

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	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6. X	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				
					11	7	2023				
Summary of Receipts and Expenditures from:					MO	DAY	YEAR	FOR OFFICE USE ONLY			
					10	24	2023				TO
					11	27	2023				
A. Amount Brought Forward From Last Report					\$		987.71				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		6,250.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		7,237.71				
D. Total Expenditures (From Schedule III)					\$		7,077.45				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		160.26				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)					\$		4,800.00				

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>10/24/2023</u> To: <u>11/27/2023</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 350.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 150.00
All Other Contributions (Part B)	\$ 950.00
TOTAL for the Reporting Period (2)	\$ 1,100.00

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)	\$ 4,800.00
TOTAL for the Reporting Period (3)	\$ 4,800.00

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.)	\$ 6,250.00
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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 MEHALOV, MARK FRIENDS OF	Reporting Period From: <u>10/24/2023</u> To: <u>11/27/2023</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee	MO	DAY	YEAR	\$ 150.00
WESTMORELAND MILLENIUM FUND MEYER, DARRAGH, BU				
Mailing Address 40 N. PENNSYLVANIA AVE STE 410	10	27	2023	
City GREENSBURG				
State PA				
Zip Code (Plus 4) 15601				

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

PAGE TOTAL
\$ 150.00

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
MEHALOV, MARK FRIENDS OF	From: <u>10/24/2023</u> To: <u>11/27/2023</u>

				DATE			AMOUNT
Full Name of Contributor JAMES E. HIGINBOTHAM JR & ROBERTA L. HIGINBOTHAM				MO	DAY	YEAR	\$ 150.00
Mailing Address 508 THOMAS DRIVE				10	27	2023	
City	UNIONTOWN	State	Zip Code (Plus 4)				
		PA	15401				
Full Name of Contributor DOUGLAS S. SEPIC				MO	DAY	YEAR	\$ 150.00
Mailing Address 892 VANDERBILT ROAD				10	26	2023	
City	CONNELLSVILLE	State	Zip Code (Plus 4)				
		PA	15425				
Full Name of Contributor KINLEY J. GANNON & SHANE M. GANNON				MO	DAY	YEAR	\$ 150.00
Mailing Address 166 MICHAEL DRIVE				10	30	2023	
City	CONNELLSVILLE	State	Zip Code (Plus 4)				
		PA	15425				
Full Name of Contributor ANNAMARIE PURCELL & JOHN M. PURCELL				MO	DAY	YEAR	\$ 150.00
Mailing Address 146 HALF KING COLONY ROAD				10	31	2023	
City	FARMINGTON	State	Zip Code (Plus 4)				
		PA	15437				
Full Name of Contributor JAMES K. FLYNN				MO	DAY	YEAR	\$ 100.00
Mailing Address 3809 LAKE POINT CIR				11	2	2023	
City	RALEIGH	State	Zip Code (Plus 4)				
		NC	27606				
Full Name of Contributor MICHAEL A. AUBELE & MICHELLE L. AUBELE				MO	DAY	YEAR	\$ 150.00
Mailing Address 138 BRUSHWOOD ROAD				11	2	2023	
City	UNIONTOWN	State	Zip Code (Plus 4)				
		PA	15401				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
DOUGLAS P. YAUGER & PATRICIA A. YAUGER							
Mailing Address				10	30	2023	
108 MEANS ROAD							
City	CONNELLSVILLE	State	Zip Code (Plus 4)				
		PA	15425				

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

PAGE TOTAL	
\$	950.00

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>10/24/2023</u> To: <u>11/27/2023</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
MARK & EVA MEHALOV					\$ 4,800.00
Mailing Address 27 NORTH MORGANTOWN ROAD					
City FAIRCHANCE					
State PA					
Zip Code (Plus 4) 15436					
Employer Name ZEBLEY MEHALOV & WHITE P.C.				Occupation ATTORNEY	
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)		
P.O. BOX 2321	UNIONTOWN	PA	15401		

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

PAGE TOTAL
\$ 4,800.00

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>10/24/2023</u> To: <u>11/27/2023</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 <div style="display: flex; justify-content: space-between;"> From: To: </div>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	<div style="display: flex; align-items: center;"> \$ 0.00 </div>
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 <div style="display: flex; align-items: center;"> \$ 0.00 </div>

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>10/24/2023</u> To: <u>11/27/2023</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
NATIONSBuilder				
Mailing Address P.O. BOX 811428	10	26	2023	\$ 43.46
City LOS ANGELES	State CA	Zip Code (Plus 4) 90081	Description of Expenditure SOFTWARE SUBSCRIPTION	
To Whom Paid	MO	DAY	YEAR	
DIMARCO'S BISTRO				
Mailing Address 26 MORGANTOWN STREET	11	4	2023	\$ 500.00
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure DOWN PAYMENT FOR CAMPAIGN EVENT VENUE	
To Whom Paid	MO	DAY	YEAR	
LAURIE PALMER				
Mailing Address 402 GIMLET HILL RD	11	8	2023	\$ 400.00
City MT. PLEASANT	State PA	Zip Code (Plus 4) 15666	Description of Expenditure CAMPAIGN EVENT ENTERTAINMENT	
To Whom Paid	MO	DAY	YEAR	
VINCENT JOHNSON, LLC				
Mailing Address 26 MORGANTOWN STREET	11	13	2023	\$ 3,572.05
City UNIONTOWN	State PA	Zip Code (Plus 4) 15401	Description of Expenditure CAMPAIGN EVENT VENUE	
To Whom Paid	MO	DAY	YEAR	
SHALLENBERGER CATERING				
Mailing Address 440 PLEASANT VALLEY ROAD	11	13	2023	\$ 2,457.00
City CONNELLSVILLE	State PA	Zip Code (Plus 4) 15425	Description of Expenditure FUNDRAISER EVENT VENUE & CATERING	
To Whom Paid	MO	DAY	YEAR	
THE INK SPOT				
Mailing Address 411 EAST YOUGHIOGHENY AVE	11	13	2023	\$ 104.94
City SOUTH CONNELLSVILLE	State PA	Zip Code (Plus 4) 15425	Description of Expenditure ENVELOPES & POSTCARDS	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 7,077.45

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>10/24/2023</u> To: <u>11/27/2023</u>
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				DATE	Outstanding Balance of Debt		
Name of Creditor MARK & EVA MEHALOV				MO	DAY	YEAR	\$ 4,800.00
Mailing Address 27 NORTH MORGANTOWN ROAD				11	13	2023	
City FAIRCHANCE		State PA	Zip Code (Plus 4) 15436	Description of Debt LOAN TO FRIENDS OF MARK MEHALOV			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 4,800.00