here.				
I swear (or affirm correct and compl		, including t	he attached s	chedules	s filed on	paper	or by elect	ronic me	dium, are t	o the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before mo day of	e this	20						Signatu	ire of Perso	on Submitt	ing Rep	oort	
	— Sia	nature				_				Pri	nted Name	1		
My Commission E	-									Ema	ail			
	мо		DAY	YR				Are	a Code	Daytir	ne Teleph	one Nu	mber	
Part II- If this is	a report of a	candidate'	s authorize	d Comm	nittee, C	andid	ate shall	sign he	re.					
I swear (or affirm) No 320) as amende		t of my knov	vledge and be	lief this	political	comm	ittee has n	ot violato	ed any prov	isions of tl	ne act of Ju	une 3,1	937 (P.L	. 1333,
Sworn to and subso	ribed before me day of	this	20							Signature	of Candida	ite		
						_				Print	ed Name			
My Commission Exp	Signat	ure				-				Ema	ail			
,						_								
	МО	I	DAY	YR				Area C	ode		aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MASSER, KURT FRIENDS OF	From:	<u>10/25/202</u>	2 To:	<u>11/28/2022</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)	\$	0.00		
TOTAL for the Reporting	\$	0.00		
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)	\$	0.00
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			\$	0.00

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:		То	:				
		÷		DATE			AMOUNT			
Full Name of Contributing C	Committee		мо	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								
						Г	PAGE TOTAL			
Enter Grand Total of Par	t A on Schedule I, Detail	ed Summary Page, Sect	ion 2.			\$	0.00			

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

\$

Use this Part to ite	mize all other 0.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s wi ortin	ith an 1g per	aggreg iod.			ʻom
Name of Filing Committee or Candidat	e		Rep Fror	orting P	eriod	Τα):	
					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 S	Schedule I, Detail	ed 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 Ro			Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary 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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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			ting Perio	od				
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$;	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	I					-1		
Enter Grand Total of Part E on Sche	dule T. Detailed	I Summary Page	Section	4			PAGE TO	ſAL
		, sammary rage,	Section	-11			\$	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	
MASSER, KURT FRIENDS OF	From:	<u>10/25/2022</u> то:	<u>11/28/2022</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 PAR	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		АМС	DUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	5	0.00		

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

Name of Filing Committee or Candidate					Reporting Period						
					Fro	From: To:					
							DATE			AMOUNT]
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.	.00
City	State		Zip Code(P	Plus 4)							
Employer of Contributor						Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip 4)	Code(Plus	Descri	otion of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
MASSER, KURT FRIENDS OF			From	From <u>10/25/2022</u> To			<u>11/28/2022</u>
			DATE				AMOUNT
To Whom Paid Friends of Todd Stephens			мо	DAY	YEAR		
Mailing Address 212 Hampton Road			10	26	2022	\$	750.00
City Hatboro	State PA	Zip Code (Plus 4) 19040	Description of Expenditure Contribution				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	750.00