

Campaign Finance Report

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

Filer Identification Number :		20220051		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF DONNA SCHEUREN												
Street Address:												
City: HARLEYSVILLE						State: PA		Zip Code: 19438				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2022	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	REP			
						11	8	2022	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	29	2022		12	31	2022				
A. Amount Brought Forward From Last Report						\$ 63,657.59						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,600.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 66,257.59						
D. Total Expenditures (From Schedule III)						\$ 4,587.98						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 61,669.61						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DONNA SCHEUREN	From: <u>11/29/2022</u> To: <u>12/31/2022</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting 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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 2,500.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 2,500.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 2,600.00
---	-------------

PART B
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
FRIENDS OF DONNA SCHEUREN	From: <u>11/29/2022</u> To: <u>12/31/2022</u>

DATE				AMOUNT
Full Name of Contributor				
EDWARD W N SMITH				
Mailing Address				
City HATFIELD	State PA	Zip Code (Plus 4) 194400053	12 12 2022	\$ 100.00

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

PAGE TOTAL
\$ 100.00

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$2,500.00	
COMMONWEALTH CHILDRENS CHOICE FUND								
Mailing Address				12	1	2022		
City	HARRISBURG	State	PA				Zip Code (Plus 4)	17101

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	2,500.00

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: To:

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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	Reporting Period From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

PAGE TOTAL
\$ 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	
FRIENDS OF DONNA SCHEUREN		From: <u>11/29/2022</u> To: <u>12/31/2022</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DONNA SCHEUREN	From <u>11/29/2022</u> To: <u>12/31/2022</u>

				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$ 3.00
TD BANK				11	30	2022	
Mailing Address							
City	HARLEYSVILLE	State	PA	Zip Code (Plus 4)	19438	Description of Expenditure	
				BANK FEE			
To Whom Paid				MO	DAY	YEAR	\$ 698.40
MONTGOMERY COUNTY REPUBLICAN COMMITTEE				11	30	2022	
Mailing Address							
City	BLUE BELL	State	PA	Zip Code (Plus 4)	19422	Description of Expenditure	
				POSTCARD PRINTING			
To Whom Paid				MO	DAY	YEAR	\$ 35.14
DONNA SCHEUREN				11	30	2022	
Mailing Address							
City	HARLEYSVILLE	State	PA	Zip Code (Plus 4)	19438	Description of Expenditure	
				REIMBURSEMENT FOR FOOD FOR EVENT-(GIANT)			
To Whom Paid				MO	DAY	YEAR	\$ 6.48
POSTMASTER				12	2	2022	
Mailing Address							
City	HARLEYSVILLE	State	PA	Zip Code (Plus 4)	194382258	Description of Expenditure	
				POSTAGE FOR REPORT MAILING			
To Whom Paid				MO	DAY	YEAR	\$ 98.00
SWEET EATS BAKERY				12	3	2022	
Mailing Address							
City	VORHEES TOWNSHIP	State	NJ	Zip Code (Plus 4)	08043	Description of Expenditure	
				FOOD FOR EVENT			
To Whom Paid				MO	DAY	YEAR	\$ 3,719.96
WILLIAM PENN INN				12	8	2022	
Mailing Address							
City	GWYNEED	State	PA	Zip Code (Plus 4)	19436	Description of Expenditure	
				PAYMENT FOR EVENT - VICTORY CELEBRATION			

To Whom Paid POSTMASTER			MO	DAY	YEAR	\$ 24.00
Mailing Address			12	30	2022	
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438	Description of Expenditure POSTAGE			

To Whom Paid TD BANK			MO	DAY	YEAR	\$ 3.00
Mailing Address			12	30	2022	
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438	Description of Expenditure BANK FEES			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 4,587.98

