Campaign Finance Report

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

Filer Identificat	ion 2007	306			Report		CANDI	DATE		СОМ	ITTEE	√	LOBE	BYIST	
Number :					Filed B										
Name of Filing	Committee, Candida	ate or L	obbyist:		FRIEND	S OF	GENE YA	W							
Street Address:	PO BOX 56														
City:	RALSTON						State:	PA			Zip Co	de: 17	763		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIM		POST- 3.			AMENDN REPORT		Yes	No	 Image: A start of the start of
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E- 5.	30 DA ELEC		POST-	POST- 6.			ATION ?	Yes	No	 ✓
report type)	ANNUAL REPORT	7.	Year 2023			FILING METHOD () CHECK ONE					PAPER		\checkmark	DISKE	TTE
Name of Office	Sought by Candidat	te:					DATE O	OF ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County
							мо	DAY	YE	AR			REP		
							1	3	1	2023		(SEE INS	TRUCTIO	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditure	s from:		1 17	2	023 T	0	2	1	0	2023					
A. Amount Bro	ought Forward Fron	n Last R	eport			\$		1	.63,3	13.34					
B. Total Monet	tary Contributions A	And Rec	eipts (From	1 Sche	dule I)	\$				0.00					
C. Total Funds Available (Sum Of Lines A and B)								1	.63,3	13.34					
D. Total Exper	nditures (From Sche	edule II	I)			\$			5,19	98.40					
E. Ending Casl	n Balance (Subtract	Line D	From Line	C)		\$		1	58,11	L4.94	-				
F. Value Of In	-Kind Contributions	Receiv	ed (From S	chedu	le II)	\$				0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()		\$				0.00					
				AFF	IDAVI	T SE	CTION								
	is a Committee repo		_							-					
I swear (or affirm correct and comp) that this report, incl lete.	uding the	e attached sc	hedules	s filed on	paper	or by elect	ronic me	dium,	are to t	the best o	f my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before me this day of		20						Si	gnature	e of Perso	n Submitt	ing Rep	oort	
	Signatur	re	_			_					Prin	ted Name			
My Commission E	-	-				_					Ema	il			
	мо	D	AY	YR				Area	a Code		Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee, C	andid	ate shall	sign he	re.						
I swear (or affirm No 320) as amend) that to the best of m led.	ny knowle	edge and beli	ef this	political	comm	ittee has n	ot violate	ed any	provis	ions of th	e act of Ju	ine 3,1	937 (P.L	1333,
Sworn to and subs	cribed before me this day of		20							S	ignature	of Candida	ite		
						-					Printe	ed Name			
My Commission Ex	Signature					-					Ema	il			
						_									
	мо	D	AY	YR	L.			Area C	Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF GENE YAW From: <u>1/17/2023</u> To: 2/10/2023 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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			Rep	orting I	Period		
			From	m:		То	
		·			DATE		AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4	4)				
							PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						\$ 0.00	

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. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс):		
					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.							\$	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					
F						То:		
				DA	TE		ŀ	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

PART D 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				
From					From: To:				
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00	

PART E **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 Peric	d				
F			From:			То:	:		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary 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

SE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate R			Period	·			
F			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				porting I	Period		
	Fro	m:					
					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 Plac	e of Business (City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
FRIENDS OF GENE YAW			From	<u>1/1</u>	7/2023	То:	<u>2/10/2023</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
STANDARD JOURNAL									
Mailing Address 21 NORTH ARCH ST	REET		1	13	2023	\$	197.50		
City MILTON	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
	PA	17847	VETERA	N'S DAY					
To Whom Paid STANDARD JOURNAL			мо	DAY	YEAR				
Mailing Address 21 NORTH ARCH ST	REET		1	13	2023	\$	125.00		
City MILTON	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	17847	ADVERT	ISING					
To Whom Paid AA SELF STORAGE			мо	DAY	YEAR				
Mailing Address 5265 LYCOMING MA	LL DRIVE		1	13	2023	\$	116.60		
City MONTOURSVILLE	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
	PA	17754	STORAGE OF CAMPAIGN MATERIALS						
To Whom Paid CITIZENS FOR LYNDA CULVER			мо	DAY	YEAR				
Mailing Address PO BOX 412			1	27	2023	\$	2,000.00		
City HARRISBURG	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	1			
	PA	17108	CONTRI	BUTION					
To Whom Paid LYCOMING COUNTY REPUBLICAN COMM	1ITTEE		мо	DAY	YEAR				
Mailing Address 460 MARKET STREE	T SUITE 125		1	30	2023	\$	150.00		
City WILLIAMSPORT	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
PA 17701			AD IN L	INCOLN D	AY PROG	RAM			
To Whom Paid KEYSTONE ADVERTISING			мо	DAY	YEAR				
Mailing Address PO BOX 350			1	30	2023	\$	501.30		
City MUNCY	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	I			
	PA	17756	ADVERT	ISING MA	TERIALS				

To Whom Paid			мо	DAY	YEAR		
E. E. YAW			110	2	/		
Mailing Address 1916 MOUNT VIEW	DRIVE		1	30	2023	\$	2,108.00
City MONTOURSVILLE	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
	REIMBU SENATE		PS, STAF	F XMAS	S, PO BOX,		
							PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report	Cover Page, Item D.				\$	5,198.40