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 2023	30278			Rep File			CAND	CANDIDATE COMMITTEE V LOBBYIST									
Name of Filing C	Committee, Candid	late or L	obbyist:		ГАХР	PAY	ERS F	OR SCO	TT BAF	RGER								
Street Address:																		
City:	HOLLIDAYSB	URG						State:	PA	PA			Zip Code: 16648					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2	2.	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	No	•	/	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION	PRE	- 5	j.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No		/	
report type)	ANNUAL REPORT	7. X	Year 2023					IG METH CHECK O						/	DISKE	TTE		
Name of Office S	Sought by Candida	ite:	•					DATE C)F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	ty	
	· .							МО	DAY	YI	EAR	Transper Code				couc		
								11		7	2023	(SEE INSTRUCTIONS FOR CO						
	Receipts and	МО	DAY YE	AR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY			
Expenditures	s trom:		1 2	20)23	Т	0	12	2	31	2023							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0.00							
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hec	lule :	I)	\$			30,	500.00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			30,	500.00							
D. Total Expend	ditures (From Sch	edule II	I)				\$			15,7	741.00							
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			14,7	759.00							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II))	\$				0.00							
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$			12,0	00.00			'				
			А	-17	[DA]	VI	ΓSE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f this	s is	a Can	ndidate r	eport, e	candi	date sig	ın here.						
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached schedu	ıles	filed	on	paper (or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tru	ıe	
Sworn to and subs	cribed before me thi day of	s	20							5	Signature	of Perso	n Submit	ting Re	oort			
	Signati	ıre					-					Prin	ted Name	e			_	
My Commission Ex	cpires						_					Ema	il					
	мо	D	AY	YR					Ar	ea Co	le	Daytim	e Telepl	none Nu	mber			
Part II- If this is	a report of a can	didate's	authorized Co	nm	ittee	e, Ca	andida	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief t	his	politi	ical	commi	ittee has r	not viola	ted ar	ıy provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	i,	
Sworn to and subsc	ribed before me this										S	ignature o	of Candid	ate			-	
	day of						-					Printe	d Name				-	
My Commission F	Signature						-					Ema	il				-	
My Commission Exp							-											
	мо	D	AY	YR			-		Area	Code		Daytime Telephone Number						

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
TAXPAYERS FOR SCOTT BARGER	From:	1/2/202	<u>3</u> To:	12/31/2023
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	J Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	16,000.00
All Other Contributions (Part D)			\$	14,500.00
TOTAL for the Reporting) Period	(3)	\$	30,500.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		unt	\$	30,500.00

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 Car	ndidate		Re	porting	Period			
			Fr	om:		То	•	
					DATE			AMOUNT
Full Name of Contributing Commit	tee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					

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

PAGE TOTAL
0.00

0.00

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.

(Exclu	de contributions fron	n political comm	itte	es re _l	oortea	in Part	A)	
Name of Filing Committe	e or Candidate		Rep	orting P	eriod			
From: To					o :			
		1			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
City	State	Zip Code (Plus 4))					
	•	•	•		•	•		PAGE TOTAL

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

9/5/2025 5:05:59 AM

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	me of Filing Committee or Candidate Repo		Reporting	g Period				
TAXPAYERS FOR SCOTT BARGER			From:	1/	/2/2023	То:	12/31/20	<u>)23</u>
				DA	TE		AMOUN	Г
Full Name of Contributing Committee				МО	DAY	YEAR		
Elect Scott Barger							\$	1,000.00
Mailing Address				11	2	2023		,
City Hollidaysburg	State	Zip Code	e (Plus 4)] ''		2023		
	PA	16648						
Full Name of Contributing Committee				МО	DAY	YEAR		
Red County PAC				140		ILAK	\$	15,000.00
Mailing Address				12	21	2023		
City Strabane	State	Zip Code	e (Plus 4)	12	21	2023		
	PA	15363						

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

PAGE TOTAL \$ 16,000.00

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	lame of Filing Committee or Candidate			Repo	orting Pe	riod					
TAXPAYERS FOR SCOTT BARGER				Fron	n:	1/2/2	023 1	То:	o: <u>12/31/2023</u>		
					DA	ATE			АМО	UNT	
Full Name of Contributor					мо	DAY	YEAF	R	\$	500.00	
Scott Barger									₹	500.00	
Mailing Address					10	23	202)3			
City Hollidaysburg	State	Zip	Code (Plus	4)	1		202				
	_{PA}	16	648		!		ļ 				
Employer Name B&F Enterprises					Occupat	ion [Manager				
Employer Mailing Address/Principal Plac	e of Business		City			State		T	Zip Code (Plus 4)	
			Hollidaysb	urg		PA	16648				
Full Name of Contributor		_			мо	DAY	YEAF	,	_	2 222 22	
Scott Barger					MO	DAT	TEAR		\$	8,000.00	
Mailing Address		_			11	2	202)3			
City Hollidaysburg	State	Zip	Code (Plus	4)		_	202				
	l _{PA}	16	648				l				
Employer Name B&F Enterprises					Occupat	ion [Manag	jer			
Employer Mailing Address/Principal Plac	e of Business		City			State		T	Zip Code (Plus 4)	
			Hollidaysb	urg		PA		:	16648		
Full Name of Contributor		_									
Scott Barger					МО	DAY	YEAF	R	\$	3,500.00	
Mailing Address		-			12	4	202	ĵ			
City Hollidaysburg	State	Zip	Code (Plus	; 4)	12	4	202	23			
	_{PA}	16	648								
Employer Name B&F Enterprises					Occupat	ion [Manag	ger			
Employer Mailing Address/Principal Place	e of Business		City		<u></u>	State		7	Zip Code (Plus 4)	
			Hollidaysb	urg		PA		:	16648		
Full Name of Contributor											
Beth A.Barger					МО	DAY	YEAF	R	\$	2,500.00	
Mailing Address		_						_			
City Hollidaysburg	State	Zip	Code (Plus	: 4)	11	2	202	23			
	 PA	16	648	-							
Employer Name State College Area Sch			0.0		Occupat	ion (Schoo	l Te	eacher		
Employer Mailing Address/Principal Place		$\overline{}$	City			State	J 5.1.2.2	Zip Code (Plus 4)			
State College			eae				16801				
State College											
Enter Grand Total of Part C on School	dule I, Detailed Su	ımm	nary Page,	Section	on 3.				PAG	E TOTAL	

14,500.00

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:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	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 Perio	d							
TAXPAYERS FOR SCOTT BARGER	From:	<u>1/2/2023</u> To:	12/31/2023						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
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	ndidate		Reporting Period					
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		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 Sun	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	porting	Period			
				Fro	m:		То:		
						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	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	mittee or Candidate Reporting Period			
TAXPAYERS FOR SCOTT BARGER	From	1/2/2023	То:	12/31/2023

				DATE			AMOUNT		
To Whom Paid			МО	DAY	YEAR				
Churchill Strategies			140						
Mailing Address			11	7,500.00					
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	17101	professi	ional servi	ces				
To Whom Paid			МО	DAY	YEAR				
Rockwood Strategies			1.0						
Mailing Address			11	7	2023	\$	3,825.00		
City Doylestown	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
PA 18902				ional servi	ces				
To Whom Paid			мо	DAY	YEAR				
The Locker Room			110						
Mailing Address			12 4 202				156.00		
City Hollidaysburg	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
	PA	16648	Advertis	sing					
To Whom Paid			мо	DAY	YEAR				
Icon Signs									
Mailing Address			12	4	2023	\$	3,180.00		
City Duncansville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
	PA	16635	signs						
To Whom Paid			мо	DAY	YEAR				
i360			1.0						
Mailing Address				26	2023	\$	1,080.00		
City Arlington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	VA	22201	professi	ional servi	ces				
Forter Council Tetal of Force							PAGE TOTAL		
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L	<i>,</i> .			\$	15,741.00		
						1			

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						
TAXPAYERS FOR SCOTT BARGER				From:		1/2/2023	То:		12/31/2023	
					DATE				Outstanding Balance of Debt	
Name of Creditor					мо	DAY	YEAR			
Scott Barger					MO		ILAK			
Mailing Address					10	23	202	3 \$	500.00	
City	Hollidaysburg	State Zip Code (Plus 4)			Description of Debt					
		PA	16648		Loan					
Name of Creditor					мо	DAY	YEAR			
Scott Barger					MO	DAT	TEAR			
Mailing Address					11	2	202	\$	8,000.00	
City	Hollidaysburg	State	Zip Code (P	lus 4)	Description of Debt					
	PA 16648				Loan					
Name of Creditor						DAY	YEAR			
Scott Barger					МО	DAT	TEAR			
Mailing Address					12	4	202	\$	3,500.00	
City	Hollidaysburg	State	Zip Code (P	lus 4)) Description of Debt					
	PA 16648 Loan									
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.									PAGE TOTAL	
								\$	12,000.00	