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 202 | 3C0004 | | | Repo Filed | | : | CAND | DATE | √ | СО | MMITTEE | | LOB | BYIST | • | |
|---|-------------------------------|-------------|-----------------------|----------|---------------|--------|------------|-------------|------------------------------|----------|-------------|----------------------|----------------|----------|--------|-----------|----------|
| Name of Filing C | ommittee, Candi | date or L | obbyist: | | MCAN | IDRE' | W, | JOSEPH | MELVI | N | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | State: | | | | Zip Code | e: 15 | 147 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | - 2. | | DA RIMA | | POST- | 3. | | AMENDMENT REPORT? | | Yes | ſ | lo | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | - 5. | | DA ECT | Y | POST- 6. TERMINATION REPORT? | | | | | Yes | ı | lo | \ |
| report type) | ANNUAL REPORT | 7. | Year 2023 | | | | | IG METH | | | | PAPER | | V | DIS | ETTE | |
| Name of Office S | ought by Candida | ate: | • | | - | | | DATE C | F ELE | CTIC | DN . | District Number | Office Code | Par | ty Coc | e Cou | |
| DEDDESENTATI | VE IN THE GENE | DAI ASS | EMRI V | | | | | МО | DAY | Y | EAR | 32 | STH | DEN | 1 | 02 | |
| KEIKESENIAII | VE IN THE GENE | IVAL ASS | LINDLI | | | | | 2 | | 7 | 2023 | | (SEE IN | STRUCTI | ONS FO | R CODES | 6) |
| Summary of | • | МО | DAY | YEAR | | | | МО | DAY | Y | EAR | FOF | OFFI | E USE | ONL | 1 | |
| Expenditures | Trom: | : | 12 7 | 20 | 022 | то | | 1 | | 23 | 2023 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | | 0.00 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (Fron | 1 Sche | dule I |) | \$ | | | | 0.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 0.00 | | | | | | | | | | | | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | | \$ | | | 30, | 00.00 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | | \$ | | (| 30,0 | 00.00) | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From S | chedul | le II) | | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligation | (From S | Schedule IV | /) | | | \$ | | | | 0.00 | | | ' | | | |
| | | | | AFF | IDA۱ | /IT S | SE | CTION | | | | | | | | | |
| PART I - If this is | a Committee rep | ort, trea | surer sign | here. 1 | If this | is a | Can | didate r | eport, | candi | idate sig | ın here. | | | | | |
| I swear (or affirm) correct and comple | that this report, inc ete. | :luding the | e attached sc | hedules | filed o | on pap | per c | or by elect | tronic m | ediun | ı, are to t | he best of | my knov | wledge | and be | lief , tı | rue |
| Sworn to and subs | cribed before me th day of | is | 20 | | | | | | | : | Signature | of Person | Submit | ing Re | ort | | _ |
| | Signat | ure | | | | _ | | | | | | Printe | ed Name | | | | |
| My Commission Ex | pires | | | | | | | | | | | Email | | | | | |
| | МО | D | AY | YR | | | | | Ar | ea Co | de | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized | Comm | nittee, | Can | dida | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ed. | my knowle | edge and beli | ief this | politic | al co | mmi | ittee has r | ot viola | ted aı | ny provisi | ions of the | act of J | une 3,1 | 937 (P | .L. 133 | з, |
| Sworn to and subsc | | ŀ | 20 | | | | | | | | Si | ignature of | Candid | ate | | | _ |
| | day of —— ———— | | | | | | | | | | | Printed | Name | | | | - |
| My Commission Exp | Signature | | | | | | | | | | | Email | | | | | - $ $ |
| , commission exp | | | | | | | | | | | | | | | | | _ |
| | мо | D. | AY | YR | | | | | Area | Code | | Day | time T | elephor | e Nun | ber | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|-----------------|--------------|-----------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| MCANDREW, JOSEPH MELVIN | From: | <u>12/7/202</u> | <u>2</u> To: | 1/23/2023 |
| 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 | (2) | \$ | 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 | J Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | g 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 Candidat | Name of Filing Committee or Candidate | | eporting | Period | | | |
|--------------------------------------|---------------------------------------|-------------------|----------|--------|------|----|--------|
| | | F | rom: | | То | : | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

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 Filing Committee or | Candidate | | Re | eporting P | eriod | | | | |
|-----------------------------|-----------|--------|-------------|------------|-------|------|-----|--------|--|
| | | | Fr | From: | | | То: | | |
| | | | - | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Co | de (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 | me of Filing Committee or Candidate | | Reporting Period | | | | | | |
|---------------------------------------|-------------------------------------|---------|------------------|------|-----|------|---------------|-----------|------|
| | | | From: | | | То: | | | |
| | | | | DA | TE | | P | AMOUNT | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | 0.00 |
| Mailing Address | | | | | | | - \$ | | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | | | PAGE TOTA | AL |
| Enter Grand Total of Part C on Sche | dule I, Detailed Sun | nmary P | 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 Candida | te | | | Rep | orting Pe | eriod | | | |
|--------------------------------------|-------------------|---------|---------------|---------|-----------|-------|------|---------|--------------------|
| | | | | Fror | n: | | Т | o: | |
| | | | | | D | ATE | | А | MOUNT |
| Full Name of Contributor | | | | | МО | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | 7 | |
| City | State | Zi | ip Code (Plus | s 4) | | | | | |
| Employer Name | | | | | Occupa | tion | | | |
| Employer Mailing Address/Principal F | lace of Business | | City | | • | State | | Zip Cod | de (Plus 4) |
| Enter Grand Total of Part C on Sc | nedule I, Detaile | ed Sumn | nary Page, | Section | on 3. | | | \$ | PAGE 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 | | Report | ing Peri | od | | | |
|-----------------------------|---------------------------|---------------|---------|----------|-----|------|----|------------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | • | • | | | • | | | |
| Forten Commit Tatal of Boot | F an Cabadala I Batallad | I C B | C | | | | | PAGE TOTAL |
| Enter Grand Total of Part | e on Schedule I, Detalled | summary Page, | Section | 4. | | | \$ | 0.00 |

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 | Reporting Period | i | | | | | | |
|--|------------------|-----------------------------|-----------|--|--|--|--|--|
| MCANDREW, JOSEPH MELVIN | From: | <u>12/7/2022</u> To: | 1/23/2023 | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | | | | | | |
| 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 Can | didate | | Reporting Period | | | | | |
|---------------------------------|----------------------|------------------------|------------------|---------|------|-------------|------------|------|
| | | | From: | | | То: | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | • | • | • | • | | · | | |
| | | | | | - | | | |
| Enter Grand Total of Part F or | n Schedule II, In-Ki | nd Contributions Detai | led Sun | mary Pa | 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 | | | | Re | porting | Period | | | | |
|--|----------------|-----|------------------|--------|---------|----------------|-------|------|-----------------|------|
| | | | | Fro | m: | | To: | | | |
| | | | | | | DATE | | | AMOUN | т |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | 1 | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty | Stat | e Zi | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch | edule II, In-K | ind | Contributions D | etaile | ed | | | | PAGE T | OTAL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Po | eriod | | |
|---------------------------------------|--------------|-----------|-----|-----------|
| MCANDREW, JOSEPH MELVIN | From | 12/7/2022 | То: | 1/23/2023 |

| | | | | DATE | | | AMOUNT |
|--|-------|-------------------|---------|-------------|----------|--------|------------|
| To Whom Paid | | | МО | DAY | YEAR | | |
| FRIENDS OF JOE MCANDREW | | | М | | ILAK | | |
| Mailing Address 1718 OUTLOOK DR | | | 12 | 16 | 2022 | \$ | 30,000.00 |
| City VERONA | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | PA | 15147 | LOAN T | O PAC TO | FUND CA | MPAIGN | N EXPENSES |
| | | | | | | | PAGE TOTAL |
| nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | 30,000.00 |