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 8400	880			Repor		CAN	ADI	DATE		COM	AITTEE	Y	LOBE	1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:	,	VOLUN	ITEERS	FOR	AR	GALL							
Street Address:	PO BOX 241															
City:	TAMAQUA						State	:	PA			Zip Co	de: 18	3252		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		F	POST-	6.		TERMIN/ REPORT		Yes	No	√
report type)	ANNUAL REPORT	7.	Year 2023				NG ME					PAPER		$ \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	DISKE	TTE
Name of Office S	ought by Candidat	te:			·		DATE	ΕO	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
							МО		DAY	YE	AR			REP		
								1	3	31	2023		(SEE IN	ISTRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	OR OFFI	CE USE	ONLY	
Expenditures	rrom:	:	11 30	20	022	ГО		1	1	.6	2023					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$			1	155,8	322.00					
B. Total Moneta	ary Contributions /	And Rec	eipts (Fron	Sche	dule I)	\$					0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			1	155,8	322.00					
D. Total Expend	ditures (From Sch	edule II	I)			\$				5,0	00.00					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$			1	50,8	22.00					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	\$	1				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	')		\$					0.00			'		
				AFF	IDAV:	IT SE	CTIO	N								
I swear (or affirm)	that this report, incl		_								_		of my kno	wledge a	and belie	ef , true
correct and comple	ete. cribed before me this										:	of Perso	- Cub-si	tina Dan		
	day of		20			_				3	ignature	oi Peiso	iii Subiiiii	tillig Kep	ort	
	Signatu	re				_						Prin	ted Name	е		
My Commission Ex	·					_						Ema				
	МО		AY	YR						a Cod	e	Daytin	ne Teleph	none Nui	nber	
	a report of a cand				•				_		v provis	ions of th	e act of 1	une 3 10	37 (D I	1222
No 320) as amende	ed.	iy kilowi	euge unu ben	er tills	pontica	Comm	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	u3 11		cu un	y provis	10113 01 111	e act of 3	une 5,11	757 (F.E.	
Sworn to and subsc	ribed before me this day of		20								S	ignature (of Candid	ate		
						_						Printe	ed Name			
My Commission Exp	Signature ires					_						Ema	iil			—
	мо	D	AY	YR		_			Area (Code		D	aytime T	elephon	e Numbe	 er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
VOLUNTEERS FOR ARGALL	From:	11/30/202	<u>2</u> To:	1/16/2023
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	J Period	(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 ar 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 Candida	Name of Filing Committee or Candidate			Reporting Period						
		F	rom:		То	:				
		·		DATE			AMOUNT			
Full Name of Contributing Committee			МО	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)								

PAGE TOTAL
0.00

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

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				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

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 Candidate			Rep	orting Pe	riod			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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:			То:		
		•		C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	•	-		•	•	•	_	
Enter Crand Total of Dark	E on Schodule I. Detailed	Summany Base	Cootion	4				PAGE TOTAL
enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Per	iod							
VOLUNTEERS FOR ARGALL	From:	11/30/2022 To :	<u>1/16/2023</u>						
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 PART 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:			To			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address						7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	•	•	•	•		·			
					-				
nter Grand Total of Part F on Schedule II, In-Kind Contributions Det				ailed Summary Page,			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	portin	ng Pe	riod				
				Fro	m:			То:			
							DATE			АМО	UNT
Full Name of Contributor					мо		DAY	YEAR			
Mailing Address										\$	0.00
City	State		Zip Code(Plus 4)								
Employer of Contributor					Оссі	upati	ion				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	Stat	e Z	Zip Co	ode(Plus 4)	Descr	ipt	tion of Contr	ribution
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd (Contributions D	etaile	ed		-			PAG	E TOTAL
Summary Page, Section 3.	,										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting I	Period		
VOLUNTEERS FOR ARGALL	From	11/30/2022	То:	1/16/2023

					DATE		AMOUNT
To WI	nom Paid			МО	DAY	YEAR	
CITIZ	CITIZENS FOR LYNDA SCHLEGE					ILAK	
Mailir	Mailing Address 203 BECK RD CULVER				19	2022	\$ 5,000.00
City	SUNBURY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
		PA	17801	CONTRI	BUTION		
							PAGE TOTAL
Ente	r Grand Total of Expenditures o	\$ 5,000.00					