# **Campaign Finance Report**

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

| Filer Identificat<br>Number :                   | <b>ion</b> 9600                                       | 102         |  |         | Repor<br>Filed |              | CAND          | IDATE      | СОМ          | MITTEE               | ✓             | LOB          | BYIST    |                |
|---|---|-------------|--|---------|----------------|--------------|---------------|------------|--------------|----------------------|---------------|--------------|----------|----------------|
|   | Committee, Candida                                    | ate or Lo   | bbyist:                                    |         |                | -            | FF FOR R      | EPRESE     | NTATIVE      |                      |               |              |          |                |
| Street Address:                                 | 328 E. LAMB 5   | ST.         |  |         |                |              |               |            |              |                      |               |              |          |                |
| City:   | BELLEFONTE  |             |  |         |                |              | State:        | PA         |              | Zip Co               | <b>de:</b> 16 | 823          |          |                |
| TYPE OF<br>REPORT                               | 6TH TUESDAY<br>PRE-PRIMARY                            |             | 2ND FRIDA<br>PRIMARY                       | Y PRE   | - 2.           | 30 D<br>PRIN | DAY<br>1ARY   | POST- 3    | 3.           | AMENDMENT<br>REPORT? |               | Yes          | No       | · 🗸            |
| (place X to<br>the right of                     | 6TH TUESDAY<br>PRE-ELECTION                           |             | 2ND FRIDAY PRE- 5. 30 DA<br>ELECTION ELECT |         |                |              | DAY<br>CTION  | POST- 6    | 5.           | TERMIN<br>REPORT     |               | Yes          | No       | ° 🗸            |
| report type)                                    | ANNUAL REPORT   | 7. <b>X</b> | <b>Year</b> 2022                           |         |                |              | ING METH      |            |              | PAPER                |               | $\checkmark$ | DISKE    | TTE            |
| Name of Office                                  | Sought by Candidat                                    | te:         |  |         |                |              | DATE C        | OF ELEC    | TION         | District<br>Number   |               | Par          | ty Code  | County<br>Code |
|   |   |             |  |         |                |              | мо            | DAY        | YEAR         |                      |               |              |          |                |
|   |   |             |  |         |                |              | 11            | . 8        | 3 2022       |                      | (SEE INS      | STRUCTI      | ONS FOR  | CODES)         |
|   | Receipts and  | мо          | DAY  | YEAR    | 2              |              | мо            | DAY        | YEAR         | FC                   | OR OFFIC      | E USE        | ONLY     |                |
| Expenditures                                    | s from:   | 1           | 1 29                                       | 2       | 022 7          | ГО           | 12            | 2 3:       | 1 2022       |                      |               |              |          |                |
| A. Amount Bro                                   | ught Forward Fron                                     | n Last Re   | port                                       |         |                | 5            | \$            | 1          | 26,397.86    |                      |               |              |          |                |
| B. Total Monet                                  | ary Contributions                                     | And Rece    | ipts (Fron                                 | 1 Sche  | dule I)        |              | \$            | 6,012.61   |              |                      |               |              |          |                |
| C. Total Funds Available (Sum Of Lines A and B) |   |             |  |         |                |              | \$            | 1          | 32,410.47    |                      |               |              |          |                |
| D. Total Expen                                  | ditures (From Sche                                    | edule III   | )  |         |                |              | \$            |            | 5,807.11     |                      |               |              |          |                |
| E. Ending Cash                                  | Balance (Subtract                                     | t Line D F  | rom Line                                   | C)      |                |              | \$            | 12         | 26,603.36    | 4                    |               |              |          |                |
| F. Value Of In-                                 | Kind Contributions                                    | Receive     | d (From S                                  | chedu   | le II)         |              | \$            |            | 0.00         | -                    |               |              |          |                |
| G. Unpaid Deb                                   | ts And Obligations                                    | (From So    | chedule IV                                 | ')      |                | 9            | \$            |            | 0.00         |                      | ·             |              |          |                |
|   |   |             |  | AFF     | IDAV           | IT SI        | ECTION        |            |              |                      |               |              |          |                |
|   | s a Committee repo                                    | •           | -  |         |                |              |               |            |              | -                    |               |              |          |                |
| I swear (or affirm<br>correct and compl         | ) that this report, incl<br>ete.                      | uding the   | attached sc                                | hedules | s filed or     | n pape       | r or by elect | tronic med | lium, are to | the best o           | of my knov    | vledge       | and beli | ef , true      |
| Sworn to and subs                               | scribed before me this<br>day of<br>                  |             | 20   |         |                | _            |               |            | Signatur     | e of Perso           | on Submitt    | ing Rep      | oort     |                |
|   | Signatu   | re          |  |         |                | _            |               |            |              | Prir                 | nted Name     |              |          |                |
| My Commission E                                 | xpires  |             |  |         |                | _            |               |            |              | Ema                  | ail           |              |          |                |
|   | МО  | DA          | Y  | YR      |                |              |               | Area       | Code         | Daytin               | ne Teleph     | one Nu       | mber     |                |
|   | a report of a cance<br>) that to the best of m<br>ed. |             |  |         |                |              |               | -          |              | sions of th          | e act of Ju   | ıne 3,1      | 937 (P.I | 1333,          |
| Sworn to and subse                              | cribed before me this                                 |             |  |         |                |              |               |            | 5            | Signature            | of Candida    | ite          |          |                |
|   | day of<br>  |             | 20   |         |                | _            |               |            |              | Printe               | ed Name       |              |          |                |
|   | Signature   |             |  |         |                | _            |               |            |              |                      |               |              |          |                |
| My Commission Exp                               | pires   |             |  |         |                |              |               |            |              | Ema                  | ail           |              |          |                |
|   | мо  | DA          | Y  | YR      |                | _            |               | Area C     | ode          | D                    | aytime Te     | elephor      | e Numb   | er             |

# SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

| Name of Filing Committee or Candidate   | Reporting        | g Period       |                   |          |  |  |  |  |  |
|---|------------------|----------------|-------------------|----------|--|--|--|--|--|
| BENNINGHOFF FOR REPRESENTATIVE  | <u>11/29/202</u> | 2 <u>2</u> To: | <u>12/31/2022</u> |          |  |  |  |  |  |
| 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)   |                  |                | \$                | 1,000.00 |  |  |  |  |  |
| All Other Contributions (Part D)  |                  |                | \$                | 0.00     |  |  |  |  |  |
| TOTAL for the Reporting   | g Period         | (3)            | \$                | 1,000.00 |  |  |  |  |  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)   |                  |                |                   |          |  |  |  |  |  |
| TOTAL for the Reporting   | g Period         | (4)            | \$                | 5,012.61 |  |  |  |  |  |
|   |                  |                |                   |          |  |  |  |  |  |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar<br>totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |                  |                | \$                | 6,012.61 |  |  |  |  |  |

# 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             | g Committee                 |                      | мо               | DAY  | YEAR |    |            |  |  |
| Mailing Address                       |                             |                      |                  |      |      | \$ | 0.00       |  |  |
| City                                  | State                       | Zip Code (Plus 4)    |                  |      |      |    |            |  |  |
|                                       |                             |                      |                  |      |      | Г  | PAGE TOTAL |  |  |
| Enter Grand Total of P                | 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     |                   | Rep<br>Froi | orting P<br>m: | eriod | То   | ): |            |  |
|   |       |                   |             |                |       |      |    |            |  |
|   |       |                   |             |                | 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 Schedule I, Detailed Summary Page, Section 2.  |       |                   |             |                |       |      |    | 0.00       |  |

#### PAGE 5

## 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                               |     |      |    |                               |  |  |
|--|--------------------|-----------------------------------|------------|--|-----|------|----|-------------------------------|--|--|
| BENNINGHOFF FOR REPRESENTATIVE From      |                    |                                   |            | <u>11/29/2022</u> <b>To:</b> <u>12/31/2022</u> |     |      |    |                               |  |  |
|  |                    |                                   |            | DA   | TE  |      | A  | MOUNT                         |  |  |
| Full Name of Contributing Committee      | 20                 |                                   |            | мо   | DAY | YEAR |    |                               |  |  |
| Mailing Address 800 N. 3RD ST. SUITE 304 |                    |                                   |            | 12   |     |      | \$ | 1,000.00                      |  |  |
| City HARRISBURG                          | State<br>PA        | <b>Zip Code (Plus 4)</b><br>17101 |            |  | 23  | 2022 |    |                               |  |  |
| Enter Grand Total of Part C on S         | chedule I, Detaile | ed Summary Pag                    | je, Sectio | n 3.   |     | ſ    | \$ | <b>PAGE TOTAL</b><br>1,000.00 |  |  |

### 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   |      | АМ       | OUNT     |
|--|------------------------|-----------|------------------|---------|-------|------|----------|----------|
| 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 P<br>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 Repo |                     |                 |                   |         | orting Period    |       |                   |             |  |  |
|--|---------------------|-----------------|-------------------|---------|------------------|-------|-------------------|-------------|--|--|
| BENNINGHOFF FOR REPRESENTATIVE From:       |                     |                 |                   |         | <u>11/29/202</u> | 2 To: | <u>12/31/2022</u> |             |  |  |
|  |                     |                 |                   | D       | ATE              |       |                   | AMOUNT      |  |  |
| Full Name                                  |                     |                 |                   |         |                  |       |                   |             |  |  |
| THE STUDENT BOOKSTORE                      | мо                  | DAY             | YEAF              | 2       |                  |       |                   |             |  |  |
| Mailing Address 330 E. COLLE               | 11                  |                 |                   |         | <b>\$</b> 12.61  |       |                   |             |  |  |
| City STATE COLLEGE                         | State               | Zip Code (      | Zip Code (Plus 4) |         | 29               | 202   | 2                 |             |  |  |
|  | PA                  | 16801           | 16801             |         |                  |       |                   |             |  |  |
| Receipt Description CREDIT                 | FOR RETURN OF SOM   | ME MERCHANDISE  |                   |         |                  |       |                   |             |  |  |
| Full Name<br>FRIENDS OF TODD POLINCHOCK    | <                   |                 |                   | мо      | DAY              | YEAF  | Ł                 |             |  |  |
| Mailing Address PO BOX 2109                | )                   |                 |                   |         |                  |       | 1                 | \$ 5,000.00 |  |  |
| City DOYLESTOWN                            | State               | Zip Code (      | Plus 4)           | 12      | 12               | 202   | 2                 |             |  |  |
| DOTEESTOWN                                 | PA                  | 18901           |                   |         |                  |       |                   |             |  |  |
| Receipt Description CAMPAI                 | GN SUPPORT CHECK    | WAS RETURNED B  | Y USPS FO         | DR INCO | RRECT ADI        | DRESS | ;                 |             |  |  |
|  |                     | _               |                   |         |                  |       |                   | PAGE TOTAL  |  |  |
| inter Grand Total of Part E on S           | chedule I, Detailec | l Summary Page, | Section           | 4.      |                  |       | \$                | 5,012.61    |  |  |

#### 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                     |                   |  |  |  |  |  |  |
|---|-----------------|-----------------------|-------------------|--|--|--|--|--|--|
| BENNINGHOFF FOR REPRESENTATIVE  | From:           | <u>11/29/2022</u> то: | <u>12/31/2022</u> |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR   |                 |                       |                   |  |  |  |  |  |  |
| TOTAL for the Reporting Pe  | riod (1)        | \$                    | 0.00              |  |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)  |                 |                       |                   |  |  |  |  |  |  |
| 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, I |                 | \$                    | 0.00              |  |  |  |  |  |  |

### SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

#### VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate R  |       |                   |    | 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 Schedule II, In-Kind Contributions Detailed Summary Page, PAGE TOTAL Section 2. |       |                   |    |                  |      |     | 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(Plus 4) |       |                  |           |                               |      |                       |    |        |
| Employer of Contributor  |       |                  |       |                  |           | Occupat                       | tion |                       |    |        |
| Employer Mailing Address/Principal Place of City Sta<br>Business |       |                  | State |                  | Zip<br>4) | Zip Code(Plus<br>4)<br>Descri |      | ption 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  |                            |           |        |                   |  |  |
|---|--------------------|-----------------------------------|---|----------------------------|-----------|--------|-------------------|--|--|
| BENNINGHOFF FOR REPRESENTATIVE            |                    |                                   | From  | <u>11/29</u>               | 9/2022    | То:    | <u>12/31/2022</u> |  |  |
|   |                    |                                   | DATE  |                            |           |        | AMOUNT            |  |  |
| To Whom Paid<br>CAPITAL PRESERVATION      |                    |                                   | мо  | DAY                        | YEAR      |        |                   |  |  |
| Mailing Address 630 MAIN CAPITOL BLVD     |                    |                                   | 12  | 2                          | 2022      | \$     | 395.40            |  |  |
| City HARRISBURG                           | State              | Zip Code (Plus 4)                 | Descrip   | tion of Ex                 | penditure | •<br>• |                   |  |  |
|   | РА                 | 17120                             | IN-KIND GIFT TO JUSTIN BEHRENS FOR STATE RE<br>CAMPAIGN                       |                            |           |        | FOR STATE REP     |  |  |
| To Whom Paid<br>MJM STRATEGIES LLC        |                    |                                   | мо  | DAY                        | YEAR      |        |                   |  |  |
| Mailing Address PO BOX 624                |                    |                                   | 12  | 9                          | 2022      | \$     | 4,392.19          |  |  |
| City HARRISBURG                           | State              | Zip Code (Plus 4)                 | Descrip   | Description of Expenditure |           |        |                   |  |  |
|   | РА                 | 171080624                         | FUNDRAISING EVENTS COSTS  |                            |           |        |                   |  |  |
| To Whom Paid<br>HOFBRAU PIZZA             |                    |                                   | мо  | DAY                        | YEAR      |        |                   |  |  |
| Mailing Address 106 E. BISHOP ST.         |                    |                                   | 12  | 12                         | 2022      | \$     | 308.16            |  |  |
| City BELLEFONTE                           | State<br>PA        | <b>Zip Code (Plus 4)</b><br>16823 | Description of Expenditure<br>POST ELECTION THANK YOU EVENT FOR<br>VOLUNTEERS |                            |           |        |                   |  |  |
| To Whom Paid<br>TODD KRICK GRAPHIC DESIGN |                    |                                   | мо  | DAY                        | YEAR      |        |                   |  |  |
| Mailing Address 131 CLOVER LANE           |                    | 12                                | 14  | 2022                       | \$        | 58.30  |                   |  |  |
| City PALMYRA                              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17078 | Description of Expenditure<br>EVENT SPONSOR SIGN                              |                            |           |        |                   |  |  |
| To Whom Paid<br>F SCOTT MAUGER            |                    |                                   | мо  | DAY                        | YEAR      |        |                   |  |  |
| Mailing Address 328 E. LAMB ST.           |                    |                                   | 12  | 30                         | 2022      | \$     | 580.00            |  |  |
| City BELLEFONTE                           | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16823 | Description of Expenditure<br>BOOKKEEPING                                     |                            |           |        |                   |  |  |

| To Whom Paid<br>PERKINS RESTAURANT                                      |                    |                                   | мо  | DAY | YEAR |    |            |
|---|--------------------|-----------------------------------|---|-----|------|----|------------|
| Mailing Address 525 BENNER PIKE   |                    |                                   | 12  | 30  | 2022 | \$ | 28.05      |
| City STATE COLLEGE  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16801 | Description of Expenditure<br>REORGANIZATION MEETING      |     |      |    |            |
| <b>To Whom Paid</b><br>SHEETZ   |                    |                                   | мо  | DAY | YEAR |    |            |
| Mailing Address 54 BENVENUE RD.   |                    |                                   | 12  | 30  | 2022 | \$ | 45.01      |
| City DUCANNON   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17020 | Description of Expenditure<br>TRAVEL EXPENSE-HRCC MEETING |     |      |    |            |
| Enter Grand Total of Expenditures                                       | n Page 1 Penort C  | over Page Item D                  |   |     |      |    | PAGE TOTAL |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                    |                                   |   |     |      |    | 5,807.11   |