

Campaign Finance Report

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

Filer Identification Number : 20220072		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST						
Name of Filing Committee, Candidate or Lobbyist: CARRIE FOR PA											
Street Address: P.O. BOX 72											
City: HARRISBURG			State: PA	Zip Code: 17108							
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2023	FILING METHOD () CHECK ONE		PAPER		<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code	Party Code	County Code		
				MO	DAY	YEAR	REP				
				11	7	2023	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		1	1	2023	TO	3	27	2023			
A. Amount Brought Forward From Last Report				\$		17,953.42					
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		25,000.00					
C. Total Funds Available (Sum Of Lines A and B)				\$		42,953.42					
D. Total Expenditures (From Schedule III)				\$		42,953.42					
E. Ending Cash Balance (Subtract Line D From Line C)				\$		0.00					
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00					
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00					

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____

MO DAY YR

Signature of Person Submitting Report

Printed Name

Email

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____

MO DAY YR

Signature of Candidate

Printed Name

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
CARRIE FOR PA	From: <u>1/1/2023</u> To: <u>3/27/2023</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)	\$ 25,000.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 25,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 25,000.00
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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: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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

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 Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT
Full Name of Contributor					\$ 0.00
Mailing Address	MO	DAY	YEAR		
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 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 CARRIE FOR PA	Reporting Period From: <u>1/1/2023</u> To: <u>3/27/2023</u>
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	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
FRIENDS OF DOUG MASTRIANO				\$ 25,000.00
Mailing Address P.O. BOX 138	1	17	2023	
City FAYETTEVILLE				
State PA				
Zip Code (Plus 4) 17222				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 25,000.00

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	Reporting Period
	From: To:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 0.00
Mailing Address				
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE 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	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT	
Full Name	MO	DAY	YEAR	\$	
Mailing Address					0.00
City	State	Zip Code (Plus 4)			
Receipt Description					

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 CARRIE FOR PA	Reporting Period From: <u>1/1/2023</u> To: <u>3/27/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period From: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.				PAGE TOTAL	0.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
CARRIE FOR PA	From <u>1/1/2023</u> To: <u>3/27/2023</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
DTR CONSULTING	1	2	2023	\$	500.00
Mailing Address 210 KELKER ST					
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure PROFESSIONAL SERVICES		
To Whom Paid	MO	DAY	YEAR		
PNC BANK					
Mailing Address 110 S 32ND ST	1	3	2023	\$	90.00
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure SERVICE FEE		
To Whom Paid	MO	DAY	YEAR		
FRIENDS OF CARRIE					
Mailing Address P.O. BOX 72	1	4	2023	\$	5,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION		
To Whom Paid	MO	DAY	YEAR		
RAIDERS ATHLETIC BOOSTER ASSOCIATION					
Mailing Address 100 HULTON RD	1	19	2023	\$	2,500.00
City OAKMONT	State PA	Zip Code (Plus 4) 15139	Description of Expenditure SPONSORSHIP		
To Whom Paid	MO	DAY	YEAR		
CARRIE LEWIS DELROSSO, LLC					
Mailing Address 662 7TH ST	1	20	2023	\$	24,000.00
City OAKMONT	State PA	Zip Code (Plus 4) 15139	Description of Expenditure MARKETING		
To Whom Paid	MO	DAY	YEAR		
DTR CONSULTING					
Mailing Address 210 KELKER ST	2	2	2023	\$	500.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure PROFESSIONAL SERVICES		

To Whom Paid COLD SPARK MEDIA			MO	DAY	YEAR	\$	57.78
Mailing Address 307 FOURTH AVE SUITE 920			2	8	2023		
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	Description of Expenditure WEBSITE				
To Whom Paid DTR CONSULTING			MO	DAY	YEAR	\$	500.00
Mailing Address 210 KELKER ST			3	3	2023		
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure PROFESSIONAL SERVICES				
To Whom Paid CHEW FOR YOU			MO	DAY	YEAR	\$	106.00
Mailing Address P.O. BOX 464			3	13	2023		
City JEANNETTE	State PA	Zip Code (Plus 4) 15644	Description of Expenditure TICKETS				
To Whom Paid SENATE REPUBLICA CAMPAIGN COMMITTEE			MO	DAY	YEAR	\$	1,000.00
Mailing Address P.O. BOX 792			3	23	2023		
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION				
To Whom Paid DTR CONSULTING			MO	DAY	YEAR	\$	500.00
Mailing Address 210 KELKER ST			4	3	2023		
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure PROFESSIONAL SERVICES				
To Whom Paid FRIENDS OF CARRIE			MO	DAY	YEAR	\$	8,199.64
Mailing Address P.O. BOX 72			4	3	2023		
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$	42,953.42

