### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | <b>on</b> 200                 | 7306       |                  |           | Re <sub>l</sub><br>File | ported E |        | CANI                        | DID      | ATE      |                   | COM                | 1ITTEE             | <b>✓</b>       | LOB                 | BYIST  |           |        |
|--|-------------------------------|------------|------------------|-----------|-------------------------|----------|--------|-----------------------------|----------|----------|-------------------|--------------------|--------------------|----------------|---------------------|--------|-----------|--------|
| Name of Filing C                         | ommittee, Candi               | date or L  | obbyist:         |           | FRIE                    | END      | S OF   | GENE Y                      | Ά۷       | V        |                   |                    |                    | ·              |                     |        |           |        |
| Street Address:                          |                               |            |                  |           |                         |          |        |                             |          |          |                   |                    |                    |                |                     |        |           |        |
| City:                                    | RALSTON                       |            |                  |           |                         |          |        | State:                      | I        | PA       |                   |                    | Zip Cod            | le: 17         | 763                 |        |           |        |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY    |            |                  |           |                         | 30 DA    |        |                             |          |          | AMENDM<br>REPORT? | Yes                | ١                  | lo             | <b>√</b>            |        |           |        |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION   |            |                  |           |                         |          | 30 DA  |                             | POST- 6. |          |                   | TERMINA<br>REPORT? |                    | Yes            | ١                   | lo     | <b>/</b>  |        |
| report type)                             | ANNUAL REPORT                 | 7.         | <b>Year</b> 2023 | 3         |                         |          |        | ILING METHOD<br>) CHECK ONE |          |          |                   | PAPER              |                    | <b>√</b>       | DISK                | ETTE   |           |        |
| Name of Office S                         | ought by Candida              | ate:       | -                |           |                         |          |        | DATE                        | OF       | ELEC     | CTIO              | N                  | District<br>Number | Office<br>Code | Par                 | ty Cod | e Cou     |        |
|  |                               |            |                  |           |                         |          |        | МО                          | ı        | DAY      | YE                | AR                 |                    | _              | REF                 | 1      | •         |        |
|  |                               |            |                  |           |                         |          |        | 1                           | .1       |          | 7                 | 2023               |                    | (SEE INS       | TRUCTI              | ONS FO | R CODES   | 5)     |
|  | Receipts and                  | МО         | DAY              | YEAR      | ł                       |          |        | МО                          |          | DAY      | ΥI                | EAR                | FO                 | R OFFIC        | E USE               | ONLY   | <b>′</b>  |        |
| Expenditures                             | Trom:                         |            | 1 1              | 1         | 1                       | Т        | 0      |                             | 1        |          | 1                 | 1                  |                    |                |                     |        |           |        |
| A. Amount Bro                            | ught Forward Fro              | m Last R   | eport            |           |                         |          | \$     |                             |          | 1        | 163,3             | 313.34             |                    |                |                     |        |           |        |
| B. Total Moneta                          | ary Contributions             | And Rec    | eipts (Fron      | n Sche    | dule                    | · I)     | \$     |                             |          |          |                   | 0.00               |                    |                |                     |        |           |        |
| C. Total Funds                           | Available (Sum O              | f Lines A  | and B)           |           |                         |          | \$     |                             |          | 1        | 163,3             | 313.34             |                    |                |                     |        |           |        |
| D. Total Expend                          | ditures (From Sch             | iedule II  | I)               |           |                         |          | \$     |                             |          |          | 5,1               | .98.40             |                    |                |                     |        |           |        |
| E. Ending Cash                           | Balance (Subtra               | t Line D   | From Line        | C)        |                         |          | \$     |                             |          | 1        | .58,1             | 14.94              |                    |                |                     |        |           |        |
| F. Value Of In-                          | Kind Contribution             | s Receiv   | ed (From S       | Schedu    | le II                   | :)       | \$     |                             |          |          |                   | 0.00               |                    |                |                     |        |           |        |
| G. Unpaid Debt                           | s And Obligation              | From S     | Schedule I       | V)        |                         |          | \$     |                             |          |          |                   | 0.00               |                    |                |                     |        |           |        |
|  |                               |            |                  | AFF       | ID/                     | ١٧٤      | T SE   | CTIO                        | ١        |          |                   |                    |                    |                |                     |        |           |        |
| PART I - If this is                      | a Committee rep               | ort, trea  | surer sign       | here.     | If th                   | is is    | a Cai  | ndidate                     | rep      | ort, c   | andi              | date sig           | ın here.           |                |                     |        |           |        |
| I swear (or affirm) correct and comple   | that this report, inc<br>ete. | luding the | e attached so    | chedule   | s file                  | d on     | paper  | or by ele                   | ctro     | onic me  | edium             | , are to t         | he best o          | f my knov      | vledge              | and be | lief , tr | ue     |
| Sworn to and subs                        | cribed before me th<br>day of | is         | 20               |           |                         |          |        |                             | -        |          | S                 | ignature           | of Perso           | 1 Submitt      | ing Re <sub>l</sub> | ort    |           | _      |
|  | Signat                        | ure        |                  |           |                         |          | -<br>- |                             | -        |          |                   |                    | Prin               | ted Name       |                     |        |           | _      |
| My Commission Ex                         | rpires                        |            |                  |           |                         |          | _      |                             | -        |          |                   |                    | Emai               | il             |                     |        |           |        |
|  | МО                            | D          | AY               | YR        |                         |          |        |                             |          | Are      | a Cod             | le                 | Daytim             | e Teleph       | one Nu              | mber   |           | $\Box$ |
| Part II- If this is                      | a report of a can             | didate's   | authorized       | d Comn    | nitte                   | e, C     | andid  | ate sha                     | II si    | ign he   | re.               |                    |                    |                |                     |        |           |        |
| I swear (or affirm)<br>No 320) as amende | that to the best of<br>ed.    | my knowle  | edge and be      | lief this | polit                   | tical    | comm   | ittee has                   | no       | t violat | ed an             | y provisi          | ions of the        | e act of Ju    | ine 3,1             | 937 (P | .L. 133   | з,     |
| Sworn to and subsc                       |                               | ;          | 20               |           |                         |          |        |                             | •        |          |                   | Si                 | ignature o         | f Candida      | ite                 |        |           | _      |
|  | day of<br>—— ————             |            | _ 20             |           |                         |          | _      |                             | -        |          |                   |                    | Printe             | d Name         |                     |        |           | -      |
|  | Signature                     |            |                  |           |                         |          | _      |                             | _        |          |                   |                    |                    |                |                     |        |           | _      |
| My Commission Exp                        | ires                          |            |                  |           |                         |          |        |                             |          |          |                   |                    | Emai               | II.            |                     |        |           |        |
|  | МО                            | D          | AY               | YR        | l l                     |          | _      |                             | -        | Area (   | Code              |                    | Da                 | ytime Te       | elephor             | e Num  | ber       | _      |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

#### **Detailed Summary Page**

| Name of Filing Committee or Candidate  | Reporting Period |         |
|--|------------------|---------|
| FRIENDS OF GENE YAW  | From:            | То:     |
| 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  | 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  | 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

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 |           |                | Re | porting | Period |      |    |        |
|---------------------------------------|-----------|----------------|----|---------|--------|------|----|--------|
|                                       |           |                | Fr | om:     |        | 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.

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 Commit    | tee or Candidate | Re                | eporting P | Period |      |            |        |
|--------------------------|------------------|-------------------|------------|--------|------|------------|--------|
|                          |                  | Fr                | om:        |        | To   | <b>)</b> : |        |
|                          |                  | ·                 |            | DATE   |      |            | AMOUNT |
| Full Name of Contributor |                  |                   | МО         | DAY    | YEAR |            |        |
| Mailing Address          |                  |                   |            |        |      | \$         | 0.00   |
| City                     | State            | Zip Code (Plus 4) |            |        |      |            |        |
| City                     |                  |                   |            |        |      |            |        |

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

#### **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  |      | P             | AMOUNT     |  |
| Full Name of Contributing Committee   |                      |          |             | мо     | DAY | YEAR |               | 0.0        |  |
| Mailing Address                       |                      |          |             |        |     |      | <b>-</b>   \$ | 0.0        |  |
| City                                  | State                | Zip Cod  | e (Plus 4)  |        |     |      |               |            |  |
|                                       |                      |          |             |        |     |      |               | PAGE TOTAL |  |
| Enter Grand Total of Part C on Scheo  | dule I, Detailed Sun | nmary 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 | 2                |         |              | Rep        | orting Pe | riod  |      |            |              |
|---------------------------------------|------------------|---------|--------------|------------|-----------|-------|------|------------|--------------|
|                                       |                  |         |              | Fron       | n:        |       | To   | <b>)</b> : |              |
|                                       |                  |         |              |            | D         | ATE   |      |            | AMOUNT       |
| Full Name of Contributor              |                  |         |              |            | мо        | DAY   | YEAR | \$         | 0.00         |
| Mailing Address                       |                  |         |              |            |           |       |      |            |              |
| City                                  | State            | Zi      | p Code (Plus | <b>(4)</b> |           |       |      |            |              |
| Employer Name                         | •                |         |              |            | Occupa    | tion  | -    | -          |              |
| Employer Mailing Address/Principal Pl | ace of Business  |         | City         |            | •         | State |      | Zip Co     | ode (Plus 4) |
| Enter Grand Total of Part C on Sch    | edule I, Detaile | ed Sumr | mary Page,   | Section    | 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:   |          |     | To:  |    |            |
|                             |                           |               |         | D        | ATE |      |    | AMOUNT     |
| Full Name                   |                           |               |         | мо       | DAY | YEAR | \$ | 0.00       |
| Mailing Address             |                           |               |         |          |     |      | 7  |            |
| City                        | State                     | Zip Code (    | Plus 4) |          |     |      |    |            |
| Receipt Description         | •                         | •             |         |          | •   |      |    |            |
| Forten Commit Tatal of Boot | F an Cabadala I Batallad  | I C B         | C       |          |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part   | e on Schedule I, Detalled | summary Page, | 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 Period |     |      |
|--|------------------|-----|------|
| FRIENDS OF GENE YAW  | From:            | То: |      |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |     |      |
| 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 Candidate Re |                   |                        |         | Reporting Period |      |             |            |  |
|--|-------------------|------------------------|---------|------------------|------|-------------|------------|--|
|  |                   |                        | From:   |                  |      | To:         |            |  |
|  |                   | •                      |         | DATE             |      |             | AMOUNT     |  |
| Full Name of Contributor                 |                   |                        | МО      | DAY              | YEAR |             |            |  |
| Mailing Address                          |                   |                        |         |                  |      | <b>7</b> \$ | 0.00       |  |
| City                                     | State             | Zip Code (Plus 4)      |         |                  |      |             |            |  |
| Description of Contribution:             | •                 | -                      | •       | •                |      | •           |            |  |
|  |                   |                        |         |                  |      |             |            |  |
| Enter Grand Total of Part F on S         | chedule II, In-Ki | nd Contributions Detai | led 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   |                  |                    | Re     | porting | Period       |        |             |            |
|---|------------------|--------------------|--------|---------|--------------|--------|-------------|------------|
|   |                  |                    | Fro    | om:     |              | To:    |             |            |
|   |                  |                    |        |         | DATE         |        | A           | MOUNT      |
| Full Name of Contributor                |                  |                    |        | мо      | DAY          | YEAR   |             |            |
| Mailing Address                         |                  |                    |        |         |              |        | \$          | 0.00       |
| City                                    | State            | Zip Code(Plus 4    | )      |         |              |        |             |            |
| Employer of Contributor                 |                  | •                  |        | Occup   | ation        |        | •           |            |
| Employer Mailing Address/Principal Plac | e of Business    | City               | State  | e Zip   | Code(Plus 4) | Descri | ption of Co | ntribution |
| Enter Grand Total of Part G on Scho     | edule II, In-Kin | nd Contributions D | etaile | ed      |              |        | P           | AGE TOTAL  |
| Summary Page, Section 3.                | ,                |                    |        | -       |              |        |             | 0.00       |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |     |
|---------------------------------------|------------------|-----|
| FRIENDS OF GENE YAW                   | From             | То: |

|                          |                                       |                   |                            | DATE        |          |          | AMOUNT   |  |  |  |  |
|--------------------------|---------------------------------------|-------------------|----------------------------|-------------|----------|----------|----------|--|--|--|--|
| To Whom Paid             |                                       |                   | МО                         | DAY         | YEAR     |          |          |  |  |  |  |
| STANDARD JOURNAL         |                                       |                   | MO                         |             | ILAK     |          |          |  |  |  |  |
| Mailing Address          |                                       |                   | 1                          | 13          | 2023     | \$       | 197.50   |  |  |  |  |
| City MILTON              | State                                 | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |          |          |  |  |  |  |
|                          | PA                                    | 17847             | VETERA                     | N'S DAY     |          |          |          |  |  |  |  |
| To Whom Paid             |                                       |                   | мо                         | DAY         | YEAR     |          |          |  |  |  |  |
| STANDARD JOURNAL         |                                       |                   | MO                         | DAI         | ILAK     |          |          |  |  |  |  |
| Mailing Address          |                                       |                   | 1                          | 13          | 2023     | \$       | 125.00   |  |  |  |  |
| City MILTON              | State                                 | Zip Code (Plus 4) | Description of Expenditure |             |          |          |          |  |  |  |  |
| PA 17847                 |                                       |                   | ADVER                      | TISING      |          |          |          |  |  |  |  |
| To Whom Paid             |                                       |                   |                            | DAY         | YEAR     |          |          |  |  |  |  |
| AA SELF STORAGE          |                                       |                   | МО                         |             | ILAK     |          |          |  |  |  |  |
| Mailing Address          | ling Address                          |                   |                            |             | 2023     | \$       | 116.60   |  |  |  |  |
| City MONTOURSVILLE       | MONTOURSVILLE State Zip Code (Plus 4) |                   |                            |             | enditure | •        |          |  |  |  |  |
|                          | PA                                    | 17754             | STORAG                     | GE OF CAM   | PAIGN M  | ATERIALS | 5        |  |  |  |  |
| To Whom Paid             |                                       |                   | мо                         | DAY         | YEAR     |          |          |  |  |  |  |
| CITIZENS FOR LYNDA CULVI | ĒR                                    |                   |                            |             |          |          |          |  |  |  |  |
| Mailing Address          |                                       |                   | 1                          | 27          | 2023     | \$       | 2,000.00 |  |  |  |  |
| City HARRISBURG          | State                                 | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |          |          |  |  |  |  |
|                          | PA                                    | 17108             | CONTRI                     | BUTION      |          |          |          |  |  |  |  |
| To Whom Paid             |                                       |                   | мо                         | DAY         | YEAR     |          |          |  |  |  |  |
| LYCOMING COUNTY REPUBL   | ICAN COMMITTEE                        |                   | 1.10                       |             |          |          |          |  |  |  |  |
| Mailing Address          |                                       |                   | 1                          | 30          | 2023     | \$       | 150.00   |  |  |  |  |
| City WILLIAMSPORT        | State                                 | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure | •        |          |  |  |  |  |
|                          | PA                                    | 17701             | AD IN L                    | INCOLN D    | ay prog  | RAM      |          |  |  |  |  |
| To Whom Paid             |                                       |                   | мо                         | DAY         | YEAR     |          |          |  |  |  |  |
| KEYSTONE ADVERTISING     | EYSTONE ADVERTISING                   |                   |                            |             | ILAN     |          |          |  |  |  |  |
| Mailing Address          | ailing Address                        |                   |                            | 30          | 2023     | \$       | 501.30   |  |  |  |  |
| City MUNCY               | State                                 | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure | •        |          |  |  |  |  |
|                          | PA                                    | 17756             | ADVER1                     | TISING MA   | TERIALS  |          |          |  |  |  |  |

| To Whom Paid               |                      |                           | MO   | DAY                        | VEAD      |          |   |
|----------------------------|----------------------|---------------------------|--|----------------------------|-----------|----------|---|
| E. E. YAW  Mailing Address |                      |                           | МО   | DAY                        | YEAR      |          |   |
|                            |                      |                           | 1  | 30                         | 2023      | \$       | 2,108.00                                |
| City MONTOURSVILLE         | State                | Zip Code (Plus 4)         | Descrip  | Description of Expenditure |           |          |   |
|                            | PA                   | 17754                     | REIMBURSE STAMPS, STAFF XMAS, PO BOX, SENATE GIFTS |                            |           |          |   |
|                            | '                    | '                         |  |                            | 11 5, 51A |          | , |
|                            | <u> </u>             |                           | SENATE   |                            |           | 7.11.7.6 | PAGE TOTAL                              |
| nter Grand Total of Expen  | ditures on Page 1, I | Report Cover Page, Item D | SENATE   |                            |           | \$       | PAGE TOTAL                              |
| nter Grand Total of Expen  | ditures on Page 1, I | Report Cover Page, Item D | SENATE   |                            |           |          | PAGE TOTAL                              |
| nter Grand Total of Expen  | ditures on Page 1, I | Report Cover Page, Item D | SENATE   |                            |           |          | PAGE TOTAL                              |
| inter Grand Total of Expen | ditures on Page 1, I | Report Cover Page, Item D | SENATE   |                            |           |          | PAGE TOTAL                              |
| inter Grand Total of Expen | ditures on Page 1, I | Report Cover Page, Item D | SENATE   |                            |           |          |   |
| nter Grand Total of Expen  | ditures on Page 1, I | Report Cover Page, Item D | SENATE   |                            | , 317     |          | PAGE TOTAL                              |