

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 <input checked="" type="checkbox"/>	No	
	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			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 of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

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:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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 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
CARRIE FOR PA	From: <u>1/1/2023</u> To: <u>3/27/2023</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	25,000.00
FRIENDS OF DOUG MASTRIANO								
Mailing Address								
P.O. BOX 138				1	17	2023		
City	FAYETTEVILLE	State	PA					

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	
Mailing Address							\$ 0.00
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:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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		Reporting Period	
CARRIE FOR PA		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 RECIEVED - 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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
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 DTR CONSULTING			MO	DAY	YEAR	\$ 500.00
Mailing Address 210 KELKER ST			1	2	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Description of Expenditure PROFESSIONAL SERVICES			
To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 90.00
Mailing Address 110 S 32ND ST			1	3	2023	
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure SERVICE FEE			
To Whom Paid FRIENDS OF CARRIE			MO	DAY	YEAR	\$ 5,000.00
Mailing Address P.O. BOX 72			1	4	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure CONTRIBUTION			
To Whom Paid RAIDERS ATHLETIC BOOSTER ASSOCIATION			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 100 HULTON RD			1	19	2023	
City OAKMONT	State PA	Zip Code (Plus 4) 15139	Description of Expenditure SPONSORSHIP			
To Whom Paid CARRIE LEWIS DELROSSO, LLC			MO	DAY	YEAR	\$ 24,000.00
Mailing Address 662 7TH ST			1	20	2023	
City OAKMONT	State PA	Zip Code (Plus 4) 15139	Description of Expenditure MARKETING			

To Whom Paid DTR CONSULTING			MO	DAY	YEAR	\$ 500.00
Mailing Address 210 KELKER ST			2	2	2023	
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	
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

