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	79003	366				port ed B		CAND	IDATE		COMM	4ITTEE	✓ [LOB	BYIS		
Name of Filing C	ommittee,	Candida	ite or Lo	obbyist:		PSE	A-P	ACE F	OR STA	TE ELE	CTIC	DNS						-
Street Address:	400 N	THIRD 9	ST										_					
City:	HARRI -	SBURG							State:	PA			Zip Co	de: 17	105-1	L724 		
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRID PRIMARY	AY PRE	-	2.	30 DA		POST-			AMENDMENT REPORT?		Yes		OV	\
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRID. ELECTION		≣-	5.	30 DA		POST-	6.		TERMIN/ REPORT		Yes		No	/
report type)	ANNUAL F	REPORT	7.	Year 2024	1				NG METH CHECK C				PAPER		\	DIS	KETTE	
Name of Office S	- Sought by (Candidat	e:						DATE (OF ELE	CTI	ON	District Number	Office Code	Pa	rty Co	le Cou	
									МО	DAY	'	YEAR	140	STH			09	
REPRESENTATI	VE IN THE	GENER/	AL ASS	EMBLY					2	2	13	2024		(SEE IN	STRUCT	ONS FO	R CODES	5)
Summary of	•	and	МО	DAY	YEAR	ł			МО	DAY	1	YEAR	FC	R OFFIC	E USE	ONL	Y	
Expenditures	from:			1	1 2	024	Т	0		1	29	2024						
A. Amount Bro	ught Forwa	ard From	Last R	eport				\$		1	,080	,849.22						
B. Total Moneta	ary Contrib	outions A	nd Rec	eipts (Fro	m Sche	dule	ı)	\$				0.00]					
C. Total Funds	Available ((Sum Of	Lines A	and B)				\$		1	,080	,849.22						
D. Total Expend	ditures (Fr	om Sche	dule II	I)				\$			1	,000.00						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$		1,	,079	,849.22						
F. Value Of In-	Kind Contr	ibutions	Receive	ed (From	Schedu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obli	gations ((From S	Schedule I	V)			\$				0.00						
					AFF	ID/	٩VI	T SE	CTION									
PART I - If this is		•	•							• •		_						
I swear (or affirm) correct and comple		port, inclu	iding the	attached s	chedule	s file	d on	paper	or by elec	tronic n	nediu	m, are to t	the best o	f my knov	vledge	and b	elief , tr	rue
Sworn to and subs	cribed befor day of	e me this		20								Signature	e of Perso	n Submitt	ing Re	port		_
		Signatur	e					-					Prin	ted Name	1			_
My Commission Ex	pires									-			Ema	il				-
	м	10	DA	AY	YR					A	rea C	ode	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report o	of a cand	idate's	authorize	d Com	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and be	lief this	polit	tical	comm	ittee has	not viol	ated a	any provis	ions of th	e act of Ju	ıne 3,1	937 (1	P.L. 133	з,
Sworn to and subsc		me this										s	ignature (of Candida	ate			-
	day of — –							-					Printe	d Name				_
	Sic	gnature						-										_
My Commission Exp													Ema	il				
	_	мо	D	AY	YR	ł		-		Area	Code	e	D	aytime To	elepho	ne Nur	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PSEA-PACE FOR STATE ELECTIONS	From:	1/1/202	<u>4</u> To:	1/29/2024
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	g 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	g 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 ar 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

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

PAGE TOTAL
\$ 0.00

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 Candid	ate		Rep Fro	oorting P	eriod	To	o:	
					DATE		AN	4OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$ \$	0.00
City	State	Zip Code (Plus 4)	1					

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

PAGE TOTAL \$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		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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 Ca	andidate			Rep	orting Pe	eriod			
				Fror	m:		T	o:	
			_		D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•				Occupa	tion		•	
Employer Mailing Address/Princ Business	cipal Place of		City			State		Zip Cod	e (Plus 4)
Enter Grand Total of Part C	on Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.			P.	AGE TOTAL 0.00
							L		

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	••			\$	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		
PSEA-PACE FOR STATE ELECTIONS	From:	<u>1/1/2024</u> To:	1/29/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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	TF)		
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 Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
PSEA-PACE FOR STATE ELECTIONS	From	1/1/2024	То:	1/29/2024

			DATE			AMOUNT	
To Whom Paid Friends of Prokopiak			мо	DAY	YEAR		
Mailing Address 32 Butterfly Land	е		1	26	2024	\$	1,000.00
City Levittown	State PA	Zip Code (Plus 4) 19054	Description of Expenditure Contribution				
Futou Cuand Tatal of Funondition	D 1 D	amout Cavan Paga Itama D					PAGE TOTAL
Enter Grand Total of Expenditure	es on Page 1, R	eport Cover Page, Item D.	•			\$	1,000.00