

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 : 20220605		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: MEHALOV, MARK FRIENDS OF								
Street Address: 18 MILL STREET								
City: UNIONTOWN				State: PA		Zip Code: 15401		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5. X	30 DAY POST-ELECTION	6.	TERMINATION REPORT? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2023	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>	
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code	
				MO	DAY	YEAR	Party Code	County Code
				11	7	2023	(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:	MO	DAY	YEAR	TO	MO	DAY	YEAR	
	9	19	2023		10	23	2023	
A. Amount Brought Forward From Last Report				\$ 4,400.51				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 6,600.00				
C. Total Funds Available (Sum Of Lines A and B)				\$ 11,000.51				
D. Total Expenditures (From Schedule III)				\$ 10,012.80				
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 987.71				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 229.78				
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 5,300.00				

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
MEHALOV, MARK FRIENDS OF	From: <u>9/19/2023</u> To: <u>10/23/2023</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 225.00

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)	\$ 450.00
TOTAL for the Reporting Period (2)	\$ 450.00

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)	\$ 5,925.00
TOTAL for the Reporting Period (3)	\$ 5,925.00

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.)	\$ 6,600.00
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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
MEHALOV, MARK FRIENDS OF	From: <u>9/19/2023</u> To: <u>10/23/2023</u>

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 150.00	
TIMOTHY M. MAATTA								
Mailing Address 513 SCHOONMAKER AVE				10	19	2023		
City MONESSEN		State PA	Zip Code (Plus 4) 15062					
Full Name of Contributor				MO	DAY	YEAR	\$ 150.00	
CARMEN MOLINARO JR.								
Mailing Address P.O. BOX 799				10	16	2023		
City CONNELLSVILLE		State PA	Zip Code (Plus 4) 15425					
Full Name of Contributor				MO	DAY	YEAR	\$ 150.00	
DAVID KAISER								
Mailing Address 92 E. MAIN STREET				10	16	2023		
City UNIONTOWN		State PA	Zip Code (Plus 4) 15401					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 450.00

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
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 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 MEHALOV, MARK FRIENDS OF	Reporting Period From: <u>9/19/2023</u> To: <u>10/23/2023</u>
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				DATE	AMOUNT
Full Name of Contributor JAMES T. DAVIS				MO	DAY
Mailing Address 107 E. MAIN STREET				10	16
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401		2023	\$ 300.00
Employer Name DAVIS & DAVIS ATTORNEYS AT LAW				Occupation ATTORNEY	
Employer Mailing Address/Principal Place of Business 107 E. MAIN STREET		City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	
Full Name of Contributor P. LAWRENCE BARCHETTI				MO	DAY
Mailing Address 98 EGGLESTON STREET				7	5
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401		2023	\$ 325.00
Employer Name BARCHETTI FINANCIAL SERVICES, INC.				Occupation INVESTMENT ADVISOR	
Employer Mailing Address/Principal Place of Business 470 MORGANTOWN STREET		City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	
Full Name of Contributor MARK & EVA MEHALOV				MO	DAY
Mailing Address 27 NORTH MORGANTOWN RD				6	15
City FAIRCHANCE	State PA	Zip Code (Plus 4) 15436		2023	\$ 5,000.00
Employer Name ZEBLEY MEHALOV & WHITE P.C.				Occupation ATTORNEY	
Employer Mailing Address/Principal Place of Business P.O. BOX 2321		City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	
Full Name of Contributor MARK & EVA MEHALOV				MO	DAY
Mailing Address 27 NORTH MORGANTOWN RD				8	17
City FAIRCHANCE	State PA	Zip Code (Plus 4) 15436		2023	\$ 300.00
Employer Name ZEBLEY MEHALOV & WHITE P.C.				Occupation ATTORNEY	
Employer Mailing Address/Principal Place of Business P.O. BOX 2321		City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	

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

PAGE TOTAL
\$ 5,925.00

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	
MEHALOV, MARK FRIENDS OF		From: <u>9/19/2023</u> To: <u>10/23/2023</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 31.78
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 198.00
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.)			\$ 229.78

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

Name of Filing Committee or Candidate MEHALOV, MARK FRIENDS OF	Reporting Period From: <u>9/19/2023</u> To: <u>10/23/2023</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
ANDREW & BARBARA MEHALOV							\$ 198.00
Mailing Address 3 SWISS HEIGHTS ROAD				10	11	2023	
City SMOCK	State PA	Zip Code (Plus 4) 15480					
Description of Contribution: POSTAGE							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL \$ 198.00

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

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 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
MEHALOV, MARK FRIENDS OF	From <u>9/19/2023</u> To: <u>10/23/2023</u>

				DATE	AMOUNT		
To Whom Paid NATIONSBUILDER				MO	DAY	YEAR	\$ 43.46
Mailing Address P.O. BOX 811428				6	26	2023	
City LOS ANGELES	State CA	Zip Code (Plus 4) 90081	Description of Expenditure SOFTWARE SUBSCRIPTION				
To Whom Paid NATALE SPORTING GOODS				MO	DAY	YEAR	\$ 3,575.50
Mailing Address 209 5TH AVE				6	26	2023	
City MCKEESPORT	State PA	Zip Code (Plus 4) 15132	Description of Expenditure CAMPAIGN SHIRTS & PENS				
To Whom Paid UNITY PRINTING				MO	DAY	YEAR	\$ 6,193.46
Mailing Address 5848 STATE RT 981				6	26	2023	
City LATROBE	State PA	Zip Code (Plus 4) 15650	Description of Expenditure CAMPAIGN SUPPLIES				
To Whom Paid SOMERSET BANK				MO	DAY	YEAR	\$ 35.00
Mailing Address 151 WEST MAIN STREET				6	28	2023	
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Expenditure BANK FEE				
To Whom Paid NATIONSBUILDER				MO	DAY	YEAR	\$ 43.46
Mailing Address P.O. BOX 811428				7	26	2023	
City LOS ANGELES	State CA	Zip Code (Plus 4) 90081	Description of Expenditure SOFTWARE SUBSCRIPTION				
To Whom Paid SOMERSET BANK				MO	DAY	YEAR	\$ 35.00
Mailing Address 151 WEST MAIN STREET				8	3	2023	
City SOMERSET	State PA	Zip Code (Plus 4) 15501	Description of Expenditure BANK FEE				

To Whom Paid NATIONSBUILDER			MO	DAY	YEAR	\$ 43.46
Mailing Address P.O. BOX 811428			8	26	2023	
City LOS ANGELES	State CA	Zip Code (Plus 4) 90081	Description of Expenditure SOFTWARE SUBSCRIPTION			

To Whom Paid NATIONSBUILDER			MO	DAY	YEAR	\$ 43.46
Mailing Address P.O. BOX 811428			9	26	2023	
City LOS ANGELES	State CA	Zip Code (Plus 4) 90081	Description of Expenditure SOFTWARE SUBSCRIPTION			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 10,012.80

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 MEHALOV, MARK FRIENDS OF	Reporting Period From: <u>9/19/2023</u> To: <u>10/23/2023</u>
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			DATE	Outstanding Balance of Debt		
Name of Creditor MARK & EVA MEHALOV			MO	DAY	YEAR	\$ 5,000.00
Mailing Address 27 NORTH MORGANTOWN RD			6	15	2023	
City FAIRCHANCE	State PA	Zip Code (Plus 4) 15436	Description of Debt LOAN TO FRIENDS OF MARK MEHALOV			
Name of Creditor MARK & EVA MEHALOV			MO	DAY	YEAR	\$ 300.00
Mailing Address 27 NORTH MORGANTOWN RD			8	17	2023	
City FAIRCHANCE	State PA	Zip Code (Plus 4) 15436	Description of Debt			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						PAGE TOTAL \$ 5,300.00