### **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 2015	0209			Rep File		y :	CANDI	DATE		СОМ	1ITTEE	<b>✓</b>	LOBE	SYIST				
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIE	NDS	OF	GREG RO	THMA	N									
Street Address:	P.O. BOX 147	1																	
City:	CAMP HILL							State:	PA			<b>Zip Code:</b> 17001							
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2		30 DA PRIMA		POST-	3.		AMENDMENT Yes No REPORT?				<b>~</b>			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	- 5		30 DA ELECT		POST-	6.		TERMINATION Yes No REPORT?				<b>\</b>			
report type)	ANNUAL REPORT	7.	<b>Year</b> 2023			FILING METHOD ( ) CHECK ONE			PAPER DISKETTE										
Name of Office S	- Sought by Candida	te:						DATE 0	E OF ELECTION			District Number	Office Code	Par	ty Code	County			
								МО						•					
						1 31 20			2023	(SEE INSTRUCTIONS FOR CODES)									
	Receipts and	МО	DAY	YEAR	2			МО	DAY	YE	AR	FOR OFFICE USE ONLY							
Expenditures	from:		1 17	2	023	T	)	2		10	2023								
A. Amount Bro	ught Forward Fron	n Last R	eport				\$	-		87,3	30.02	1							
B. Total Monet	3. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.0						0.00												
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B) \$ 87,330.02					30.02													
D. Total Expen	Total Expenditures (From Schedule III) \$ 1,300.00					00.00													
E. Ending Cash	Balance (Subtract	t Line D	From Line (	<b>C)</b>			\$			86,0	30.02								
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II)	)	\$		1,150.00										
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00			•					
				AFF	'IDA'	VIT	SE	CTION											
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere. I	If this	s is	a Can	ndidate re	eport, o	andi	date sig	ın here.							
I swear (or affirm) correct and complete	) that this report, incl ete.	uding the	attached sch	edules	s filed	on p	aper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true			
Sworn to and subs	cribed before me this	•	20							s	ignature	of Perso	n Submit	ting Rep	ort				
	- Cianata						•					Prin	ted Name	e					
My Commission Ex	Signatu opires	re										Emai	il						
	мо	D	AY	YR			•		Are	ea Cod	e	Daytim	e Telepi	none Nu	mber				
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	e, Ca	ndida	ate shall	sign he	ere.									
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politi	cal o	ommi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333,			
Sworn to and subso	ribed before me this										Si	ignature o	of Candid	ate					
	day of											Printe	d Name						
	Signature																		
My Commission Exp	_								_		_	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 GREG ROTHMAN	From:	1/17/20	2 <u>3</u> To:	2/10/2023
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	g 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	g 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

Name of Filing Committee or Candidate			Reporting Period						
			From:		То	:			
		<b>I</b>		DATE			AMOUNT		
Full Name of Contributing C	ommittee		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 of	or Candidate		Rep Fro	oorting P	eriod	To	):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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 Candi	date		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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fron	n:		To	<b>)</b> :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	riod						
FRIENDS OF GREG ROTHMAN	From:	<u>1/17/2023</u> <b>To:</b>	2/10/2023					
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 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)	\$	1,150.00					
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,	•	\$	1,150.00					

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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 Sum	mary Pag	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	Reporting Period			
FRIENDS OF GREG ROTHMAN	From:	<u>1/17/2023</u> <b>To:</b>	2/10/2023	

l .				
<b>\$</b> 1,150.00				
Occupation				
Description of Contribution				
TALITY AND LODGING				
PAGE TOTAL				
1,150.00				

### STATEMENT OF EXPENDITURES

	Reporting Period			
FRIENDS OF GREG ROTHMAN From	1/17/2023	То:	2/10/2023	

		DATE				AMOUNT		
<b>To Whom Paid</b> DTR CONSULTING			мо	DAY	YEAR			
Mailing Address 210 KELKER ST			2	2	2023	\$	1,000.00	
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	PA	17102	PROFES	SSIONAL S	ERVICES			
To Whom Paid HAMPDEN YOUTH BASEBALL ASSOCIATION		мо	DAY	YEAR				
Mailing Address ATTN: BILLBOARDS 6330 PENNSBORO DR		2	7	2023	\$	300.00		
City MECHANICSBURG	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17050	BILLBO	ARD				
	•	•	•				PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	1,300.00	