Campaign Finance Report

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

Filer Identificati Number :	on 2003	194			Rep File			CA	NDI	DAIE		COM	AITTEE	~	LC	JDD T	151	
Name of Filing C	ommittee, Candida	ate or L	obbyist:	•	PA D	EEF	R FAR	MERS	S AS	SOCIA	TION	PAC (PDFA PA	AC)			•	
Street Address: 200 N 3RD ST STE 1500																		
City:	HARRISBURG							State: PA Zip Code: 17						7101	-158	85		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.						AY ARY				AMENDMENT REPORT?		Ye	S	No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	- 5		30 DA ELECT		P	POST-	6.		TERMINA REPORT		Ye	S	No	\
report type)								FILING METHOD () CHECK ONE					PAPER		Y	D	ISKET	TE
Name of Office Sought by Candidate:								DAT	ΈΟ	F ELE	СТІО	N	District Number	Office Code	ı	Party	Code	County Code
								МО		DAY	YE	AR						
									11		8	2022		(SEE II	NSTRU	CTION	S FOR CO	DDES)
	Receipts and	МО	DAY	YEAR	l			МО		DAY	YI	AR	FC	R OFFI	CE U	SE O	NLY	
Expenditures	from:		11 29	2	022	T	0		12	;	31	2022						
A. Amount Bro	ught Forward Fron	1 Last R	eport				\$				1,4	185.10						
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sche	dule :	I)	\$					243.51						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				1,7	728.61						
D. Total Expend	ditures (From Sche	edule II	I)				\$					0.00						
E. Ending Cash Balance (Subtract Line D From Line C)						\$				1,7	28.61							
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II))	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	/)			\$					0.00			'			
							ΓSE											
I swear (or affirm)	that this report, incl	•	_									_		f my kno	wled	ge an	d belie	f , true
correct and comple	cribed before me this											·:	of Perso	- Cub-si		Dama:		
	day of		_ 20				•					ngnature	or Perso	ii Subiiii	itilig i	кероі		
	Signatu	re					-						Prin	ted Nam	e			
My Commission Ex							_		•				Ema	il				
	МО		AY	YR							ea Coc	le	Daytin	ne Telep	hone	Numi	ber	
	a report of a cand									_							7 (0)	4222
No 320) as amende	that to the best of med. ribed before me this	iy Knowie	eage and bei	ier this	politic	Cai	comm	ittee i	ias n	ot viola	teu an	y provis	ions or th	e act or .	une s	5,193	7 (P.L.	
Sworn to and subsc	day of		20									s	ignature (of Candid	late			
			_				-						Printe	ed Name				
My Commission Exp	Signature ires												Ema	il				—
	мо	D	AY	YR						Area	Code		D	aytime 1	Γeleph	none	Numbe	 r

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	I								
Name of Filing Committee or Candidate	Reporting	g Period							
PA DEER FARMERS ASSOCIATION PAC (PDFA PAC)	From:	11/29/202	22 To:	12/31/2022					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor									
TOTAL for the Reporting	g 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	g Period	(3)	\$	0.00					
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)									
TOTAL for the Reporting	g Period	(4)	\$	243.51					
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	243.51					

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Committee or Candidate			Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL
\$ 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 Filling Committee of Candidate				Reporting Period From: To:					
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	1						

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:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00		

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 Committee or Candidate			Reporting Period							
	From					From: To:				
				D	ATE		АМО	DUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address				\$	0.00					
City	State	Zip Code (Plu								
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	GE TOTAL 0.00		

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							
PA DEER FARMERS ASSOCIATION PAC (PDFA PAC)	From:	11/29/2022 To:	12/31/2022					

			D	ATE		AMOUNT
Full Name Safeguard Business Systems	МО	DAY	YEAR			
Mailing Address PO Box 645624				2.1	2022	\$ 243.51
City Chicago	State IL	Zip Code (Plus 4) 45264	12	31	2022	
Receipt Description Check	lost, reissue in 2023					

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

PAGE TOTAL \$ 243.51

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 Peri	od	
PA DEER FARMERS ASSOCIATION PAC (PDFA PAC)	From:	11/29/2022 To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	l	
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate Ro				Reporting Period					
			From:			То:				
				DATE			AMOUNT			
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL			
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL			
						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	Reporting Period						
					Fro	om:		To:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State	Zip Code(Plus 4)									
Employer of Contributor	•		•			Occupation					
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
			From			То:		
			DATE				AMOUNT	
To Whom Paid			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
						\$	0.00	