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 2022 | 0149 | | | Repor Filed I | | CA | NDI | DATE | | COMM | 1ITTEE | Y | LUBE | 1131 | |
|------------------------------------------|---------------------------------|-------------|-----------------------|----------|------------------|--------|---------------|--------|-----------|--------|----------|--------------------|----------------|--------------|-----------|----------------|
| Name of Filing C | ommittee, Candid | ate or L | obbyist: | 1 | PATRIC | TS FC | DR BE | TH | | | | | | | | |
| Street Address: | PO BOX 451 | | | | | | | | | | | | | | | |
| City: | WHITEHALL | | | | | | Stat | e: | PA | | | Zip Co | de: 18 | 3052 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | 2. | 30 DA | | F | POST- | 3. | | AMENDN REPORT | | Yes | No | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | AY PRE | - 5. | 30 DA | | F | POST- | 6. | | TERMIN/ REPORT | | Yes | No | |
| report type) | ANNUAL REPORT | 7. X | Year 2023 | | | | NG MI CHEC | | | | | PAPER | | \checkmark | DISKE | TTE |
| Name of Office S | - Sought by Candidat | te: | | | | | DAT | ΈO | F ELEC | TION | ١ | District Number | Office Code | Par | ty Code | County Code |
| | | | | | | | МО | | DAY | YEA | AR | | | REP | | |
| | | | | • | | | | 11 | | 7 | 2023 | | (SEE IN | STRUCTIO | ONS FOR C | CODES) |
| Summary of Expenditures | Receipts and | МО | DAY | YEAR | | | МО | | DAY | YEA | AR | FC | R OFFI | CE USE | ONLY | |
| | | | 11 28 | 3 20 | 023 1 | ГО | | 12 | 3 | 1 | 2023 | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | \$ | | | | 35 | 55.48 | | | | | |
| B. Total Moneta | ary Contributions / | And Rec | eipts (Fron | n Sche | dule I) | \$ | | | | | 0.00 | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | \$ | | | | 35 | 55.48 | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | \$ | | | | 35 | 55.48 | | | | | |
| E. Ending Cash | Balance (Subtract | Line D | From Line | C) | | \$ | | | | | 0.00 | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From S | chedul | e II) | \$ | | | | | 0.00 | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule I\ | /) | | \$ | | | | | 0.00 | | | | | |
| | | | | AFF | IDAVI | T SE | CTI | NC | | | | | | | | |
| | a Committee repo | * | _ | | | | | | | | _ | | £ mass leman | | and hali | |
| correct and comple | that this report, inclete. | uaing the | e attached sc | neaules | riiea on | paper | ог ву | eiecti | ronic me | aium, | are to t | ne best o | T MY KNO | wieage a | and belle | er , true |
| Sworn to and subs | cribed before me this day of | | 20 | | | | | | | Sig | gnature | of Perso | n Submit | ting Rep | ort | |
| | Signatu | re | | | | _ | | | | | | Prin | ted Name | · | | |
| My Commission Ex | opires | | | | | _ | | | | | | Ema | il | | | |
| | МО | D | AY | YR | | | | | Are | a Code | 1 | Daytin | e Teleph | one Nu | mber | |
| Part II- If this is | a report of a cand | lidate's | authorized | l Comm | ittee, C | Candid | ate s | hall | sign he | re. | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of med. | ny knowle | edge and bel | ief this | political | comm | ittee l | nas n | ot violat | ed any | provisi | ons of th | e act of J | une 3,19 | 937 (P.L | . 1333, |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | | | Si | gnature | of Candida | ate | | |
| | | | | | | _ | | | | | | Printe | d Name | | | — <u> </u> |
| My Commission Exp | Signature ires | | | | | _ | | | | | | Ema | il | | | — |
| | мо | D | AY | YR | | - | | | Area (| Code | | D | aytime T | elephon | e Numb | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|--------------|------------|--|--|--|--|
| Name of Filing Committee or Candidate | Reporting | g Period | | | | | | |
| PATRIOTS FOR BETH | From: | 11/28/202 | <u>3</u> To: | 12/31/2023 | | | | |
| 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 | (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

| | this Part to itemize only with an aggregate valu | | | | | | | |
|-------------------------|--------------------------------------------------|------------------|------------------|----|------|------|---------------|------------|
| Name of Filing Comm | nittee or Candidate | | Reporting Period | | | | | |
| | | | From: To | | | o: | | |
| | | <u> </u> | | | DATE | | | AMOUNT |
| Full Name of Contributi | ing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 |) | | | | | |
| | • | · | | | • | • | $\overline{}$ | DACE TOTAL |

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 Committe | ee or Candidate | | Reporting Period | | | | | |
|--------------------------|-----------------|-------------------|------------------|----|------|------|------------|--------|
| | | | From: To | | | | D : | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | 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

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 | 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 Candida | ate | | | Rep | orting Pe | riod | | | |
|---------------------------------------------|-----------------|-----------|--------------|--------------|-----------|-------|------|----------|------------|
| | | | | Froi | n: | | То | : | |
| | | | | | D | ATE | | AN | MOUNT |
| Full Name of Contributor | | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus | i 4) | | | | | |
| Employer Name | • | • | | | Occupa | tion | • | • | |
| Employer Mailing Address/Principal Business | Place of | | City | | | State | | Zip Code | e (Plus 4) |
| Enter Grand Total of Part C on So | chedule I, Deta | iled Sumr | mary Page, | Section | on 3. | | | P | AGE 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 C | Candidate | | Report | ting Perio | od | | | |
|-------------------------------|-------------------------|-----------------------------------------|---------|------------|-----|------|-----------|------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | AMOUNT | |
| Full Name | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | | | | | | | | |
| Enter Grand Total of Part E o | on Schedule I. Detailed | d Summary Page. | Section | 4. | | | PAGE TOTA | ıL |
| | | · • • • • • • • • • • • • • • • • • • • | | | | | \$ C | 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 | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------|------------|--|--|--|--|--|
| PATRIOTS FOR BETH | From: | <u>11/28/2023</u> To: | 12/31/2023 | | | | | |
| 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 PART 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 Candidat | :e | | Reporting | g Period | | | | |
|--------------------------------------|--------------------|-----------------------|-------------|-------------|-------|-----------|------------|--|
| | | | From: | | | То: | | |
| | | | | 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 Sch | andula II. In-Kir | nd Contributions Data | ilad Sum | mary Pag | | | DACE TOTAL | |
| Section 2. | iedule II, III-KII | ia contributions Deta | iiieu Suiii | iliai y Pag | , je, | | PAGE TOTAL | |
| | | | | | | \$ | 0.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | Re | porting l | Period | | | |
|----------------------------------------------------------------|-------------|---------|------------|---------|--------|-----------|-----------|-------|--------|------------------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | • | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(I | Plus 4) | | | | | | |
| Employer of Contributor | | | | | | Occupa | ition | | • | |
| Employer Mailing Address/Principal Plac Business | ce of | City | | State | | Zip 4) | Code(Plus | Descr | iption | of Contribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, I | in-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|---------------------------------------|-----------|------------|-----|-------------------|
| PATRIOTS FOR BETH | From | 11/28/2023 | То: | <u>12/31/2023</u> |
| | | DATE | | AMOUNT |

| | | | | DATE | | | AMOUNT |
|-------------------------------------|-----------------------------------------------------------------------|-------------------|---------|-------------|----------|----|--------|
| To Whom Paid PATRIOTS FOR COLEMAN | | | МО | DAY | YEAR | | |
| Mailing Address PO BOX 451 | | | 12 | 30 | 2023 | \$ | 355.48 |
| City WHITEHALL | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | PA | 18052 | DONAT | ION | | | |
| Forten Commit Tabel of Form and the | | PAGE TOTAL | | | | | |
| Enter Grand Total of Expendit | ter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | 355.48 |