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 79	00366				port ed B		CANDI	DATE		СОМ	ITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee, Cand	lidate or L	obbyist:	•	PSE	A-P	ACE F	OR STAT	E ELEC	CTION	IS					
Street Address:	400 N THIF	RD ST														
City:	HARRISBUI	RG						State:	PA			Zip Cod	de: 17	7105-1	724	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE-	-	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	<u>-</u>	5.	30 DA		POST-	6.		TERMIN/ REPORT		Yes	No	\
report type)	ANNUAL REPO	RT 7.	Year 2023					IG METHO				PAPER		$\overline{}$	DISKE	TTE
Name of Office S	Sought by Candi	date:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR	32	STH			Code
REPRESENTATI	VE IN THE GEN	IERAL ASS	SEMBLY					2		7	2023		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	1			МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	i from:		1 24	2	023	T	0	2		17	2023					
A. Amount Bro	ught Forward F	rom Last R	eport				\$			365,4	154.49					
B. Total Monet	ary Contribution	s And Rec	eipts (From	Sche	dule	e I)	\$				0.00					
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			365,4	154.49					
D. Total Expend	ditures (From S	chedule II	I)				\$			1,0	00.00					
E. Ending Cash	Balance (Subtr	act Line D	From Line C	C)			\$		3	364,4	54.49					
F. Value Of In-	Kind Contribution	ons Receiv	ed (From Sc	hedu	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligatio	ns (From S	Schedule IV)			\$				0.00			,		
				AFF	IDA	AVI	T SE	CTION								
PART I - If this is	s a Committee r	eport, trea	surer sign h	nere. I	If th	nis is	a Car	ididate r	eport, d	candi	date sig	jn here.				
I swear (or affirm) correct and comple		ncluding the	e attached sch	nedules	s file	ed on	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me	this	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Sign	ature					- -					Prin	ted Name	e		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Arc	ea Cod	e	Daytin	e Telepl	none Nu	mber	
Part II- If this is	a report of a ca	andidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		of my knowl	edge and belie	ef this	poli	itical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,
Sworn to and subso		nis									S	ignature o	of Candid	ate		
	day of —— ———		_ 20				_					Printe	d Name			
	Signatu	re					-									
My Commission Exp	ires											Ema	il			
	мо	D	AY	YR			-		Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PSEA-PACE FOR STATE ELECTIONS	From:	<u>1/24/202</u>	<u>3</u> To:	<u>2/17/2023</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)			\$	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	J Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an 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		Reporting	Period			
			From:		То	!	
		•		DATE			AMOUNT
Full Name of Contributing Co	ommittee		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.

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.

Full Name of Contributor	rom:	DATE	T	0:	
Full Name of Contributor		DATE			
Full Name of Contributor					AMOUNT
	мо	DAY	YEAR		
Mailing Address				\$	0.00
City State Zip Code (Plus 4)					

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							- \$	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 Candidat	•			Rep	orting Pe	riod					
				Fron	n:			To:			
					D	ATE			AMO	OUNT	
Full Name of Contributor					МО	DAY	YEA	R	\$		0.00
Mailing Address											
City	State	Zi	p Code (Plus	4)							
Employer Name	•				Occupa	tion					
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Z	ip Code	(Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detaile	d Sumr	mary Page,	Section	on 3.			\$	PA	GE TOTA	L .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 Pe	riod	
PSEA-PACE FOR STATE ELECTIONS	From:	<u>1/24/2023</u> To:	2/17/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candi	idate		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•	•		
Enter Grand Total of Part F on	Schedule 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				Rep	porting	g Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								<u>-</u>	\$ (0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor	•				Occu	pation				
Employer Mailing Address/Principal Plac	ce of Business	City	V	State	e Zi	ip Code(Plus 4)	Desci	ipti	on of Contribution	n
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kii	nd C	Contributions D	etaile	ed				PAGE TOTA	AL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting P	Period		
PSEA-PACE FOR STATE ELECTIONS	From	1/24/2023	То:	2/17/2023

				DATE		AMOUNT
To Whom Paid			мо	DAY	YEAR	
Friends of Joe McAndrev	V		МО			
Mailing Address 1718	3 Outlook Drive		1	27	2023	\$ 1,000.00
City Verona	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	PA	15147	Contrib	ution		
						PAGE TOTAL
Enter Grand Total of E	\$ 1,000.00					