

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 :		20220187		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF STEPHENIE SCIALABBA												
Street Address:												
City: CRANBERRY TWP						State: PA		Zip Code: 16066-3452				
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	<input checked="" type="checkbox"/>	No		
	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	REP 10			
						11	7	2023	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	1	2023		12	31	2023				
A. Amount Brought Forward From Last Report						\$ 40,788.79						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 6,600.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 47,388.79						
D. Total Expenditures (From Schedule III)						\$ 20,354.76						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 27,034.03						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 10,000.00						

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 STEPHENIE SCIALABBA	From: <u>1/1/2023</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)	\$ 500.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 500.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 5,100.00
All Other Contributions (Part D)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 6,100.00

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.)	\$ 6,600.00
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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 FRIENDS OF STEPHENIE SCIALABBA	Reporting Period From: <u>1/1/2023</u> To: <u>12/31/2023</u>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table>		DATE	AMOUNT
DATE	AMOUNT		

Full Name of Contributing Committee PA ASSN OF NURSE ANESTHETISTS PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address			6	19	2023	
City WORTHINGTON	State OH	Zip Code (Plus 4) 430852259				

Full Name of Contributing Committee ARCONIC INC EMPLOYEES VOLUNTARY PAC			MO	DAY	YEAR	\$ 250.00
Mailing Address			11	27	2023	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15212				

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

PAGE TOTAL
\$ 500.00

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 STEPHENIE SCIALABBA	From: <u>1/1/2023</u> To: <u>12/31/2023</u>

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
ENERGY TRANSFER EMPLOYEE MANAGEMENT COMPANY PAC				6	19	2023	
Mailing Address							
City	AUSTIN	State	TX	Zip Code (Plus 4)		787012469	
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
HOSPITAL & HEALTHSYSTEM ASSOC OF PA PAC(HAPAC)				7	6	2023	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17101	
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
HIGHMARK PAC OF HIGHMARK INC				6	22	2023	
Mailing Address							
City	CAMP HILL	State	PA	Zip Code (Plus 4)		170890000	
Full Name of Contributing Committee				MO	DAY	YEAR	\$300.00
FIRSTENERGY PAC				6	22	2023	
Mailing Address							
City	AKRON	State	OH	Zip Code (Plus 4)		443080000	
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
THE PENNSYLVANIA INSURANCE PAC				6	22	2023	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17101	
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
PABAR PAC (PA BAR ASSN)				6	13	2023	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17101	

Full Name of Contributing Committee PSCOA PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address			6	16	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17110				

Full Name of Contributing Committee CHAMBER PAC			MO	DAY	YEAR	\$ 300.00
Mailing Address			6	16	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 171010000				

Full Name of Contributing Committee BETTER PENNSYLVANIA PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address			6	16	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101				

Full Name of Contributing Committee NFG PAPAC (NATIONAL FUEL GAS)			MO	DAY	YEAR	\$ 500.00
Mailing Address			6	20	2023	
City ERIE	State PA	Zip Code (Plus 4) 165120000				

Full Name of Contributing Committee UGI UTILITIES INC/UGI ENERGY SERVICES LLC PAC			MO	DAY	YEAR	\$ 500.00
Mailing Address			7	25	2023	
City DENVER	State PA	Zip Code (Plus 4) 17517				

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

PAGE TOTAL
\$ 5,100.00

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 STEPHENIE SCIALABBA	Reporting Period From: <u>1/1/2023</u> To: <u>12/31/2023</u>
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			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
ERIC CLANCY	6	15	2023	\$ 1,000.00
Mailing Address				
City CAMP HILL	State PA	Zip Code (Plus 4) 17011		
Employer Name DELTA DEVELOPMENT GROUP			Occupation EXECUTIVE VICE PRESIDENT	
Employer Mailing Address/Principal Place of Business		City CAMP HILL	State PA	Zip Code (Plus 4) 17011

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

PAGE TOTAL
\$ 1,000.00

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:
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			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 STEPHENIE SCIALABBA		From: <u>1/1/2023</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:
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			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
FRIENDS OF STEPHENIE SCIALABBA	From <u>1/1/2023</u> To: <u>12/31/2023</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
BONEFISH GRILL				
Mailing Address	1	4	2023	\$ 1,407.19
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	Description of Expenditure DINNER FOR VOLUNTEERS, POLL WORKERS AND FAMILY RE SWEARING-IN CEREMONY	
To Whom Paid	MO	DAY	YEAR	
C and J CATERING				
Mailing Address	1	4	2023	\$ 2,023.94
City MIDDLETOWN	State PA	Zip Code (Plus 4) 17057	Description of Expenditure BREAKFAST AND LUNCH FOR CAMPAIGN TEAM/VOLUNTEERS FOR SWEARING IN CEREMONY	
To Whom Paid	MO	DAY	YEAR	
HILTON HARRISBURG				
Mailing Address	1	5	2023	\$ 2,411.65
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure LODGING FOR CAMPAIGN TEAM AND VOLUNTEERS FOR SWEARING-IN CEREMONY	
To Whom Paid	MO	DAY	YEAR	
CHILDREN'S ADVOCACY CENTER				
Mailing Address	1	19	2023	\$ 300.00
City BUTLER	State PA	Zip Code (Plus 4) 16001	Description of Expenditure WINTER HARVEST - COMBATING CHILD SEX TRAFFICKING AND COMMERCIAL SEXUAL EXPLOITATION EVENT	
To Whom Paid	MO	DAY	YEAR	
THE ORIGINAL ROADHOUSE				
Mailing Address	3	6	2023	\$ 117.88
City EAST PALESTINE	State OH	Zip Code (Plus 4) 44413	Description of Expenditure LUNCH FOR VOLUNTEERS WHO DELIVERED WATER TO E. PALESTINE VICTIMS RE TRAIN DERAILMENT	

To Whom Paid RIGHTWAY COMPLIANCE LLC			MO	DAY	YEAR	\$ 120.00
Mailing Address			3	9	2023	
City HARRISBURG	State PA	Zip Code (Plus 4) 17106	Description of Expenditure ACCOUNTING			

To Whom Paid UNITED STATES POSTAL SERVICE			MO	DAY	YEAR	\$ 332.00
Mailing Address			3	16	2023	
City CRANBERRY TOWNSHIP	State PA	Zip Code (Plus 4) 16066	Description of Expenditure RENEWAL OF P.O. BOX			

To Whom Paid SAGGESE STRATEGIES, LLC			MO	DAY	YEAR	\$ 810.00
Mailing Address			3	15	2023	
City GAP	State PA	Zip Code (Plus 4) 17527	Description of Expenditure FUNDRAISING			

To Whom Paid STEPHENIE SCIALABBA			MO	DAY	YEAR	\$ 682.10
Mailing Address			8	7	2023	
City CRANBERRY TOWNSHIP	State PA	Zip Code (Plus 4) 16066	Description of Expenditure LOAN REPAYMENT			

To Whom Paid JOHN SCIALABBA			MO	DAY	YEAR	\$ 12,000.00
Mailing Address			8	7	2023	
City CRANBERRY TOWNSHIP	State PA	Zip Code (Plus 4) 16066	Description of Expenditure LOAN REPAYMENT			

To Whom Paid STARN MARKETING GROUP			MO	DAY	YEAR	\$ 150.00
Mailing Address			10	2	2023	
City MEADVILLE	State PA	Zip Code (Plus 4) 16335	Description of Expenditure WEBSITE DESIGN			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 20,354.76

SCHEDULE IV

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 FRIENDS OF STEPHENIE SCIALABBA	Reporting Period From: <u>1/1/2023</u> To: <u>12/31/2023</u>
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				DATE			Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	\$ 10,000.00
STEPHENIE SCIALABBA							
Mailing Address				5	1	2022	
City	CRANBERRY TOWNSHIP	State	PA	Zip Code (Plus 4)	16066	Description of Debt	
						LOAN TO CAMPAIGN	

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 10,000.00
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