# **Campaign Finance Report**

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

| Filer Identificat<br>Number :           | ion 2022                             | 0605       |                       |          | Repor<br>Filed |               | CANDI        | DATE      |             | СОМІ       | MITTEE             | ✓              | LOB          | BYIST   |         |              |
|---|--------------------------------------|------------|-----------------------|----------|----------------|---------------|--------------|-----------|-------------|------------|--------------------|----------------|--------------|---------|---------|--------------|
| Name of Filing (                        | Committee, Candida                   | ate or Lo  | obbyist:              |          |                | -             | ARK FRI      | ENDS (    | DF          |            |                    |                |              |         |         |              |
| Street Address:                         | 16 MILL STRE                         | ET         |                       |          |                |               |              |           |             |            |                    |                |              |         |         |              |
| City:                                   | UNIONTOWN                            |            |                       |          |                |               | State:       | PA        |             |            | Zip Co             | <b>de:</b> 15  | 401          |         |         |              |
| TYPE OF<br>REPORT                       | 6TH TUESDAY<br>PRE-PRIMARY           | 1.         | 2ND FRIDA<br>PRIMARY  | Y PRE    | - 2.           | 30 DA<br>PRIM |              | POST-     | 3. <b>X</b> |            | AMENDI<br>REPORT   |                | Yes          | ✓ N     | D       |              |
| (place X to<br>the right of             | 6TH TUESDAY<br>PRE-ELECTION          | 4.         | 2ND FRIDA<br>ELECTION | Y PRE    | E- 5.          | 30 D/<br>ELEC |              | POST-     | 6.          |            | TERMIN<br>REPORT   |                | Yes          | N       | D       | $\checkmark$ |
| report type)                            | ANNUAL REPORT                        | 7.         | <b>Year</b> 2023      |          |                |               | NG METH      |           |             |            | PAPER              |                | $\checkmark$ | DISK    | ETTE    |              |
| Name of Office                          | Sought by Candidat                   | te:        |                       |          |                |               | DATE C       | F ELE     | стіо        | N          | District<br>Number | Office<br>Code | Pa           | ty Code | Cour    |              |
|   |                                      |            |                       |          |                |               | мо           | DAY       | YE          | AR         | rtuinber           | coue           |              |         | 10000   |              |
|   |                                      |            |                       |          |                |               | 11           |           | 7           | 2023       | i                  | (SEE INS       | TRUCTI       | ONS FOR | CODES   | ;)           |
| Summary of                              | Receipts and                         | мо         | DAY                   | YEAR     | 2              |               | мо           | DAY       | YE          | AR         | FC                 | DR OFFIC       | E USE        | ONLY    |         |              |
| Expenditures                            | s from:                              |            | 5 2                   | 2        | 023            | ГО            | 6            |           | 5           | 2023       |                    |                |              |         |         |              |
| A. Amount Bro                           | ought Forward From                   | n Last Ro  | eport                 |          |                | \$            |              |           | 5,1         | .66.72     |                    |                |              |         |         |              |
| B. Total Monet                          | ary Contributions /                  | And Rece   | eipts (Fron           | n Sche   | dule I)        | \$            |              |           | 15,0        | 00.00      |                    |                |              |         |         |              |
| C. Total Funds                          | Available (Sum Of                    | Lines A    | and B)                |          |                | \$            | 5            |           | 20,1        | .66.72     |                    |                |              |         |         |              |
| D. Total Expen                          | ditures (From Sche                   | edule III  | [)                    |          |                | \$            | 5            |           | 15,7        | 66.21      |                    |                |              |         |         |              |
| E. Ending Cash                          | Balance (Subtract                    | t Line D   | From Line             | C)       |                | \$            | 5            |           | 4,4         | 00.51      |                    |                |              |         |         |              |
| F. Value Of In-                         | Kind Contributions                   | Receive    | ed (From S            | chedu    | le II)         | \$            | ;            |           | 1,0         | 48.57      | 4                  |                |              |         |         |              |
| G. Unpaid Deb                           | ts And Obligations                   | (From S    | chedule IV            | /)       |                | \$            | 5            |           | 63,0        | 00.00      |                    |                |              |         |         |              |
|   |                                      |            |                       | AFF      | IDAV           | IT SE         | CTION        |           |             |            |                    |                |              |         |         |              |
|   | s a Committee repo                   |            | -                     |          |                |               |              |           |             |            | -                  | £ 1            |              |         |         |              |
| correct and compl                       | ) that this report, incl<br>ete.     | uaing the  | attached sc           | neaule   | s filea of     | i paper       | or by elect  |           | eaium       | , are to t | the best o         | от ту кпоч     | vieage       | and bei | ier, tr | ue           |
| Sworn to and subs                       | scribed before me this<br>day of<br> | 5          | 20                    |          |                | _             |              |           | s           | ignature   | e of Perso         | n Submitt      | ing Re       | port    |         | _            |
|   | Signatu                              | re         |                       |          |                | _             |              |           |             |            | Prir               | ited Name      |              |         |         | -            |
| My Commission E                         | xpires                               |            |                       |          |                | _             |              |           |             |            | Ema                | il             |              |         |         | _            |
|   | мо                                   | DA         | NY                    | YR       |                |               |              | Ar        | ea Cod      | e          | Daytin             | ne Teleph      | one Nu       | mber    |         |              |
| Part II- If this is                     | a report of a cand                   | lidate's a | authorized            | Comn     | nittee, (      | Candid        | late shall   | sign h    | ere.        |            |                    |                |              |         |         |              |
| I swear (or affirm)<br>No 320) as amend | ) that to the best of n<br>ed.       | ny knowle  | dge and beli          | ief this | politica       | l comm        | nittee has r | iot viola | ted an      | y provis   | ions of th         | e act of Ju    | ine 3,1      | 937 (P. | L. 133  | з,           |
| Sworn to and subse                      | cribed before me this<br>day of      |            | 20                    |          |                |               |              |           |             | s          | ignature           | of Candida     | ite          |         |         | _            |
|   |                                      |            |                       |          |                |               |              |           |             |            | Printe             | ed Name        |              |         |         | -            |
| My Commission Exp                       | Signature                            |            |                       |          |                | -             |              |           |             |            | Ema                | il             |              |         |         | _            |
|   |                                      |            |                       |          |                | _             |              |           |             |            |                    |                |              |         |         | _            |
|   | мо                                   | DA         | NΥ                    | YR       | 1              |               |              | Area      | Code        |            | D                  | aytime Te      | elepho       | ne Numi | ber     |              |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MEHALOV, MARK FRIENDS OF From: <u>5/2/2023</u> **To:** <u>6/5/2023</u> 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 15,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 15,000.00 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 \$ 15,000.00 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 Candidat | e                    |                  | Rep    | oorting l | Period |      |    |            |
|--------------------------------------|----------------------|------------------|--------|-----------|--------|------|----|------------|
|                                      |                      |                  | Fro    | m:        |        | То   | 1  |            |
|                                      |                      | ·                |        |           | 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 Sche  | dule I, Detailed Sun | nmary Page, Se   | ectior | 1 2.      |        |      | \$ | 0.00       |

PAGE 3

| Use this Part to it                 | emize all other<br>50.01 to \$250.0 | 1 TO \$250.00<br>contribution<br>00 in the repo | s wi   | ith an<br>ng per | aggreg<br>iod. |      |    | rom        |
|-------------------------------------|-------------------------------------|---|--------|------------------|----------------|------|----|------------|
| Name of Filing Committee or Candida | te                                  |   | Rep    | orting P         | eriod          |      |    |            |
|                                     |                                     |   | Froi   | m:               |                | Τα   | :  |            |
|                                     |                                     |   |        |                  | 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, Detail                  | ed Summary Pag                                  | je, Se | ection 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 |     |      |      |            |
|---------------------------------------|----------------------|----------|-------------|--------|-----|------|------|------------|
|                                       |                      |          | From:       |        |     | То:  |      |            |
|                                       |                      |          |             | DA     | TE  |      |      | 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 Scheo  | 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         |              |            |                                |
|---|---------------------|----------------|--------|-----------|--------------|--------------|------------|--------------------------------|
| MEHALOV, MARK FRIENDS OF                          |                     |                | From   | n:        | <u>5/2/2</u> | <u>023</u> T | o:         | <u>6/5/2023</u>                |
|   |                     |                |        | DA        | <b>ATE</b>   |              |            | AMOUNT                         |
| Full Name of Contributor<br>MARK M. & EVA MEHALOV |                     |                |        | мо        | DAY          | YEAR         | <u>د</u> ج | 15,000.00                      |
| Mailing Address 27 NORTH MORGAN                   | ITOWN ST.           |                |        | 5         | 5            | 202          | 3          |                                |
| City FAIRCHANCE                                   | State               | Zip Code (Plus | ; 4)   |           | 5            |              |            |                                |
|   | PA                  | 15435          |        |           |              |              |            |                                |
| Employer Name ZEBLEY MEHALOV &a                   | mp; WHITE P.C.      |                |        | Occupat   | ion          | ATTOR        | NEY        |                                |
| Employer Mailing Address/Principal Plac           | e of Business       | City           |        |           | State        |              | Zip        | Code (Plus 4)                  |
| P.O. BOX 2321                                     |                     | UNIONTO        | WN     |           | PA           |              | 154        | 401                            |
| Enter Grand Total of Part C on Sche               | dule I, Detailed Su | mmary Page,    | Sectio | on 3.     |              |              | \$         | <b>PAGE TOTAL</b><br>15,000.00 |

## 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   |      |    |         |      |
|---------------------------------------|----------------------|------------|---------|-----------|-----|------|----|---------|------|
|                                       |                      |            | 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 Sumr | 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 DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

| Name of Filing Committee or Candidate   | <b>Reporting Period</b> |                            |                 |
|---|-------------------------|----------------------------|-----------------|
| MEHALOV, MARK FRIENDS OF  | From:                   | <u>5/2/2023</u> <b>To:</b> | <u>6/5/2023</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | ER CONTRIBUTOR          |                            |                 |
| TOTAL for the Reporting Pe  | riod (1)                | \$                         | 362.68          |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR  | TF)                     |                            |                 |
| TOTAL for the Reporting Pe  | riod (2)                | \$                         | 131.68          |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)  |                         |                            |                 |
| TOTAL for the Reporting Pe  | riod (3)                | \$                         | 554.21          |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                         | \$                         | 1,048.57        |

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate                     |                   |                   | Reporting | Period   |                 |            |                 |
|---|-------------------|-------------------|-----------|----------|-----------------|------------|-----------------|
| MEHALOV, MARK FRIENDS OF                                  |                   |                   | From:     | -<br>-   | <u>5/2/2023</u> | То:        | <u>6/5/2023</u> |
|   |                   |                   |           | DATE     |                 |            | AMOUNT          |
| Full Name of Contributor<br>ANDREW & amp; BARBARA MEHALOV |                   |                   | мо        | DAY      | YEAR            | \$         | 59.68           |
| Mailing Address 3 SWILL HEIGHTS R                         | )                 | -                 | 5         | 11       | 2023            | ۴ [        | 59.00           |
| City SMOCK  | State             | Zip Code (Plus 4) |           |          |                 |            |                 |
|   | PA                | 15480             |           |          |                 |            |                 |
| Description of Contribution: CAMPAIG                      | N SPPLIES         | 1                 |           |          |                 |            |                 |
| Full Name of Contributor<br>ANDREW & BARBARA MEHALOV      |                   |                   | мо        | DAY      | YEAR            | \$         | 72.00           |
| Mailing Address 3 SWILL HEIGHTS RI                        | )                 |                   | 5         | 9        | 2023            | <b>]</b> * | 72.00           |
| City SMOCK  | State             | Zip Code (Plus 4) |           | 2        |                 |            |                 |
|   | PA                | 15480             |           |          |                 |            |                 |
| Description of Contribution: CAMPAIG                      | N SPPLIES         | 1                 | •         |          |                 |            |                 |
|   |                   |                   |           |          | Г               |            |                 |
| Enter Grand Total of Part F on Sched<br>Section 2.        | ule II, IN-Kind C | ontributions Deta | lied Sum  | mary Pag | le,             |            | PAGE TOTAL      |
|   |                   |                   |           |          | :               | \$         | 131.68          |

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

| Name of Filing Committee or Candidate          |                  |                   | Re     | porting F | Period               |                |                       |
|--|------------------|-------------------|--------|-----------|----------------------|----------------|-----------------------|
| MEHALOV, MARK FRIENDS OF                       |                  |                   | Fro    | om:       | <u>5/2/202</u>       | 2 <u>3</u> To: | <u>6/5/2023</u>       |
|  |                  |                   |        |           | DATE                 |                | AMOUNT                |
| Full Name of Contributor                       |                  |                   |        | мо        | DAY                  | YEAR           |                       |
| RICHARD EVANS                                  |                  |                   |        |           |                      |                | <b>\$</b> 279.58      |
| Mailing Address 301 LAURA LANE                 |                  |                   |        | 5         | 8                    | 2023           | <b>\$</b> 279.58      |
| City UNIONTOWN                                 | State            | Zip Code(Plus 4)  |        |           |                      |                |                       |
|  | PA               | 15401             |        |           |                      |                |                       |
| Employer of Contributor CONNELLS               | /ILLE AREA SCH   | DOL DIST          |        | Occupa    | ntion Di<br>T        | IRECTOR        | OF ATHLETICS & amp;   |
| Employer Mailing Address/Principal Plac        | e of Business    | City              | Stat   | e Zip     | Code(Plus 4)         | Descri         | ption of Contribution |
| 732 ROCK RIDGE RD                              |                  | CONNELLSVILLE     | PA     | 154       | 125                  | SIGNS          |                       |
| Full Name of Contributor<br>MARGARET A. TREMBA |                  |                   | •      | мо        | DAY                  | YEAR           |                       |
| Mailing Address 238 THOMAS SCHOO               | )L RD            |                   |        | 5         | 16                   | 2023           | <b>\$</b> 274.63      |
| City GREENSBURG                                | State            | Zip Code(Plus 4)  |        |           |                      |                |                       |
|  | PA               | 15601             |        |           |                      |                |                       |
| Employer of Contributor TREMBA KI              | NNEY             | •                 |        | Occupa    | ition A <sup>-</sup> | TTORNEY        | l<br>,                |
| Employer Mailing Address/Principal Plac        | e of Business    | City              | Stat   | e Zip     | Code(Plus 4)         | Descri         | ption of Contribution |
| 302 W. OTTERMAN ST.                            |                  | GREENSBURG        | PA     | 156       | 501                  | DONU           | TS FOR POLL WORKERS   |
| Enter Grand Total of Part G on Sch             | edule II. In-Kir | d Contributions D | etaile |           |                      |                | PAGE TOTAL            |
| Summary Page, Section 3.                       |                  |                   | ctune  |           |                      |                | 554.21                |
|  |                  |                   |        |           |                      |                |                       |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate        |            |                   | Reporti | ng Period        |               |     |                 |
|--|------------|-------------------|---------|------------------|---------------|-----|-----------------|
| MEHALOV, MARK FRIENDS OF                     |            |                   | From    | <u>5/:</u>       | 2/2023        | То: | <u>6/5/2023</u> |
|  |            |                   |         | DATE             |               |     | AMOUNT          |
| To Whom Paid                                 |            |                   | мо      | DAY              | YEAR          |     |                 |
| TRACFONE                                     |            |                   |         |                  |               |     |                 |
| Mailing Address 9700 NW 112TH AV             | /E         |                   | 5       | 3                | 2023          | \$  | 33.88           |
| City MEDLEY                                  | State      | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure      |     |                 |
|  | FL         | 33178             | CAMPAI  | GN PHONE         |               |     |                 |
| To Whom Paid<br>US POSTAL SERVICE            |            |                   | мо      | DAY              | YEAR          |     |                 |
| Mailing Address 47 E. FAYETTE ST             |            |                   | 5       | 3                | 2023          | \$  | 9.65            |
| City UNIONTOWN                               | State      | Zip Code (Plus 4) | Descrip | l<br>tion of Exp | l<br>enditure | 1   |                 |
|  | PA         | 15401             | POSTAC  | GE               |               |     |                 |
| To Whom Paid<br>SMP COMMERCIAL REALTY, LLC   |            |                   | мо      | DAY              | YEAR          |     |                 |
| Mailing Address P.O. BOX 201                 |            |                   | 5       | 15               | 2023          | \$  | 825.00          |
| City CONNELLSVILLE                           | State      | Zip Code (Plus 4) | Descrip | l<br>tion of Exp | l<br>enditure | I   |                 |
|  | PA         | 15425             | SIGN R  | ENTAL            |               |     |                 |
| To Whom Paid<br>WALMART                      |            |                   | мо      | DAY              | YEAR          |     |                 |
| Mailing Address 355 WALMART DRI              | VE         |                   | 5       | 16               | 2023          | \$  | 23.88           |
| City UNIONTOWN                               | State      | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure      | 1   |                 |
|  | РА         | 15401             | DONUT   | S-POLL WO        | ORKERS        |     |                 |
| To Whom Paid<br>JG SERVICE STATION           |            |                   | мо      | DAY              | YEAR          |     |                 |
| Mailing Address 1340 GEORGES FA              | RCHANCE RD |                   | 5       | 16               | 2023          | \$  | 2.99            |
| City SMITHFIELD                              | State      | Zip Code (Plus 4) | Descrip | l<br>tion of Exp | l<br>enditure |     |                 |
|  | PA         | 15478             | ICE     |                  |               |     |                 |
|  |            |                   | мо      | DAY              | YEAR          |     |                 |
| DUNKIN DONUTS Mailing Address 548 MORGANTOWN | I ST       |                   | 5       | 16               | 2023          | \$  | 77.34           |
| City UNIONTOWN                               | State      | Zip Code (Plus 4) |         | tion of Exp      |               |     |                 |
|  | PA         | 15401             |         | TS-POLL V        |               |     |                 |
|  | 1          | 1                 |         |                  |               |     |                 |

| To Whom Paid   |   |   |   | мо   | DAY   | YEAR  |       |                    |
|--|---|---|---|--|---|---|-------|--------------------|
| UNITY PRINTING   | 3   |   |   | MO   |   | TEAK  |       |                    |
| Mailing Address  | 5878 STATE RT 98                                  | 1   |   | 5  | 17  | 2023  | \$    | 9,632.25           |
| City LATROB  | =   | State                                     | Zip Code (Plus 4)                               | Descrip  | tion of Exp   | enditure  |       |                    |
|  |   | РА  | 15650   | CAMPAI   | GN SIGNS  | , POSTCA  | ARD & | SUPPLIES           |
| To Whom Paid   |   |   |   | мо   | DAY   | YEAR  |       |                    |
| TITLOW TAVERN  | J   |   |   | MO   |   | TEAR  |       |                    |
| Mailing Address  | 92 WEST MAIN ST                                   |   |   | 5  | 16  | 2023  | \$    | 280.37             |
| City UNIONT  | NWC   | State                                     | Zip Code (Plus 4)                               | Descrip  | tion of Exp   | enditure  |       |                    |
|  |   | PA  | 15401   | CAMPAI   | GN EVENT  |   |       |                    |
| To Whom Paid   |   |   |   | мо   | DAY   | YEAR  |       |                    |
| TITLOW TAVERN  | J   |   |   |  |   |   |       | 0 706 00           |
| Mailing Address  | 92 WEST MAIN ST                                   |   |   | 5  | 16  | 2023  | \$    | 2,706.92           |
| City UNIONT  | NWC   | State                                     | Zip Code (Plus 4)                               | Descrip  | tion of Exp   | enditure  |       |                    |
|  |   | РА  | 15401   | CAMPAI   | GN EVENT  |   |       |                    |
| <b>To Whom Paid</b><br>LAURIE PALMER   |   |   |   | мо   | DAY   | YEAR  |       |                    |
| Mailing Address  | 402 GIMLET HILL F                                 | RD  |   | 5  | 16  | 2023  | \$    | 400.00             |
| City MT. PLEASANT State Zip Code (Plus 4)  |   |   |   | Descrip  | l<br>tion of Exp  | l<br>enditure   |       |                    |
|  |   | PA  | 15666   | EVENT  | ENTERNTA  | INMENT  |       |                    |
| To Whom Paid   |   |   |   |  | DAY   | YEAR  |       |                    |
| NATIONSBUILD   | ĒR  |   |   | мо   | DAT   | TEAR  |       |                    |
| Mailing Address  | P.O. BOX 811428                                   |   |   | 5  | 26  | 2023  | \$    | 43.46              |
| City LOS ANG   | GELES   | State                                     | Zip Code (Plus 4)                               | Descrip  | tion of Exp   | enditure  |       |                    |
|  |   |   |   | -  |   |   |       |                    |
|  |   | CA  | 90081   |  | ARE SUBS  | CRIPTION  | l     |                    |
| To Whom Paid   |   | CA  | 90081   | SOFTW  |   |   |       |                    |
| To Whom Paid<br>WMBS RADIO   |   | CA  | 90081   |  | ARE SUBS  | YEAR  |       |                    |
|  | 44 SOUTH MT. VER                                  |   | 90081   | SOFTW  |   |   | \$    | 1,370.87           |
| WMBS RADIO   |   |   | 90081<br>Zip Code (Plus 4)                      | SOFTW/   | DAY   | <b>YEAR</b> 2023  |       | 1,370.87           |
| WMBS RADIO<br>Mailing Address  |   | RNON AVE                                  |   | SOFTW/<br>MO<br>5<br>Descrip   | <b>DAY</b> 30   | YEAR<br>2023<br>enditure  |       | 1,370.87           |
| WMBS RADIO<br>Mailing Address  |   | RNON AVE                                  | Zip Code (Plus 4)                               | SOFTW/<br>MO<br>5<br>Descrip<br>RADIO-                                       | DAY<br>30<br>tion of Exp<br>AD PACKA  | YEAR<br>2023<br>enditure<br>GE  |       | 1,370.87           |
| WMBS RADIO<br>Mailing Address<br>City UNIONT   | ИМО   | RNON AVE                                  | Zip Code (Plus 4)                               | SOFTW/<br>MO<br>5<br>Descrip   | DAY<br>30<br>tion of Exp  | YEAR<br>2023<br>enditure  |       | 1,370.87           |
| WMBS RADIO<br>Mailing Address<br>City UNIONTO  | ИМО   | RNON AVE<br>State<br>PA                   | Zip Code (Plus 4)                               | SOFTW/<br>MO<br>5<br>Descrip<br>RADIO-                                       | DAY<br>30<br>tion of Exp<br>AD PACKA  | YEAR<br>2023<br>enditure<br>GE  |       |                    |
| WMBS RADIO Mailing Address City UNIONTO To Whom Paid AMO GRAPHICS  | OWN<br>5990 UNIVERSITY                            | RNON AVE<br>State<br>PA                   | Zip Code (Plus 4)                               | SOFTW/<br>MO<br>5<br>Descrip<br>RADIO-<br>MO<br>5                            | DAY<br>30<br>tion of Exp<br>AD PACKA<br>DAY   | YEAR<br>2023<br>enditure<br>GE<br>YEAR<br>2023                                    | \$    | 1,370.87<br>299.60 |
| WMBS RADIO Mailing Address City UNIONTO To Whom Paid AMO GRAPHICS Mailing Address                                      | OWN<br>5990 UNIVERSITY                            | RNON AVE State PA BLVD STE 12             | <b>Zip Code (Plus 4)</b><br>15401               | SOFTW/<br>MO<br>5<br>Descrip<br>RADIO-<br>MO<br>5<br>Descrip                 | DAY<br>30<br>tion of Exp<br>AD PACKA<br>DAY<br>30                                   | YEAR<br>2023<br>enditure<br>GE<br>YEAR<br>2023<br>enditure                        | \$    |                    |
| WMBS RADIO Mailing Address City UNIONTO To Whom Paid AMO GRAPHICS Mailing Address                                      | OWN<br>5990 UNIVERSITY                            | RNON AVE State PA BLVD STE 12 State State | Zip Code (Plus 4)<br>15401<br>Zip Code (Plus 4) | SOFTW/<br>MO<br>5<br>Descrip<br>RADIO-<br>MO<br>5<br>Descrip<br>GRAPHI       | DAY<br>30<br>tion of Exp<br>AD PACKA<br>DAY<br>30<br>tion of Exp<br>CS ARTWC        | YEAR<br>2023<br>enditure<br>GE<br>YEAR<br>2023<br>enditure                        | \$    |                    |
| WMBS RADIO Mailing Address City UNIONTO To Whom Paid AMO GRAPHICS Mailing Address City MOON T                          | OWN<br>5990 UNIVERSITY                            | RNON AVE State PA BLVD STE 12 State State | Zip Code (Plus 4)<br>15401<br>Zip Code (Plus 4) | SOFTW/<br>MO<br>5<br>Descrip<br>RADIO-<br>MO<br>5<br>Descrip                 | DAY<br>30<br>tion of Exp<br>AD PACKA<br>DAY<br>30<br>tion of Exp                    | YEAR<br>2023<br>enditure<br>GE<br>YEAR<br>2023<br>enditure                        | \$    |                    |
| WMBS RADIO Mailing Address City UNIONTO To Whom Paid AMO GRAPHICS Mailing Address City MOON TO To Whom Paid            | OWN<br>5990 UNIVERSITY                            | RNON AVE State PA BLVD STE 12 State PA    | Zip Code (Plus 4)<br>15401<br>Zip Code (Plus 4) | SOFTW/<br>MO<br>5<br>Descrip<br>RADIO-<br>MO<br>5<br>Descrip<br>GRAPHI       | DAY<br>30<br>tion of Exp<br>AD PACKA<br>DAY<br>30<br>tion of Exp<br>CS ARTWC        | YEAR<br>2023<br>enditure<br>GE<br>YEAR<br>2023<br>enditure                        | \$    |                    |
| WMBS RADIO Mailing Address City UNIONTO To Whom Paid AMO GRAPHICS Mailing Address City MOON T To Whom Paid JAMES FLYNN | OWN<br>5990 UNIVERSITY<br>WSP<br>522 E. MURPHY AV | RNON AVE State PA BLVD STE 12 State PA    | Zip Code (Plus 4)<br>15401<br>Zip Code (Plus 4) | SOFTW/<br>MO<br>5<br>Descrip<br>RADIO-<br>MO<br>5<br>Descrip<br>GRAPHI<br>MO | DAY<br>30<br>tion of Exp<br>AD PACKA<br>DAY<br>30<br>tion of Exp<br>CS ARTWC<br>DAY | YEAR<br>2023<br>enditure<br>GE<br>YEAR<br>2023<br>enditure<br>ORK<br>YEAR<br>2023 | \$    | 299.60             |

|   | PAGE 13         |
|---|-----------------|
|   | PAGE TOTAL      |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | \$<br>15,766.21 |
|   |                 |
|   |                 |
|   |                 |
|   |                 |
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|   |                 |
|   |                 |

## SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

| Name of Filing Committee or Candidate                                   |       |             | Reporting Period    |                                 |     |      |                 |                                |           |
|---|-------|-------------|---------------------|---------------------------------|-----|------|-----------------|--------------------------------|-----------|
| MEHALOV, MARK FRIENDS OF  |       |             | From:               | <u>5/2/2023</u> <b>To:</b>      |     |      | <u>6/5/2023</u> |                                |           |
|   |       |             |                     | DATE                            |     |      |                 | Outstanding<br>Balance of Debt |           |
| Name of Creditor<br>MARK M & EVA MEHALOV                                |       |             |                     | мо                              | DAY | YEAR |                 |                                |           |
| Mailing Address 27 GEORGES FAIRCHCANCE RD                               |       |             |                     |                                 |     |      | \$              |                                | 15,000.00 |
| City FAIRCHANCE   | State | Zip Code (P | Description of Debt |                                 |     |      |                 |                                |           |
| PA 15436  |       |             |                     | LOAN TO FRIENDS OF MARK MEHALOV |     |      |                 |                                |           |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |       |             |                     |                                 |     |      | PAGE TOTAL      |                                |           |
|   |       |             |                     |                                 |     |      | \$              |                                | 15,000.00 |