Campaign Finance Report

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

Filer Identificati Number :	on 201	20363				port ed B		CANI	DIE	DATE		COMN	4ITTEE	✓	LOB	BYIST		
Name of Filing C	e of Filing Committee, Candidate or Lobbyist: FRIENDS OF CRIS DUSH																	
Street Address:																		
City:	BROOKVILLE							State:		PA			Zip Cod	le: 15	825			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		P	OST-	3.		AMENDM REPORT?		Yes	١	lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION								TERMINA REPORT?		Yes	١	lo	\				
report type)	ANNUAL REPORT	7. X	Year 2023					IG MET					PAPER		V	DISK	ETTE	
Name of Office S	Sought by Candida	ate:	•					DATE	OI	ELE(CTIC	N N	District Number	Office Code	Pa	rty Cod	e Cou	
								МО		DAY	YI	EAR		10000	REI)	1000	
								1	1		7	2023		(SEE IN	STRUCTI	ONS FO	R CODES	5)
•	Receipts and	МО	DAY	YEAR	ł			мо		DAY	ΥI	EAR	FO	R OFFI	CE USE	ONL	7	
Expenditures	from:		11 28	2	023	Т	0		1		1	2024						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				13,2	235.51						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule	ı)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				13,2	235.51						
D. Total Expen	ditures (From Sch	nedule II	I)				\$				2	103.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$				12,8	32.51						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	:)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	/)			\$					0.00						
				AFF	IDA	۱۷۶	T SE	CTIOI	V									
	s a Committee rep	•	_							-		_						
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached sc	hedule	s filed	d on	paper	or by ele	ctr	onic m	edium	, are to t	he best of	f my knov	wledge	and be	lief , tı	rue
Sworn to and subs	cribed before me th day of	is	20						-		5	Signature	of Perso	1 Submit	ting Re	port		_
	Signat	ure					- -		-				Print	ted Name	•			-
My Commission Ex	cpires								-				Emai	i				
	МО	D	AY	YR						Are	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andid	ate sha	II s	ign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ief this	polit	tical	comm	ittee has	s no	t viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subso	ribed before me this day of	;	20									Si	ignature o	of Candida	ate			_
							-						Printe	d Name				-
My Commission Exp	Signature						-		-				Emai	il				- $ $
, сопшизают скр							-											_
	МО	D	AY	YR	t					Area	Code		Da	ytime T	elephoi	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF CRIS DUSH	From:	11/28/202	<u>3</u> To:	<u>1/1/2024</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y 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
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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	R	eporting	Period			
		F	rom:		То	I	
		'		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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		Rep	orting P	eriod			
			Fro	m:		To):	
					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, 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			Reporting	Period					
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TO	TAL
Enter Grand Total of Part C on Scheo	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$		0.00

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			
			Fror	n:		To) :	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00

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 Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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	Reporting Per	iod	
FRIENDS OF CRIS DUSH	From:	<u>11/28/2023</u> To:	1/1/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car					Reporting Period					
			From:			To				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						7 \$	C	0.00		
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•		•				
					-					
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL			
Section 2.						\$	0	.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

PAGE TOTAL

403.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	idate			Reporti	ng Period			
FRIENDS OF CRIS DUSH				From	11/28	<u>8/2023</u>	То:	1/1/2024
					DATE			AMOUNT
To Whom Paid				МО	DAY	YEAR		
DURIER EXPRESS				1-10				
Mailing Address			12	7	2023	\$	234.00	
City WEST FRANKFORT	State		Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	IL		62896	ADVER	ΓISING			
To Whom Paid				МО	DAY	YEAR		
HOMETOWN PUNXSUTAWNEY				MO		ILAK		
Mailing Address				12	28	2023	\$	169.00
City PUNXSUTAWNEY	y PUNXSUTAWNEY State Zip Code (Plus 4)			Descrip	tion of Exp	enditure		
	PA		15767	ADVER	ΓISING			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.