Campaign Finance Report

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

Filer Identification 2007306 Number :						Rep File			CANI	DIE	DATE		COMN	1ITTEE	✓ [LOB	BYIS		
Name of Filing C	committee	e, Candida	ate or L	obbyist:	-	FRIE	ND:	S OF	GENE \	YA۷	٧			·					
Street Address:																			
City:	RALS	TON							State:		PA			Zip Cod	le: 17	763			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		P	POST- 3.			AMENDMENT REPORT?		Yes		No	\
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRE	- 5	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes		No	>
report type)	ANNUAL	REPORT	7.	Year 2023					IG MET CHECK					PAPER		\	DIS	KETTE	
Name of Office S	- Sought by	Candidat	:e:						DATE	OI	ELE(CTIO	N	District Number	Office Code	Pa	rty Co	le Cou	
									МО		DAY	YE	AR			RE	P	•	
										1	3	31	2023		(SEE INS	STRUCT	ONS FO	R CODES	5)
Summary of		and	МО	DAY	YEAR	L			МО		DAY	YI	EAR	FO	R OFFIC	E USI	ONL	Y	
Expenditures	from:			1 17	' 20	023	T	0		2]	LO	2023						
A. Amount Bro	ught Forv	vard From	ı Last R	eport				\$	_			163,3	313.34						
B. Total Moneta	ary Contri	ibutions A	And Rec	eipts (Fron	n Sche	dule	I)	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$:	163,3	313.34						
D. Total Expend	ditures (F	rom Sche	edule II	I)				\$				5,1	.98.40						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				58,1	14.94						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule I\	/)			\$					0.00		,				
					AFF	IDA	VI	T SE	CTIO	N									
PART I - If this is		-	•																
I swear (or affirm) correct and complete		eport, incli	uding the	e attached sc	hedules	filed	on	paper	or by ele	ectr	onic me	edium	, are to t	he best o	f my knov	vledge	and b	elief , tı	rue
Sworn to and subs	cribed befo	ore me this		20						-		S	ignature	of Perso	n Submitt	ing Re	port		
	<u> </u>	Signatur	·e					-		-				Prin	ted Name	ı			-
My Commission Ex	cpires	J								-				Emai	il				-
		мо	D	AY	YR						Are	ea Cod	le	Daytim	e Teleph	one Nı	ımber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comm	nitte	e, C	andid	ate sha	ıll s	ign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and bel	ief this	politi	ical	comm	ittee has	s no	t violat	ted an	y provisi	ions of the	e act of Ju	ıne 3,1	.937 (1	P.L. 133	з,
Sworn to and subsc		e me this											Si	ignature o	of Candida	ite			-
	day of —							-						Printe	d Name				_
	9	Signature						-		_									_
My Commission Expires Email																			
MO DAY YR							•			Area	Code		Da	ytime Te	elepho	ne Nui	nber	⁻	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF GENE YAW	From:	<u>1/17/202</u>	<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 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.

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.

(Exclus	de contributions no	in pontical comm	itte	es rep	or teu	ili Pait	~)	
Name of Filing Committee	e or Candidate		Rep	orting P	eriod			
			Fro	m:		To) :	
		•			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
								PAGE TOTAL

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			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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				Repo	orting Pe	riod					
				Fron	n:		٦	То:			
					D	ATE			А	MOUNT	
Full Name of Contributor					МО	DAY	YEAR	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		z	ip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	nary Page,	Section	on 3.			\$	F	PAGE 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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Perio	d	
FRIENDS OF GENE YAW	From:	<u>1/17/2023</u> To:	<u>2/10/2023</u>
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 Car	ame of Filing Committee or Candidate				Reporting 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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	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	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period							
FRIENDS OF GENE YAW	From	1/17/2023	То:	2/10/2023				

				DATE			AMOUNT		
To Whom Paid			МО	DAY	YEAR				
STANDARD JOURNAL			МО		ILAK				
Mailing Address			1	13	2023	\$	197.50		
City MILTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17847	VETERAN'S DAY						
To Whom Paid			мо	DAY	YEAR				
STANDARD JOURNAL			140		ILAK				
Mailing Address			1	13	2023	\$	125.00		
City MILTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
	PA	17847	ADVER	TISING					
To Whom Paid			МО	DAY	YEAR				
AA SELF STORAGE			MO		ILAK				
Mailing Address			1	13	2023	\$	116.60		
City MONTOURSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17754	STORAG	GE OF CAM	IPAIGN M	ATERIALS	;		
To Whom Paid			МО	DAY	YEAR				
CITIZENS FOR LYNDA CULV	ER		1-10						
Mailing Address			1	27	2023	\$	2,000.00		
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17108	CONTR	IBUTION					
To Whom Paid			МО	DAY	YEAR				
LYCOMING COUNTY REPUBL	ICAN COMMITTEE		140		ILAK				
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			MO	DAY	YEAR				
KEYSTONE ADVERTISING			МО	DAT	TEAK				
Mailing Address			1	30	2023	\$	501.30		
City MUNCY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı			
	17756	ADVER	TISING MA	TERIALS					

To Whom Paid						\			
E. E. YAW Mailing Address				МО	DAY	YEAR		2,108.00	
				1	30	2023	\$		
City	MONTOURSVILLE	State	Zip Code (Plus 4)	Description of Expenditure					
						IBURSE STAMPS, STAFF XMAS, PO BOX, ATE GIFTS			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL		
							\$	5,198.40	