

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 : 20230127		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF MICHAEL STENDER											
Street Address:											
City: SUNBURY				State: PA		Zip Code: 17801					
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.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	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	99999		REP	49
					11	7	2023	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		5	27	2023		12	31	2023			
A. Amount Brought Forward From Last Report					\$ 10,100.34						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 4,200.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 14,300.34						
D. Total Expenditures (From Schedule III)					\$ 0.00						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 14,300.34						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

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
FRIENDS OF MICHAEL STENDER	From: <u>5/27/2023</u> To: <u>12/31/2023</u>

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)	\$ 2,500.00
All Other Contributions (Part B)	\$ 200.00
TOTAL for the Reporting Period (2)	\$ 2,700.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 500.00
TOTAL for the Reporting Period (3)	\$ 1,500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 4,200.00
---	-------------

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 Candidate				Reporting Period			
FRIENDS OF MICHAEL STENDER				From: <u>5/27/2023</u> To: <u>12/31/2023</u>			
				DATE		AMOUNT	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
PA STATE LODGE OF FRATERNAL ORDER OF POLICE PAC			11	6	2023	
Mailing Address						
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
MCNEES PAC			10	20	2023	
Mailing Address						
City HARRISBURG	State PA	Zip Code (Plus 4) 17108-1166				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
ESSENTIAL UTILITIES, INC. PENNSYLVANIA POLITICAL ACTION COMMITTEE			10	20	2023	
Mailing Address						
City BRYN MAWR	State PA	Zip Code (Plus 4) 19010-3489				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
Certified Public Accountants PAC			10	20	2023	
Mailing Address						
City Harrisburg	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
HIGHMARK PAC OF HIGHMARK INC			10	20	2023	
Mailing Address						
City CAMP HILL	State PA	Zip Code (Plus 4) 17089-0000				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
AFSCME COUNCIL 13 POL & LEG ACCT			10	20	2023	
Mailing Address						
City HARRISBURG	State PA	Zip Code (Plus 4) 17111-1507				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 250.00
PGG-State			10	20	2023	
Mailing Address						
City Allentown	State PA	Zip Code (Plus 4) 18101				

Full Name of Contributing Committee UGI UTILITIES INC/UGI ENERGY SERVICES LLC PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address			10	20	2023	
City	DENVER	State PA				

Full Name of Contributing Committee CHAMBER PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address			10	20	2023	
City	HARRISBURG	State PA				

Full Name of Contributing Committee PA INSURANCE PAC (PIPAC)			MO	DAY	YEAR	\$ 250.00
Mailing Address			9	29	2023	
City	Harrisburg	State PA				

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

PAGE TOTAL
\$ 2,500.00

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
FRIENDS OF MICHAEL STENDER	From: <u>5/27/2023</u> To: <u>12/31/2023</u>

DATE				AMOUNT
Full Name of Contributor				
Maria Lieb				
Mailing Address				
City Selinsgrove	State PA	Zip Code (Plus 4) 17870	8 7 2023	\$ 100.00
Full Name of Contributor				
Ethelmae Cloughen				
Mailing Address				
City Sunbury	State PA	Zip Code (Plus 4) 17801	9 29 2023	\$ 100.00

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

PAGE TOTAL
\$ 200.00

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
FRIENDS OF MICHAEL STENDER	From: <u>5/27/2023</u> To: <u>12/31/2023</u>

DATE				AMOUNT
Full Name of Contributing Committee				
PILOTS ASSN FOR BAY & RIVER DELAWARE PAC				\$ 1,000.00
Mailing Address				
City	State	Zip Code (Plus 4)		
Philadelphia	PA	19147	9 29 2023	

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

PAGE TOTAL
\$ 1,000.00

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 FRIENDS OF MICHAEL STENDER	Reporting Period From: <u>5/27/2023</u> To: <u>12/31/2023</u>
--	---

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Laura Williams	8	7	2023	\$ 500.00
Mailing Address				
City Sunbury	State PA	Zip Code (Plus 4) 17801		
Employer Name Retired			Occupation Retired	
Employer Mailing Address/Principal Place of Business		City Retired	State PA	Zip Code (Plus 4) 17801

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

PAGE TOTAL
\$ 500.00

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:

			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	
FRIENDS OF MICHAEL STENDER		From: <u>5/27/2023</u> To: <u>12/31/2023</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 From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
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 \$ 0.00

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
	From To:

			DATE			AMOUNT
To Whom Paid			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)	Description of Expenditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 0.00

