# **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 :           | ion                        | 20190      | 0081        |                       |          | Repor<br>Filed I | -            | CAND         | IDATE     |        | СОМІ        | MITTEE               | ✓              | LOBI         | BYIST    |                |
|--|----------------------------|------------|-------------|-----------------------|----------|------------------|--------------|--------------|-----------|--------|-------------|----------------------|----------------|--------------|----------|----------------|
| Name of Filing C                         | Committee, Ca              | andida     | ate or Lo   | obbyist:              | ı        | Friends          | of Jo        | pe Pittma    | in        |        |             |                      |                |              |          |                |
| Street Address:                          | 119 Sou                    | th 3rd     | Street      | ,PO Box 38            | 32       |                  |              |              |           |        |             |                      |                |              |          |                |
| City:                                    | Indiana                    |            |             |                       |          |                  |              | State:       | PA        |        |             | Zip Co               | <b>de:</b> 15  | 701          |          |                |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY |            | 1.          | 2ND FRIDA<br>PRIMARY  | Y PRE-   | - 2.             | 30 D<br>PRIN | DAY<br>MARY  | POST-     | 3.     |             | AMENDMENT<br>REPORT? |                | Yes          | No       | $\checkmark$   |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTIO |            | 4.          | 2ND FRIDA<br>ELECTION | Y PRE    | - 5.             | 30 D<br>ELEC | DAY<br>CTION | POST- 6.  |        |             | TERMIN/<br>REPORT    |                | Yes          | No       | $\checkmark$   |
| report type)                             | ANNUAL REI                 | PORT       | 7. <b>X</b> | <b>Year</b> 2022      |          |                  |              | ING METH     |           |        |             | PAPER                |                | $\checkmark$ | DISKE    | TTE            |
| Name of Office S                         | L<br>Sought by Car         | ndidat     | e:          |                       |          |                  |              | DATE         | OF ELE    | CTI    | ON          | District<br>Number   | Office<br>Code | Par          | ty Code  | County<br>Code |
|  |                            |            |             |                       |          |                  |              | мо           | DAY       | Y      | EAR         |                      | 10000          |              |          |                |
|  |                            |            |             |                       |          |                  |              | 1            | 1         | 8      | 2022        |                      | (SEE INS       | STRUCTI      | ONS FOR  | CODES)         |
| Summary of                               |                            | nd         | мо          | DAY                   | YEAR     | 1                |              | мо           | DAY       | Y      | 'EAR        | FC                   | R OFFIC        | E USE        | ONLY     |                |
| Expenditures                             | s from:                    |            | -           | 11 29                 | 20       | 022 <b>T</b>     | Ο            | 1            | 2         | 31     | 2022        |                      |                |              |          |                |
| A. Amount Bro                            | ught Forward               | d From     | ı Last R    | eport                 |          |                  | 9            | \$           |           | 62,    | 354.54      |                      |                |              |          |                |
| B. Total Monet                           | ary Contribut              | tions A    | nd Rec      | eipts (Fron           | n Sche   | dule I)          |              | \$           |           | 16,    | 834.28      |                      |                |              |          |                |
| C. Total Funds                           | Available (Su              | um Of      | Lines A     | and B)                |          |                  |              | \$           |           | 79,    | 188.82      |                      |                |              |          |                |
| D. Total Expen                           | ditures (Fron              | n Sche     | dule II     | I)                    |          |                  |              | \$           |           | 18,    | 178.02      |                      |                |              |          |                |
| E. Ending Cash                           | Balance (Su                | btract     | Line D      | From Line             | C)       |                  |              | \$           |           | 61,    | 010.80      | -                    |                |              |          |                |
| F. Value Of In-                          | Kind Contrib               | utions     | Receiv      | ed (From S            | chedu    | le II)           |              | \$           |           |        | 0.00        |                      |                |              |          |                |
| G. Unpaid Deb                            | ts And Obliga              | tions      | (From S     | Schedule IV           | /)       |                  |              | \$           |           |        | 0.00        |                      |                |              |          |                |
|  |                            |            |             |                       | AFF      | IDAVI            | T S          | ECTION       |           |        |             |                      |                |              |          |                |
| PART I - If this is                      |                            | •          | •           | -                     |          |                  |              |              |           |        |             |                      |                |              |          |                |
| I swear (or affirm<br>correct and compl  |                            | ort, inclu | uding the   | e attached sc         | hedules  | s filed on       | раре         | r or by eleo | ctronic m | ediun  | n, are to f | the best o           | f my knov      | vledge       | and beli | ef , true      |
| Sworn to and subs                        | cribed before r<br>day of  | me this    |             | 20                    |          |                  |              |              |           |        | Signature   | e of Perso           | n Submitt      | ing Rep      | oort     |                |
|  | - <u> </u>                 | ignatur    | A           |                       |          |                  | _            |              |           |        |             | Prin                 | ted Name       | I            |          |                |
| My Commission E                          |                            | ignatar    | -           |                       |          |                  |              |              |           |        |             | Ema                  | il             |              |          |                |
|  | мо                         |            | D           | AY                    | YR       |                  | _            |              | Ar        | ea Co  | de          | Daytin               | ie Teleph      | one Nu       | mber     |                |
| Part II- If this is                      | a report of a              | a cand     | idate's     | authorized            | Comm     | nittee, C        | Candi        | date shal    | l sign h  | ere.   |             |                      |                |              |          |                |
| I swear (or affirm)<br>No 320) as amende |                            | est of m   | y knowle    | edge and beli         | ief this | political        | com          | mittee has   | not viola | ited a | ny provis   | ions of th           | e act of Ju    | ine 3,1      | 937 (P.L | . 1333,        |
| Sworn to and subso                       | ribed before m<br>day of   | e this     |             | 20                    |          |                  |              |              |           |        | s           | ignature             | of Candida     | ite          |          |                |
|  |                            |            |             |                       |          |                  | _            |              |           |        |             | Printe               | ed Name        |              |          |                |
| My Commission Exp                        |                            | ature      |             |                       |          |                  | -            |              |           |        |             | Ema                  | il             |              |          |                |
|  |                            |            |             |                       |          |                  | _            |              |           |        |             |                      |                |              |          |                |
|  | м                          | 10         | D           | AY                    | YR       |                  |              |              | Area      | Code   |             | D                    | aytime Te      | elephon      | e Numb   | er             |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** Friends of Joe Pittman From: <u>11/29/2022</u> **To:** 12/31/2022 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)** 15,500.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 15,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 1,334.28 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 16,834.28 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 Commit     | Name of Filing Committee or Candidate |                      |                    |          |      |    |            |
|---------------------------|---------------------------------------|----------------------|--------------------|----------|------|----|------------|
|                           |                                       |                      | Reporting<br>From: | i cirioù |      |    |            |
|                           |                                       |                      | From:              |          | То   | •  |            |
|                           |                                       |                      |                    | DATE     |      |    | AMOUNT     |
| Full Name of Contributing | ) Committee                           |                      | мо                 | DAY      | YEAR |    |            |
| Mailing Address           |                                       |                      |                    |          |      | \$ | 0.00       |
| City                      | State                                 | Zip Code (Plus 4)    |                    |          |      |    |            |
|                           |                                       |                      |                    |          |      | Г  | PAGE TOTAL |
| Enter Grand Total of Pa   | art A on Schedule I, Detail           | ed Summary Page, Sec | tion 2.            |          |      | \$ | 0.00       |

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

\$

| PART B<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |                    |                   |        |          |       |      |    |            |  |  |
|---|--------------------|-------------------|--------|----------|-------|------|----|------------|--|--|
| Name of Filing Committee or Candidat  | e                  |                   |        | orting 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 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  |                            |                         | Reporting  | Period      |               |      |                    |  |
|--|----------------------------|-------------------------|------------|-------------|---------------|------|--------------------|--|
| Friends of Joe Pittman   |                            |                         | From:      | <u>11/2</u> | <u>9/2022</u> | То:  | <u>12/31/2022</u>  |  |
|  |                            |                         |            | DA          | TE            |      | AMOUNT             |  |
| Full Name of Contributing Committee<br>Z PAC PA Society of Anesthesiologists |                            |                         |            | мо          | DAY           | YEAR |                    |  |
| Mailing Address 50 Providence Road   |                            |                         |            |             |               |      | <b>\$</b> 1,000.00 |  |
| City Media   | <b>State</b><br>PA         | <b>Zip Cod</b><br>19063 | e (Plus 4) | 12          | 15            | 2022 |                    |  |
| Full Name of Contributing Committee United Health Group PAC                  |                            |                         |            | мо          | DAY           | YEAR |                    |  |
| Mailing Address 701 Pennsylvania Av  | e NW<br>State<br>DC        | <b>Zip Cod</b><br>20004 | e (Plus 4) | 12          | 30            | 2022 | \$ 5,000.00        |  |
| Full Name of Contributing Committee<br>FEAPAC of PA                          |                            | -                       |            | мо          | DAY           | YEAR |                    |  |
| Mailing Address 3 Beaver Valley Road   | State<br>DE                | <b>Zip Cod</b><br>19803 | e (Plus 4) | 12          | 30            | 2022 | \$ 5,000.00        |  |
| Full Name of Contributing Committee<br>Genen PAC                             |                            | -                       |            | мо          | DAY           | YEAR |                    |  |
| Mailing Address     1 DNA Way       City     So. San Francisco               | State<br>CA                | <b>Zip Cod</b><br>94080 | e (Plus 4) | 12          | 15            | 2022 | \$ 2,500.00        |  |
| Full Name of Contributing Committee<br>Norfolk Suthern Corporation Good Gove | ernment Fund               |                         |            | мо          | DAY           | YEAR |                    |  |
| Mailing Address 1 Constitution Ave N<br>City Washington                      | E Suite.300<br>State<br>DC | <b>Zip Cod</b><br>20002 | e (Plus 4) | 12          | 30            | 2022 | \$ 2,000.00        |  |

\$

## 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   |      | АМС      | DUNT     |
|--|-----------------|-----------|------------------|---------|-------|------|----------|----------|
| Full Name of Contributor                       |                 |           |                  | мо      | DAY   | YEAR |          |          |
| Mailing<br>Address                             |                 |           |                  |         |       |      | \$       | 0.00     |
| City   | State           | Zi        | p Code (Plus 4)  |         |       |      |          |          |
| Employer Name                                  |                 |           |                  | Occupat | tion  |      |          |          |
| Employer Mailing Address/Principal<br>Business | Place of        |           | City             |         | State |      | Zip Code | (Plus 4) |
| Enter Grand Total of Part C on S               | chedule I, Deta | iled Sumr | narv Page, Secti | on 3.   |       | Γ    | PAG      | GE TOTAL |
|  | ,               |           |                  |         |       | :    | \$       | 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  | ing Perio | bd               |              |    |                   |
|---|---|----------------------------|---------|-----------|------------------|--------------|----|-------------------|
| Friends of Joe Pittman                      |   |                            | From:   |           | <u>11/29/202</u> | <u>2</u> To: |    | <u>12/31/2022</u> |
|   |   |                            |         | D         | ATE              |              |    | AMOUNT            |
| Full Name                                   |   |                            |         | мо        | DAY              | YEAR         |    |                   |
| S&T Bank                                    |   |                            |         | MO        |                  |              |    |                   |
| Mailing Address 985 Philadelphia St         | lailing Address 985 Philadelphia Street |                            |         |           |                  |              | \$ | 2.67              |
| City Indiana                                | State                                   | Zip Code (                 | Plus 4) | 11        | 30               | 2022         |    |                   |
|   | PA                                      | 15701                      |         |           |                  |              |    |                   |
| Receipt Description Interest Credit         |   | 1                          |         | 1         | 1                | I            | 1  |                   |
| <b>Full Name</b><br>S&T Bank                |   |                            |         | мо        | DAY              | YEAR         |    |                   |
| Mailing Address 985 Philadelphia Str        |   |                            |         | 12        | 30               | 2022         | \$ | 4.61              |
| <b>City</b> Indiana                         | <b>State</b><br>PA                      | <b>Zip Code (</b><br>15701 | Plus 4) | 12        | 50               | 2022         |    |                   |
| Receipt Description Interest Credit         |   | 1                          |         | 1         | I                | I            | 1  |                   |
| Full Name                                   |   |                            |         |           |                  |              |    |                   |
| Arden Theatre Company                       |   |                            |         | мо        | DAY              | YEAR         |    |                   |
| Mailing Address 615 N Broad Street          |   |                            |         |           |                  |              | \$ | 250.00            |
| City Philadelphia                           | State                                   | Zip Code (                 | Plus 4) | 12        | 31               | 2022         |    |                   |
|   | PA                                      | 19123                      |         |           |                  |              |    |                   |
| <b>Receipt Description</b> to clear stale c | heck #1506                              |                            |         |           |                  |              | •  |                   |
| Full Name                                   |   |                            |         |           | DAY              | VEAD         |    |                   |
| Glen Campbell Baptist Church                |   |                            |         | мо        | DAY              | YEAR         |    |                   |
| Mailing Address PO Box 199                  |   |                            |         |           |                  |              | \$ | 50.00             |
| City Glen Campbell                          | State                                   | Zip Code (                 | Plus 4) | 12        | 31               | 2022         |    |                   |
|   | PA                                      | 15742                      |         |           |                  |              |    |                   |
| Receipt Description to clear stale c        | heck #1576                              |                            |         |           |                  | 1            | •  |                   |

PAGE 9

|  |                     |                                   |          |     |          | PAGE 9             |
|--|---------------------|-----------------------------------|----------|-----|----------|--------------------|
| Full Name<br>Clyde Saddle & Trail Club         |                     |                                   | мо       | DAY | YEAR     |                    |
| Mailing Address 696 Horse Thief R              | oad                 |                                   |          |     |          | <b>\$</b> 125.0    |
| City New Florence                              | State<br>PA         | <b>Zip Code (Plus 4)</b><br>15944 | 12       | 31  | 2022     |                    |
| Receipt Description to clear stale             | check #1613         | I                                 |          |     | I        | 1                  |
| Full Name<br>Hose Company #6 Kittanning        |                     |                                   | мо       | DAY | YEAR     |                    |
| Mailing Address PO Box 451                     |                     |                                   |          |     |          | <b>\$</b> 50.0     |
| <b>City</b> Kittanning                         | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>16201 | 12       | 31  | 2022     |                    |
| Receipt Description to clear stale             | check #1645         |                                   | I        |     | <u> </u> | 1                  |
| <b>Full Name</b><br>Parkinson Partners of NWPA |                     |                                   | мо       | DAY | YEAR     |                    |
| Mailing Address 3318 Allegheny Ro              | bad                 |                                   |          |     |          | <b>\$</b> 100.0    |
| City Erie                                      | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>16508 | 12       | 31  | 2022     |                    |
| Receipt Description to clear stale             | check #1649         | I                                 |          | I   | I        | 1                  |
| Full Name<br>St Pier Group LLC                 |                     |                                   | мо       | DAY | YEAR     |                    |
| Mailing Address 840 Philadelphia S             | treet Suite 100     |                                   |          |     |          | <b>\$</b> 752.0    |
| City Indiana                                   | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>15701 | 12       | 31  | 2022     |                    |
| Receipt Description to clear stale             | check # 1720        | I                                 | <u> </u> | I   | <u> </u> | 1                  |
| ter Grand Total of Part E on Sched             | lule I. Detailed Su | ummary Page, Section              | 4.       |     | Γ        | PAGE TOTAL         |
|  | ine i, petanea S    |                                   |          |     | 9        | <b>\$</b> 1,334.28 |

# 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 Perio | d                     |                   |
|---|-----------------|-----------------------|-------------------|
| Friends of Joe Pittman  | From:           | <u>11/29/2022</u> то: | <u>12/31/2022</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 PART   | ΓF)             |                       |                   |
| 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 (<br>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              |                    |                   | Reportin | g Period |      |        |      |
|--|--------------------|-------------------|----------|----------|------|--------|------|
|  | F                  |                   |          |          |      | То:    |      |
|  |                    |                   |          | DATE     |      | ΑΜΟυΙ  | NT   |
| 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<br>Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum | mary Pag | je,  | PAGE T | OTAL |
|  |                    |                   |          |          | 4    | 5      | 0.00 |

### PAGE 12

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

| Name of Filing Committee or Candidate                                | Name of Filing Committee or Candidate |  |            |         | Rej        | porting I | Period    |        |            |                 |
|--|---------------------------------------|--|------------|---------|------------|-----------|-----------|--------|------------|-----------------|
|  |                                       |  |            |         | From: To:  |           |           |        |            |                 |
|  |                                       |  |            |         |            |           | DATE      |        |            | AMOUNT          |
| Full Name of Contributor   |                                       |  |            |         |            | мо        | DAY       | YEAR   |            |                 |
| Mailing Address  |                                       |  |            |         |            |           |           | \$     | 0.00       |                 |
| City   | State                                 |  | Zip Code(F | Plus 4) |            |           |           |        |            |                 |
| Employer of Contributor  |                                       |  |            |         | Occupation |           |           |        |            |                 |
| Employer Mailing Address/Principal Place of City State Business      |                                       |  |            |         |            | Zip<br>4) | Code(Plus | Descri | ption      | of Contribution |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions De |                                       |  |            | taile   | ed         |           |           |        | PAGE TOTAL |                 |
| Summary Page, Section 3.   |                                       |  |            |         |            |           |           |        |            | 0.00            |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate                                      |             |                                   | Reporti                   | ng Period                         |               |     |                   |
|--|-------------|-----------------------------------|---------------------------|-----------------------------------|---------------|-----|-------------------|
| Friends of Joe Pittman   |             |                                   | From                      | <u>11/29</u>                      | <u>9/2022</u> | То: | <u>12/31/2022</u> |
|  |             |                                   |                           | DATE                              |               |     | AMOUNT            |
| <b>To Whom Paid</b><br>Friends of Nicole Ziccarelli                        |             |                                   | мо                        | DAY                               | YEAR          |     |                   |
| Mailing Address 2300 Freeport Road   | Suite 3     |                                   | 12                        | 7                                 | 2022          | \$  | 1,000.00          |
| City     New Kensington     State     Zip Code (Plus 4)       PA     15068 |             |                                   | <b>Descrip</b><br>Contrib | otion of Exp                      | penditure     |     |                   |
| To Whom Paid<br>Senate Republican Campaign Committee                       |             |                                   |                           | DAY                               | YEAR          |     |                   |
| Mailing Address 112 State Street   |             |                                   | 12                        | 7                                 | 2022          | \$  | 2,420.00          |
| CityHarrisburgStateZip Code (Plus 4)PA17101                                |             |                                   |                           | <b>otion of Exp</b><br>ber Salary | penditure     | 1   |                   |
| To Whom Paid<br>Laurel Valley Golf Club                                    |             |                                   | мо                        | DAY                               | YEAR          |     |                   |
| Mailing Address 175 Palmer Drive   |             |                                   | 12                        | 7                                 | 2022          | \$  | 2,749.69          |
| City Ligonier  | State<br>PA | <b>Zip Code (Plus 4)</b><br>15658 |                           | nas gifts                         | penditure     | 1   |                   |
| To Whom Paid<br>Citizens for Lynda Schlegel Culver                         | <u>.</u>    | ·                                 | мо                        | DAY                               | YEAR          |     |                   |
| Mailing Address 203 Beck Road  |             |                                   | 12                        | 13                                | 2022          | \$  | 10,000.00         |
| City Sunbury   | State<br>PA | <b>Zip Code (Plus 4)</b><br>17801 | <b>Descrip</b><br>Contrib | otion of Exp<br>oution            | penditure     |     |                   |
| To Whom Paid<br>Purchase Line Red Dragon Foundation                        |             | мо                                | DAY                       | YEAR                              |               |     |                   |
| Mailing Address PO Box 95  |             |                                   | 12                        | 15                                | 2022          | \$  | 100.00            |
| City Commodore   | State<br>PA | <b>Zip Code (Plus 4)</b><br>15729 |                           | <b>otion of Exp</b><br>donation   | penditure     | 1   |                   |

|   |                         |                     |                   |  |             |           | 1  |           |
|---|-------------------------|---------------------|-------------------|--|-------------|-----------|----|-----------|
| <b>To Whom Paid</b><br>Elavon   |                         |                     |                   |  | DAY         | YEAR      |    |           |
| Mailing Address 7300 Chapman Hwy  |                         |                     |                   |  | 2           | 2022      | \$ | 49.99     |
| City Knoxville  |                         | State               | Zip Code (Plus 4) | Descrip  | tion of Exr | Denditure |    |           |
|   |                         | TN                  | 37920             | Description of Expenditure<br>merchant service fee |             |           |    |           |
| To Whom Paid<br>Westmoreland County Republican Committee                |                         |                     |                   |  | DAY         | YEAR      |    |           |
| Mailing Address 23 North Maple Avenue                                   |                         |                     |                   |  | 7           | 2022      | \$ | 100.00    |
| City Greensburg   | 2                       | State               | Zip Code (Plus 4) | Descrir  | l           | ondituro  |    |           |
| City Greensbu   | ing                     | РА                  | 15601             | Description of Expenditure<br>event tickets        |             |           |    |           |
| To Whom Paid<br>Cardmember Services - S&T Bank                          |                         |                     |                   | мо   | DAY         | YEAR      |    |           |
| Mailing Address PO Box 790408   |                         |                     |                   | 12   | 7           | 2022      | \$ | 25.00     |
| City St. Louis  |                         | State               | Zip Code (Plus 4) | Description of Expenditure<br>campaign telephone   |             |           |    |           |
|   |                         | МО                  | 63179             |  |             |           |    |           |
| To Whom Paid<br>Cardmember Services - S&T Bank                          |                         |                     |                   |  | DAY         | YEAR      |    |           |
| Mailing Address PO Box 790408   |                         |                     |                   | 12   | 7           | 2022      | \$ | 27.90     |
| City St. Louis  | State Zip Code (Plus 4) |                     |                   | Description of Expenditure                         |             |           |    |           |
|   |                         | МО                  | 63179             | postage  |             |           |    |           |
| To Whom Paid<br>Joseph Pittman  |                         |                     |                   |  | DAY         | YEAR      |    |           |
| Mailing Address 60 MaryEllens Place                                     |                         |                     |                   | 12   | 20          | 2022      | \$ | 1,205.44  |
| City Indiana  |                         | State Zip Code (Plu |                   |  | tion of Exp | oenditure |    |           |
|   |                         | PA                  | 15701             | Travel & Meal Reimb                                |             |           |    |           |
| To Whom Paid<br>Teddy Bear Fund Drive                                   |                         |                     |                   | мо   | DAY         | YEAR      |    |           |
| Mailing Address 123 Hospital Drive                                      |                         |                     |                   | 12   | 13          | 2022      | \$ | 500.00    |
| City Indiana  |                         | State               | Zip Code (Plus 4) | Description of Expenditur                          |             | enditure  |    |           |
|   |                         | PA                  | 15701             | Donation   |             |           |    |           |
|   |                         |                     |                   |  |             |           | P  | AGE TOTAL |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                         |                     |                   |  |             |           | \$ | 18,178.02 |