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	220047			Rep File			CAND	IDATE		СОМ	4ITTEE	✓	LOBB	YIST	
Name of Filing C	ommittee, Cand	idate or L	obbyist:		FRIE	ND:	S OF	GREGG	REGG SEMEL							
Street Address:	315 E BEAV	ER ST														
City:	ZELIENOPLE							State:	PA			Zip Cod	ie: 16	5063-13	364	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	. 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5. 30 DAY POST- ELECTION						TERMINA REPORT		Yes	No	
report type)	ANNUAL REPOR	7. X	Year 2022					IG METH CHECK C				PAPER		/	DISKE	TTE
Name of Office S	ought by Candid	late:	-					DATE ()F ELE	CTIO	N	District Number	Office Code	Part	y Code	County Code
DEDDECENITATI	VE IN THE CEN	EDAL ACC	EMDLV					МО	DAY	YE	AR		STH	REP		
REPRESENTATI	VE IN THE GEN	EKAL ASS	DEMIDLY					11		8	2022		(SEE IN	STRUCTIO	NS FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
			11 29	20	022	T	0	12	2	31	2022					
A. Amount Bro	ught Forward Fr	om Last R	eport				\$				0.00					
B. Total Moneta	ary Contribution	s And Rec	eipts (From S	Sche	dule	I)	\$				0.00					
C. Total Funds	Available (Sum	Of Lines A	and B)				\$				0.00					
D. Total Expend	ditures (From So	hedule II	I)				\$				0.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C))			\$				0.00					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sch	nedul	e II))	\$				0.00					
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00			•		
				AFF	IDA	VI	ΓSE	CTION								
PART I - If this is	a Committee re	port, trea	surer sign he	ere. 1	f thi	s is	a Can	ndidate r	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple		ncluding the	e attached sche	edules	filed	on p	paper (or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	ind belie	f , true
Sworn to and subs	cribed before me t day of	his	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Signa	ture	<u> </u>				-					Prin	ted Name	e		
My Commission Ex	-											Ema	il			
	мо	D	AY	YR			-		Are	ea Cod	e	Daytim	e Teleph	none Nur	nber	
Part II- If this is	a report of a ca	ndidate's	authorized C	comm	ittee	e, Ca	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		f my knowl	edge and belief	fthis	politi	ical	commi	ittee has i	not viola	ted an	y provis	ions of th	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc		is									s	ignature o	of Candid	ate		<u> </u>
	day of —						-					Printe	d Name			<u> </u>
	Signatur	e					-									
My Commission Exp	ires											Ema	il			
	мо	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF GREGG SEMEL	From:	11/29/202	<u>22</u> To:	12/31/2022
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)			\$	0.00
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)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
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 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

	his Part to itemize only with an aggregate valu							
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		-			DATE			AMOUNT
Full Name of Contributin	ng 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		Rep	oorting P	eriod			
F) :		
					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			Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	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.)

ame of Filing Committee or Candidate			Rep	orting Pe	riod				
				Fror	n:		То):	
					D	ATE		A	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	O.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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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	
FRIENDS OF GREGG SEMEL	From:	11/29/2022 To :	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Candid	Reportin	g Period					
	From:		To:				
				DATE			AMOUNT
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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period				
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporti						
			From			То:	
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00