# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati                              | ion                                       | 20230        | 0278        |                       | -                                | Repo       |              | CAND        | IDATE         |         | СОМІ      | MITTEE             | $\checkmark$   | LOBI         | BYIST    |                |
|---|---|--------------|-------------|-----------------------|----------------------------------|------------|--------------|-------------|---------------|---------|-----------|--------------------|----------------|--------------|----------|----------------|
| Number :  |   |              |             |                       |                                  | Filed      | -            |             |               |         |           |                    |                |              |          |                |
| Name of Filing C                                |   |              | ate or L    | obbyist:              |                                  | TAXPA      | YERS         | FOR SCC     | DII BAH       | RGER    |           |                    |                |              |          |                |
| Street Address:                                 | PO BC                                     | DX 261       |             |                       |                                  |            |              | _           |               |         |           |                    |                |              |          |                |
| City:   | HOLLI                                     | DAYSBU       | RG          |                       |                                  |            |              | State:      | PA            |         |           | Zip Co             | <b>de:</b> 16  | 648          |          |                |
| TYPE OF<br>REPORT                               | 6TH TUESI<br>PRE-PRIMA                    |              | 1. <b>X</b> | 2ND FRIDA<br>PRIMARY  | Y PRE                            | - 2.       | 30 D<br>PRIM |             | POST-         | 3.      |           | AMENDI<br>REPORT   |                | Yes          | No       | y <b>√</b>     |
| (place X to<br>the right of                     | 6TH TUESI<br>PRE-ELECT                    |              | 4.          | 2ND FRIDA<br>ELECTION | Y PRE                            | E- 5.      | 30 D<br>ELEC | AY<br>CTION | POST- 6.<br>N |         |           | TERMIN<br>REPORT   |                | Yes          | No       | ) 🔻            |
| report type)                                    | ANNUAL I                                  | REPORT       | 7.          | <b>Year</b> 2024      | Year 2024 FILING METH () CHECK O |            |              |             |               |         |           | PAPER              |                | $\checkmark$ | DISK     | TTE            |
| Name of Office S                                | Sought by (                               | Candidat     | e:          |                       |                                  |            |              | DATE        | OF ELE        | СТІС    | N         | District<br>Number | Office<br>Code | Par          | ty Code  | County<br>Code |
| REPRESENTAT                                     |   |              |             |                       |                                  |            |              | мо          | DAY           | Y       | EAR       | 80                 | STH            | REP          |          | 07             |
|   |   |              |             |                       |                                  |            |              | 1           | 1             | 5       | 2024      |                    | (SEE INS       | TRUCTI       | ONS FOR  | CODES)         |
| Summary of Receipts and MO DAY YEAR             |   |              |             |                       |                                  | мо         | DAY          | YI          | EAR           | FC      | OR OFFIC  | E USE              | ONLY           |              |          |                |
| Expenditures                                    | s from:                                   |              |             | 1 1                   | 2                                | 024        | то           | :           | 3             | 4       | 2024      |                    |                |              |          |                |
| A. Amount Bro                                   | ught Forw                                 | ard From     | n Last R    | eport                 |                                  |            | \$           | 5           | -             | 14,7    | 759.00    |                    |                |              |          |                |
| B. Total Monet                                  | ary Contril                               | butions A    | And Rec     | eipts (Fron           | n Sche                           | dule I     |              | \$          | 13,900.00     |         |           |                    |                |              |          |                |
| C. Total Funds Available (Sum Of Lines A and B) |   |              |             |                       |                                  | \$         | \$           |             | 28,6          | 559.00  |           |                    |                |              |          |                |
| D. Total Expen                                  | D. Total Expenditures (From Schedule III) |              |             |                       |                                  |            | 4            | \$          |               | 23,3    | 383.99    |                    |                |              |          |                |
| E. Ending Cash                                  | Balance (                                 | Subtract     | Line D      | From Line             | C)                               |            | 4            | 5           |               | 5,2     | 275.01    |                    |                |              |          |                |
| F. Value Of In-                                 | Kind Cont                                 | ributions    | Receiv      | ed (From S            | chedu                            | le II)     | 9            | 5           |               |         | 0.00      |                    |                |              |          |                |
| G. Unpaid Deb                                   | ts And Obli                               | igations     | (From S     | Schedule I\           | /)                               |            | 4            | \$          |               |         | 0.00      |                    |                |              |          |                |
|   |   |              |             |                       | AFF                              | IDAV       | 'IT SE       | ECTION      |               |         |           |                    |                |              |          |                |
| PART I - If this is                             | s a Commi <sup>s</sup>                    | ttee repo    | ort, trea   | surer sign            | here.                            | If this    | is a Ca      | ndidate ı   | eport,        | candi   | date sig  | gn here.           |                |              |          |                |
| I swear (or affirm<br>correct and compl         |   | eport, inclu | uding the   | e attached sc         | hedule                           | s filed o  | n paper      | or by elec  | tronic m      | edium   | , are to  | the best o         | of my knov     | vledge       | and beli | ef , true      |
| Sworn to and subs                               | cribed befor<br>day of                    | re me this   |             | 20                    |                                  |            |              |             |               | 9       | Signaturo | e of Perso         | n Submitt      | ing Rep      | oort     |                |
|   |   | Signatur     | e           |                       |                                  |            | _            |             |               |         |           | Prir               | ited Name      |              |          |                |
| My Commission E                                 | xpires                                    |              |             |                       |                                  |            |              |             |               |         |           | Ema                | il             |              |          |                |
|   | Μ   | 10           | D           | AY                    | YR                               |            |              |             | Ar            | ea Coo  | le        | Daytin             | ne Teleph      | one Nu       | mber     |                |
| Part II- If this is                             | a report o                                | of a cand    | idate's     | authorized            | Comn                             | nittee,    | Candio       | date shal   | l sign h      | ere.    |           |                    |                |              |          |                |
| I swear (or affirm)<br>No 320) as amendo        |   | best of m    | y knowle    | edge and bel          | ief this                         | s politica | al comm      | nittee has  | not viola     | ited an | ıy provis | ions of th         | e act of Ju    | ine 3,1      | 937 (P.I | 1333,          |
| Sworn to and subso                              | ribed before<br>day of                    | e me this    |             | 20                    |                                  |            |              |             |               |         | s         | ignature           | of Candida     | ite          |          |                |
|   |   |              |             |                       |                                  |            |              |             |               |         |           | Print              | ed Name        |              |          |                |
| My Commission Exp                               | Signature<br>Yv Commission Expires        |              |             |                       |                                  |            |              |             | Email         |         |           |                    |                |              |          |                |
|   |   |              |             |                       |                                  |            | _            |             |               |         |           |                    |                |              |          |                |
|   | MO DAY YR                                 |              |             |                       |                                  |            |              |             | Area          | Code    |           | D                  | aytime Te      | elephon      | e Numb   | er             |

#### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** TAXPAYERS FOR SCOTT BARGER From: <u>1/1/2024</u> **To:** <u>3/4/2024</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 350.00 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 2,250.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 2,250.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 5,000.00 6,300.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 11,300.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 13,900.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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 |      |        |    |            |  |
|--|-------|------------------|----|------------------|------|--------|----|------------|--|
|  |       |                  |    | From: To:        |      |        | 1  |            |  |
|  |       |                  |    |                  | DATE | AMOUNT |    |            |  |
| Full Name of Contributing Committee  |       |                  |    | мо               | DAY  | YEAR   |    |            |  |
| Mailing Address  |       |                  |    |                  |      |        | \$ | 0.00       |  |
| City   | State | Zip Code (Plus 4 | 4) |                  |      |        |    |            |  |
|  |       |                  |    |                  |      |        |    | PAGE TOTAL |  |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. |       |                  |    |                  |      |        |    | 0.00       |  |

PAGE 3

| PART B<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |                          |                                  |            |                        |       |        |        |                   |  |  |
|---|--------------------------|----------------------------------|------------|------------------------|-------|--------|--------|-------------------|--|--|
| Name of Filing Committee or Candida   | te                       |                                  | Repo       | orting Pe              | eriod |        |        |                   |  |  |
| TAXPAYERS FOR SCOTT BARGER  |                          |                                  | From       | om: <u>1/1/2024</u> To |       |        |        | : <u>3/4/2024</u> |  |  |
|   |                          |                                  | _          |                        | DATE  |        |        | AMOUNT            |  |  |
| Full Name of Contributor<br>Benjamin Irvin  |                          |                                  |            | мо                     | DAY   | YEAR   |        |                   |  |  |
| Mailing Address 2656 Kettle Road  |                          |                                  |            |                        | \$    | 200.00 |        |                   |  |  |
| City Altoona  | State                    | Zip Code (Plus 4                 | )          | 1                      | 29    | 2024   |        |                   |  |  |
|   | PA                       | 16601                            |            |                        |       |        |        |                   |  |  |
| Full Name of Contributor<br>William Himes   |                          |                                  |            | мо                     | DAY   | YEAR   |        |                   |  |  |
| Mailing Address 337 S. 2nd Street   |                          |                                  |            |                        |       |        | \$     | 250.00            |  |  |
| City Bellwood   | <b>State</b><br>PA       | <b>Zip Code (Plus 4</b><br>16617 | )          | 1                      | 29    | 2024   |        |                   |  |  |
| Full Name of Contributor  |                          |                                  |            |                        |       |        |        |                   |  |  |
| Gary and Nancy Dull   |                          |                                  |            | мо                     | DAY   | YEAR   |        |                   |  |  |
| Mailing Address 1031 Poland Ave.,   |                          | -                                |            |                        |       |        | \$     | 100.00            |  |  |
| City Altoona  | State                    | Zip Code (Plus 4                 | )          | 1                      | 29    | 2024   |        |                   |  |  |
|   | PA                       | 16601                            |            |                        |       |        |        |                   |  |  |
| Full Name of Contributor  |                          |                                  |            | мо                     | DAY   | YEAR   |        |                   |  |  |
| Janet Wasserman   |                          |                                  |            |                        |       |        |        |                   |  |  |
| Mailing Address 1251 Club Terrace City Hollidavsburg  | Road, Apt., 321<br>State | Zip Code (Plus 4                 | <u>,  </u> | 1                      | 29    | 2024   | \$     | 50.00             |  |  |
| City Hollidaysburg  | PA                       | 16648                            |            | 1                      | 25    | 2021   |        |                   |  |  |
| Full Name of Contributor  |                          |                                  | <u> </u>   |                        |       |        |        |                   |  |  |
| Michael Humphrey  |                          |                                  |            | мо                     | DAY   | YEAR   |        |                   |  |  |
| Mailing Address 112 Sandstone Dri   | ve                       | -                                |            |                        |       |        | \$     | 250.00            |  |  |
| City Hollidaysburg  | State                    | Zip Code (Plus 4                 | )          | 1                      | 29    | 2024   |        |                   |  |  |
|   | РА                       | 16648                            |            |                        |       |        |        |                   |  |  |
| Full Name of Contributor  |                          |                                  |            |                        | DAY   | YEAR   |        |                   |  |  |
| Joyce and Greg Donnelly   |                          |                                  |            |                        |       |        |        |                   |  |  |
| Mailing Address         719 Bryant Ave.           City         Altoona  | Zip Code (Plus 4         |                                  | 1          | 29                     | 2024  | \$     | 200.00 |                   |  |  |
|   | <b>State</b><br>PA       | 16602                            |            | -                      |       |        |        |                   |  |  |

|                           |                |                   |     |     |      | TAGE 5           |
|---------------------------|----------------|-------------------|-----|-----|------|------------------|
| Full Name of Contributor  |                |                   | мо  | DAY | YEAR |                  |
| Timothy Kleiner           |                |                   |     | DAT | ILAK |                  |
| Mailing Address 2484 Scot | ch Valley Road |                   |     |     |      | <b>\$</b> 250.00 |
| City Hollidaysburg        | State          | Zip Code (Plus 4) | 1   | 29  | 2024 |                  |
|                           | PA             | 16648             |     |     |      |                  |
| Full Name of Contributor  |                |                   | мо  | DAY | YEAR |                  |
| Trena Czuba               |                |                   | MO  | DAT | TEAK |                  |
| Mailing Address 9703 Old  | Route 22       |                   |     |     |      | <b>\$</b> 200.00 |
| City Hollidaysburg        | State          | Zip Code (Plus 4) | 2   | 1   | 2024 |                  |
|                           | PA             | 16648             |     |     |      |                  |
| Full Name of Contributor  |                |                   | мо  | DAY | YEAR |                  |
| Michael Tower             |                |                   | 140 |     | TEAR |                  |
| Mailing Address 102 Oakd  | ale Road       |                   |     |     |      | <b>\$</b> 100.00 |
| City Martinsburg          | State          | Zip Code (Plus 4) | 2   | 12  | 2024 |                  |
|                           | PA             | 16662             |     |     |      |                  |
| Full Name of Contributor  |                |                   | мо  | DAY | YEAR |                  |
| Douglas Claycomb          |                |                   | MO  | DAT | TEAR |                  |
| Mailing Address 132 Lakev | view Drive     |                   |     |     |      | <b>\$</b> 200.00 |
| City Hollidaysburg        | State          | Zip Code (Plus 4) | 2   | 23  | 2024 |                  |
|                           | PA             | 16648             |     |     |      |                  |
| Full Name of Contributor  |                |                   | мо  | DAY | YEAR |                  |
| Benjamin Irvin            |                |                   |     | DAT | ILAK |                  |
| Mailing Address 2656 Kett | le Road        |                   |     |     |      | <b>\$</b> 250.00 |
| City Altoona              | State          | Zip Code (Plus 4) | 2   | 23  | 2024 |                  |
|                           | PA             | 16601             |     |     |      |                  |
| Full Name of Contributor  |                |                   | мо  | DAY | YEAR |                  |
| James & Deborah Moore     |                |                   |     |     |      |                  |
| Mailing Address 422 5th S | treet          |                   |     |     |      | <b>\$</b> 200.00 |
| City Tyrone               | State          | Zip Code (Plus 4) | 2   | 23  | 2024 |                  |
|                           | PA             | 16686             |     |     |      |                  |
|                           | -              |                   |     |     |      |                  |

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

 PAGE TOTAL

 \$ 2,250.00

# 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 |   |                |            |                     |          |  |  |
|--|--------------------|-------------------------|------------------|---|----------------|------------|---------------------|----------|--|--|
| TAXPAYERS FOR SCOTT BARGER From:                   |                    |                         |                  |   | <u>′1/2024</u> | То:        | Fo: <u>3/4/2024</u> |          |  |  |
|  |                    |                         |                  |   | DATE           |            |                     | AMOUNT   |  |  |
| Full Name of Contributing Committee<br>I Like Eich |                    |                         |                  |   | DAY            | YEAR       | \$                  | 5,000.00 |  |  |
| Mailing Address 643 Hillside View D                | Prive              |                         |                  | 2 | 12             | 2024       |                     | 5,000100 |  |  |
| City Hollidaysburg                                 | <b>State</b><br>PA | <b>Zip Cod</b><br>16648 | e (Plus 4)       |   |                |            |                     |          |  |  |
| Enter Grand Total of Part C on Sch                 | age. Sectio        | n 3.                    |                  |   |                | PAGE TOTAL |                     |          |  |  |
|  |                    |                         |                  |   |                |            | \$                  | 5,000.00 |  |  |

## 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                               |                          |     |              | Repo | orting Pe | riod          |                     |                    |
|---|--------------------------|-----|--------------|------|-----------|---------------|---------------------|--------------------|
| TAXPAYERS FOR SCOTT BARGER  |                          |     |              | Fron | n:        | <u>1/1/2</u>  | <u>024</u> To       | : <u>3/4/2024</u>  |
|   |                          |     |              |      | DA        | ATE           |                     | AMOUNT             |
| Full Name of Contributor  |                          |     |              |      | мо        | DAY           | YEAR                |                    |
| John McGinnis   |                          |     |              |      | MO        | DAT           | ILAN                | <b>\$</b> 1,000.00 |
| Mailing Address 1505 Saint Francis                                  | Lane                     |     |              |      | 1         | 29            | 2024                |                    |
| City Altoona  | State                    | Zij | o Code (Plus | 4)   |           |               |                     |                    |
|   | PA                       | 16  | 602          |      |           |               |                     |                    |
| Employer Name John McGinnis   |                          |     |              |      | Occupat   |               |                     |                    |
| Employer Mailing Address/Principal Plac                             | e of Business            |     | City         |      |           | State         |                     | Zip Code (Plus 4)  |
| 1505 Saint Francis Lane Altoona                                     |                          |     |              |      |           | PA            |                     | 16602              |
| Full Name of Contributor<br>John McGinnis                           |                          |     |              | мо   | DAY       | YEAR          | \$ 1,000.00         |                    |
| Mailing Address 1505 Saint Francis                                  | 200                      |     |              |      |           |               |                     | -                  |
| City Altoona  | State Zip Code (Plus 4)  |     |              | 4)   | 2         | 23            | 2024                |                    |
| Alcolla   | PA 16602                 |     |              | -,   |           |               |                     |                    |
| Employer Name John McGinnis   |                          | 10  | 002          |      | Occupat   | ion           | Retired             | •                  |
| Employer Mailing Address/Principal Plac                             | e of Business            |     | City         |      | loccaba   | State         | Ketheu              | Zip Code (Plus 4)  |
| 1505 Saint Francis Lane   |                          |     | Altoona      |      |           | PA            |                     | 16602              |
|   |                          |     | 711000110    |      |           |               |                     | 10002              |
| Full Name of Contributor  |                          |     |              |      | мо        | DAY           | YEAR                | \$ 1,000.00        |
| Gary Hartman Mailing Address 5812 Nehemiah Wa                       | v Apt 7                  |     |              |      |           |               |                     |                    |
| City Huntingdon   | State                    | Ziı | o Code (Plus | 4)   | 1         | 29            | 2024                |                    |
|   | PA                       |     | 652          | -,   |           |               |                     |                    |
| Employer Name Gary Hartman  |                          | 10  | 052          |      | Occupat   | ion           | Retired             | ·                  |
| Employer Mailing Address/Principal Plac                             | e of Business            |     | City         |      | <b>-</b>  | State         | itetii eu           | Zip Code (Plus 4)  |
| 5812 Nehemiah Way, Apt 7  |                          |     | Huntingdo    | 'n   |           | PA            |                     | 16652              |
|   |                          |     | munitingut   |      |           | 114           |                     | 10052              |
| I Full Name of Contributor  |                          |     |              |      |           |               |                     |                    |
| Full Name of Contributor<br>Gary Hartman                            |                          |     |              |      | мо        | DAY           | YEAR                | <b>\$</b> 1,000.00 |
|   | y, Apt 7                 |     |              |      |           |               |                     | -                  |
| Gary Hartman  | y, Apt 7<br><b>State</b> | Zij | o Code (Plus | 4)   | <b>MO</b> | <b>DAY</b> 23 | <b>YEAR</b><br>2024 | -                  |
| Gary Hartman Mailing Address 5812 Nehemiah Wa                       |                          |     | o Code (Plus | 4)   |           |               |                     | -                  |
| Gary Hartman Mailing Address 5812 Nehemiah Wa                       | State                    |     | · ·          | 4)   |           | 23            |                     | -                  |
| Gary Hartman<br>Mailing Address 5812 Nehemiah Wa<br>City Huntingdon | State<br>PA              |     | · ·          | 4)   | . 2       | 23            | 2024                | -                  |

|   |  |     |  |                    |   |                     | _  |                                   |
|---|--|-----|--|--------------------|---|---------------------|--|-----------------------------------|
| Full Name of Contributor  |  |     |  | мо                 | DAY                                       | YEAR                | \$   | 500.00                            |
| Craig and Monika Carlson  |  |     |  |                    |   |                     | -  | 500100                            |
| Mailing Address 154 Overloo   |  |     |  | 1                  | 29  | 2024                |  |                                   |
| City Martinsburg  | State  | Zi  | p Code (Plus 4)  |                    |   |                     |  |                                   |
|   | PA   | 16  | 5662   |                    |   |                     |  |                                   |
| Employer Name Craig and Mor   | nika Carlson   |     |  | Occupat            | tion                                      | Retired             |  |                                   |
| Employer Mailing Address/Princ  | ipal Place of Business   |     | City   |                    | State                                     |                     | Zip Code (   | Plus 4)                           |
| 154 Overlook Rd.  |  |     | Martinsburg  |                    | PA  |                     | 16662  |                                   |
| Full Name of Contributor  |  |     |  |                    |   |                     |  |                                   |
| David andKim Gorman   |  |     |  | мо                 | DAY                                       | YEAR                | \$   | 500.00                            |
| Mailing Address 709 Garber  | Street   |     |  | 2                  | 12  | 2024                | 1  |                                   |
| City Hollidaysburg  | State  | Zi  | p Code (Plus 4)  |                    | 12  | 2024                |  |                                   |
|   | PA   | 16  | 5648   |                    |   |                     |  |                                   |
| Employer Name Veteran's Adr   | ninistration   |     |  | Occupat            | tion                                      | Staff Psy           |  |                                   |
| Employer Mailing Address/Princ  |  |     | City   |                    | State                                     | ĺ                   | Zip Code (   | Plus 4)                           |
| 2907 Pleasant Valley Blvd. Altoona  |  |     |  |                    | PA  |                     | 16602  |                                   |
| Full Name of Contributor  |  |     |  |                    |   | -                   |  |                                   |
| Alecia Masood Addink  |  |     |  | мо                 | DAY                                       | YEAR                | \$   | 300.00                            |
| Mailing Address PO Box 43   |  |     |  |                    |   |                     | 1  |                                   |
| City Hollidaysburg  | State  | Zi  | p Code (Plus 4)  | 2                  | 12  | 2024                |  |                                   |
| in the manual solution of the | PA   |     | 5648   |                    |   |                     |  |                                   |
| Employer Name Elevida Canco   |  | 110 | 5046   | Occupat            | ion                                       | Manago              | l<br>d Cara Caa  | rdinator                          |
| Employer Name         Florida Cancer Affiliates           Employer Mailing Address/Principal Place of Business         City   |  |     |  |                    | State                                     | Manaye              | d Care Coo   |                                   |
|   | ipal Place of Business   |     | City   |                    |   |                     |  | Plus 4)                           |
| 6350 Center Drive, Suite 200  |  |     | Norfolk  |                    | VA  |                     | 23502  |                                   |
| Full Name of Contributor  |  |     |  | мо                 | DAY                                       | YEAR                | \$   | 500.00                            |
| Daniel Ferrell  |  |     |  |                    |   |                     | - Ť  | 500.00                            |
| Mailing Address 1684 Mount  | tain Laurel Court  |     |  | 2                  | 23  | 2024                |  |                                   |
|   | State  |     |  |                    |   |                     |  |                                   |
| City Warriors Mark  | State  |     | p Code (Plus 4)  |                    |   |                     |  |                                   |
| City Warriors Mark  | PA   |     | <b>p Code (Plus 4)</b><br>5877                                       |                    |   |                     |  |                                   |
| City Warriors Mark Employer Name Daniel Ferrell   | PA   |     | ,  | Occupat            | tion                                      | Retired             |  |                                   |
|   | PA   |     | ,  | Occupat            | tion  <br>State                           | Retired             | Zip Code (   | Plus 4)                           |
| Employer Name Daniel Ferrell  | PA   |     | 5877   | Occupat            | 1   | Retired             | <b>Zip Code (</b><br>16877                               | Plus 4)                           |
| Employer Name Daniel Ferrell<br>Employer Mailing Address/Princ  | PA   |     | 5877   |                    | State<br>PA                               |                     | 16877  |                                   |
| Employer Name Daniel Ferrell<br>Employer Mailing Address/Princ<br>1684 Mountain Laurel Court  | PA   |     | 5877   | MO                 | State                                     | Retired             |  | <b>Plus 4)</b><br>500.00          |
| Employer Name Daniel Ferrell<br>Employer Mailing Address/Princ<br>1684 Mountain Laurel Court<br>Full Name of Contributor  | PA   |     | 5877   | мо                 | State<br>PA<br>DAY                        | YEAR                | 16877  |                                   |
| Employer Name Daniel Ferrell<br>Employer Mailing Address/Princ<br>1684 Mountain Laurel Court<br>Full Name of Contributor<br>Stephen Haight<br>Mailing Address 211 Clubho  | PA   | 16  | 5877   |                    | State<br>PA                               |                     | 16877  |                                   |
| Employer Name Daniel Ferrell<br>Employer Mailing Address/Princ<br>1684 Mountain Laurel Court<br>Full Name of Contributor<br>Stephen Haight<br>Mailing Address 211 Clubho  | PA<br>cipal Place of Business<br>use Dr.   | 16  | City<br>Warriors Mark  | мо                 | State<br>PA<br>DAY                        | YEAR                | 16877  |                                   |
| Employer Name Daniel Ferrell<br>Employer Mailing Address/Princ<br>1684 Mountain Laurel Court<br>Full Name of Contributor<br>Stephen Haight<br>Mailing Address 211 Clubho<br>City Hollidaysburg  | USE Dr.  | 16  | City<br>Warriors Mark  | мо                 | State<br>PA<br>DAY<br>23                  | <b>YEAR</b><br>2024 | 16877<br>\$  | 500.00                            |
| Employer Name Daniel Ferrell<br>Employer Mailing Address/Princ<br>1684 Mountain Laurel Court<br>Full Name of Contributor<br>Stephen Haight<br>Mailing Address 211 Clubho<br>City Hollidaysburg<br>Employer Name General Highy   | PA<br>cipal Place of Business<br>use Dr.<br>State<br>PA<br>way Products                            | 16  | City<br>Warriors Mark  | мо<br>2            | State<br>PA<br>DAY<br>23                  | <b>YEAR</b><br>2024 | 16877<br>\$<br>ring and S                                | 500.00<br>ystem Manage            |
| Employer Name Daniel Ferrell<br>Employer Mailing Address/Princ<br>1684 Mountain Laurel Court<br>Full Name of Contributor<br>Stephen Haight<br>Mailing Address 211 Clubho<br>City Hollidaysburg<br>Employer Name General Highy<br>Employer Mailing Address/Princ   | PA<br>cipal Place of Business<br>use Dr.<br>State<br>PA<br>way Products                            | 16  | City<br>Warriors Mark<br>P Code (Plus 4)<br>5648                     | мо<br>2            | State<br>PA<br>DAY<br>23<br>tion<br>State | <b>YEAR</b><br>2024 | 16877<br>\$<br>ring and Sy<br><b>Zip Code (</b>          | 500.00<br>ystem Manage            |
| Employer Name Daniel Ferrell<br>Employer Mailing Address/Princ<br>1684 Mountain Laurel Court<br>Full Name of Contributor<br>Stephen Haight<br>Mailing Address 211 Clubho<br>City Hollidaysburg  | PA<br>cipal Place of Business<br>use Dr.<br>State<br>PA<br>way Products                            | 16  | City<br>Warriors Mark  | мо<br>2            | State<br>PA<br>DAY<br>23                  | <b>YEAR</b><br>2024 | 16877<br>\$<br>ring and Sy<br><b>Zip Code (</b><br>19998 | 500.00<br>ystem Manage<br>Plus 4) |
| Employer Name Daniel Ferrell<br>Employer Mailing Address/Princ<br>1684 Mountain Laurel Court<br>Full Name of Contributor<br>Stephen Haight<br>Mailing Address 211 Clubho<br>City Hollidaysburg<br>Employer Name General Highy<br>Employer Mailing Address/Princ   | PA<br>cipal Place of Business<br>use Dr.<br>State<br>PA<br>Way Products<br>cipal Place of Business | 16  | City<br>Warriors Mark<br>P Code (Plus 4)<br>5648<br>City<br>Broomall | MO<br>2<br>Occupat | State<br>PA<br>DAY<br>23<br>tion<br>State | <b>YEAR</b><br>2024 | 16877<br>\$<br>ring and Sy<br><b>Zip Code (</b><br>19998 | 500.00<br>ystem Manage            |

### 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 Candidat                                    | Name of Filing Committee or Candidate |            |         | Reporting Period |     |      |     |         |      |
|---|---------------------------------------|------------|---------|------------------|-----|------|-----|---------|------|
|   |                                       |            | From: 1 |                  |     | То:  | Го: |         |      |
|   |                                       |            |         | D                | ATE |      |     | AMOUNT  |      |
| Full Name   |                                       |            |         | мо               | DAY | YEAR | \$  |         | 0.00 |
| Mailing Address   |                                       |            |         |                  |     |      |     |         |      |
| City  | State                                 | Zip Code ( | Plus 4) |                  |     |      |     |         |      |
| Receipt Description   |                                       |            |         |                  |     |      |     |         |      |
|   |                                       |            |         |                  |     |      |     | PAGE TO | TAL  |
| nter Grand Total of Part E on Schedule I, Detailed Summary Page, Sectio |                                       |            |         | 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 Period |                            |                 |
|---|------------------|----------------------------|-----------------|
| TAXPAYERS FOR SCOTT BARGER  | From:            | <u>1/1/2024</u> <b>To:</b> | <u>3/4/2024</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | ER CONTRIBUTOR   |                            |                 |
| TOTAL for the Reporting Pe  | riod (1)         | \$                         | 0.00            |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART   | ſ F)             |                            |                 |
| TOTAL for the Reporting Pe  | riod (2)         | \$                         | 0.00            |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)  |                  |                            |                 |
| TOTAL for the Reporting Pe  | riod (3)         | \$                         | 0.00            |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                  | \$                         | 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:            |        |           | То:        |  |      |
|  | DATE     |                   |                  | AMOUNT |           |            |  |      |
| Full Name of Contributor                           |          |                   |                  | DAY    | YEAR      |            |  |      |
| Mailing Address                                    |          |                   |                  |        |           | <b>\$</b>  |  | 0.00 |
| City   | State    | Zip Code (Plus 4) |                  |        |           |            |  |      |
| Description of Contribution:                       |          |                   |                  |        |           | -          |  |      |
| Enter Grand Total of Part F on Sched<br>Section 2. | iled Sum | mary Pag          | e,               |        | PAGE TOTA | <u>، ۱</u> |  |      |
|  |          |                   |                  |        |           | \$         |  | 0.00 |

#### PAGE 12

#### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate  | Name of Filing Committee or Candidate |             |        | Reporting Period |       |              |                          |             |            |  |
|--|---------------------------------------|-------------|--------|------------------|-------|--------------|--------------------------|-------------|------------|--|
|  |                                       |             |        | From:            |       |              | То:                      | То:         |            |  |
|  |                                       |             |        |                  |       | DATE         |                          | Α           | MOUNT      |  |
| Full Name of Contributor   |                                       |             |        |                  | мо    | DAY          | YEAR                     |             |            |  |
| Mailing Address  |                                       |             |        |                  |       |              |                          | \$          | 0.00       |  |
| City   | State                                 | Zip Code(Pl | lus 4) |                  |       |              |                          |             |            |  |
| Employer of Contributor  |                                       |             |        | Occupation       |       |              |                          |             |            |  |
| Employer Mailing Address/Principal Plac  | e of Business                         | City        |        | State            | e Zip | Code(Plus 4) | Descri                   | ption of Co | ntribution |  |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed<br>Summary Page, Section 3. |                                       |             |        |                  |       | P            | <b>AGE TOTAL</b><br>0.00 |             |            |  |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate |          |                   | Reporti                    | ng Period        |               |     |                 |  |  |
|---------------------------------------|----------|-------------------|----------------------------|------------------|---------------|-----|-----------------|--|--|
| TAXPAYERS FOR SCOTT BARGER            |          |                   | From                       | <u>1/:</u>       | <u>1/2024</u> | То: | <u>3/4/2024</u> |  |  |
|                                       |          |                   |                            | DATE             |               |     | AMOUNT          |  |  |
| To Whom Paid                          |          |                   | мо                         | DAY              | YEAR          |     |                 |  |  |
| Copy Rite                             |          |                   | MO                         | 2                | 12/11         |     |                 |  |  |
| Mailing Address 301 Allegheny Stree   | t        |                   | 1                          | 11               | 2024          | \$  | 175.34          |  |  |
| City Hollidaysburg                    | State    | Zip Code (Plus 4) | Descript                   | tion of Exp      | enditure      | -   |                 |  |  |
|                                       | РА       | 16648             | copying                    |                  |               |     |                 |  |  |
| To Whom Paid<br>US Post Office        |          |                   | мо                         | DAY              | YEAR          |     |                 |  |  |
| Mailing Address Allegheny Street      |          |                   | 1                          | 4                | 2024          | \$  | 66.00           |  |  |
| <b>City</b> Hollidaysburg             | State    | Zip Code (Plus 4) | Description of Expenditure |                  |               |     |                 |  |  |
|                                       | 16648    | postage           | !                          |                  |               |     |                 |  |  |
| To Whom Paid<br>Churchill Strategies  |          |                   |                            | DAY              | YEAR          |     |                 |  |  |
| Mailing Address 23 North Front Stree  |          |                   |                            |                  | 2024          | \$  | 606.00          |  |  |
| City Harrisburg                       | State    | Zip Code (Plus 4) | Descript                   | l<br>tion of Exp | enditure      |     |                 |  |  |
|                                       | PA       | 17101             | professional services      |                  |               |     |                 |  |  |
| To Whom Paid<br>Churchill Strategies  |          |                   | мо                         | DAY              | YEAR          |     |                 |  |  |
| Mailing Address 23 North Front Stree  | et       |                   | 1                          | 10               | 2024          | \$  | 7,500.00        |  |  |
| City Harrisburg                       | State    | Zip Code (Plus 4) | Descript                   | l<br>tion of Exp | enditure      |     |                 |  |  |
|                                       | PA       | 17101             | professi                   | onal servio      | ces           |     |                 |  |  |
| To Whom Paid<br>Copy Rite             |          |                   | мо                         | DAY              | YEAR          |     |                 |  |  |
| Mailing Address 301 Allegheny Stree   | t        |                   | 1                          | 3                | 2024          | \$  | 52.38           |  |  |
| <b>City</b> Hollidaysburg             | State    | Zip Code (Plus 4) | Descript                   | l<br>tion of Exp | enditure      | 1   |                 |  |  |
|                                       | PA       | 16648             | copying                    |                  |               |     |                 |  |  |
| To Whom Paid Copy Rite                |          |                   |                            | DAY              | YEAR          |     |                 |  |  |
| Mailing Address 301 Allegheny Street  |          |                   | 1                          | 18               | 2024          | \$  | 26.94           |  |  |
| <b>City</b> Hollidaysburg             | Descript | l<br>tion of Exp  | enditure                   | I                |               |     |                 |  |  |
|                                       | copying  |                   |                            |                  |               |     |                 |  |  |

| To Whom Paid   |       |                   |                            |                            |          |    |          |  |  |
|--|-------|-------------------|----------------------------|----------------------------|----------|----|----------|--|--|
| Copy Rite  |       |                   | мо                         | DAY                        | YEAR     |    |          |  |  |
| Mailing Address     301 Allegheny Street                           |       |                   | 1                          | 19                         | 2024     | \$ | 27.45    |  |  |
| City         Hollidaysburg         State         Zip Code (Plus 4) |       |                   | Description of Expenditure |                            |          |    |          |  |  |
| PA 16648   |       |                   |                            | copying                    |          |    |          |  |  |
| To Whom Paid   | •     | •                 |                            |                            |          |    |          |  |  |
| Copy Rite  |       |                   | мо                         | DAY                        | YEAR     |    |          |  |  |
| Mailing Address 301 Allegheny Stree                                | et    |                   | 2                          | 13                         | 2024     | \$ | 65.10    |  |  |
| City         Hollidaysburg         State         Zip Code (Plus 4) |       |                   |                            | Description of Expenditure |          |    |          |  |  |
|  | РА    | 16648             | copying                    |                            |          |    |          |  |  |
| To Whom Paid<br>Copy Rite  |       |                   | мо                         | DAY                        | YEAR     |    |          |  |  |
| Mailing Address 301 Allegheny Stree                                | t     |                   | 2                          | 29                         | 2024     | \$ | 240.00   |  |  |
| <b>City</b> Hollidaysburg  | State | Zip Code (Plus 4) | Descript                   | l<br>tion of Exp           | enditure |    |          |  |  |
|  | PA    | 16648             | copying                    |                            |          |    |          |  |  |
| To Whom Paid<br>Churchill Strategies                               |       |                   |                            | DAY                        | YEAR     |    |          |  |  |
| Mailing Address     23 North Front Street                          |       |                   |                            | 14                         | 2024     | \$ | 3,500.00 |  |  |
| City Harrisburg State Zip Code (Plus 4)                            |       |                   |                            | Description of Expenditure |          |    |          |  |  |
|  | РА    | 17101             | professional services      |                            |          |    |          |  |  |
| To Whom Paid   |       |                   | мо                         | DAY                        | VEAD     |    |          |  |  |
| Churchill Strategies   |       |                   |                            | DAY                        | YEAR     |    |          |  |  |
| Mailing Address 23 North Front Street                              |       |                   | 2                          | 14                         | 2024     | \$ | 1,209.00 |  |  |
| City Harrisburg  | State | Zip Code (Plus 4) | Descript                   | tion of Exp                | enditure |    |          |  |  |
|  | PA    | 17101             | Advertising                |                            |          |    |          |  |  |
| To Whom Paid   |       |                   | мо                         | DAY                        | YEAR     |    |          |  |  |
| Churchill Strategies   |       |                   |                            |                            |          |    |          |  |  |
| Mailing Address 23 North Front Stree                               | et    |                   | 2                          | 14                         | 2024     | \$ | 1,377.00 |  |  |
| City Harrisburg  | State | Zip Code (Plus 4) | Description of Expenditure |                            |          |    |          |  |  |
| PA 17101   |       |                   |                            | sing                       |          |    |          |  |  |
| To Whom Paid<br>Churchill Strategies                               |       |                   |                            | DAY                        | YEAR     |    |          |  |  |
| Mailing Address 23 North Front Street                              |       |                   |                            | 14                         | 2024     | \$ | 785.00   |  |  |
| City         Harrisburg         State         Zip Code (Plus 4)    |       |                   |                            | l<br>tion of Exp           | enditure |    |          |  |  |
| PA 17101   |       |                   |                            | Advertising                |          |    |          |  |  |
| To Whom Paid   |       |                   |                            | DAY                        | YEAR     |    |          |  |  |
| Staples  |       |                   |                            |                            |          |    |          |  |  |
| Mailing Address 217 Falcon Lane                                    |       |                   | 1                          | 12                         | 2024     | \$ | 86.85    |  |  |
| City Altoona   | State | Zip Code (Plus 4) | Description of Expenditure |                            |          |    |          |  |  |
| PA 16602   |       |                   | office supplies            |                            |          |    |          |  |  |

|  |                             |               |                    |                                   |                            |                  |              | -      |          |  |
|--|-----------------------------|---------------|--------------------|-----------------------------------|----------------------------|------------------|--------------|--------|----------|--|
| To Whom Paid   |                             |               |                    |                                   | мо                         | DAY              | YEAR         |        |          |  |
| Staples  |                             |               |                    |                                   |                            |                  |              |        |          |  |
| Mailing Address 217 Falcon Lane                                    |                             |               | 2                  | 20                                | 2024                       | \$               | 21.19        |        |          |  |
| City Altoona State Zip Code (Plus 4)                               |                             |               |                    | Description of Expenditure        |                            |                  |              |        |          |  |
| PA 16602   |                             |               |                    | office supplies                   |                            |                  |              |        |          |  |
| To Who   | om Paid                     |               |                    |                                   | мо                         | DAY              | YEAR         |        |          |  |
| The Loo  | cker Room                   |               |                    |                                   |                            |                  |              |        |          |  |
| Mailing  | Address 313 Al              | egheny St.    |                    |                                   | 1                          | 16               | 2024         | \$     | 1,053.00 |  |
| City         Hollidaysburg         State         Zip Code (Plus 4) |                             |               |                    | Description of Expenditure        |                            |                  |              |        |          |  |
|  |                             |               | PA                 | 16648                             | Advertising                |                  |              |        |          |  |
| To Who   | om Paid                     |               |                    |                                   | мо                         | DAY              | YEAR         |        |          |  |
| ShinDig  | jgs                         |               |                    |                                   | MO                         |                  |              |        |          |  |
| Mailing  | Address 512 Ja              | smine Ave.,La | akemont            |                                   | 1                          | 16               | 2024         | \$     | 340.00   |  |
| City   | Altoona                     |               | State              | Zip Code (Plus 4)                 | Descript                   | tion of Exp      | enditure     |        |          |  |
|  |                             |               | PA                 | 16602                             | Fund Ra                    | ising Supp       | olies        |        |          |  |
| To Who   | om Paid                     |               |                    |                                   | мо                         | DAY              | YEAR         |        |          |  |
| JustBut  | tons                        |               |                    |                                   | no                         | 2                | 12/40        |        |          |  |
| Mailing Address 59 School Ground Road, Unit 7                      |                             |               |                    | 1                                 | 18                         | 2024             | \$           | 134.50 |          |  |
| City         Branford         State         Zip Code (Plus 4)      |                             |               |                    | Description of Expenditure        |                            |                  |              |        |          |  |
|  |                             | CT 06405      |                    |                                   |                            | Advertising      |              |        |          |  |
| To Whom Paid   |                             |               |                    | мо                                | DAY                        | YEAR             |              |        |          |  |
| US Hotel   |                             |               |                    |                                   |                            |                  |              |        |          |  |
| Mailing Address 401 Juniata Street                                 |                             |               | 1                  | 22                                | 2024                       | \$               | 2,347.50     |        |          |  |
| City   | Hollidaysburg               |               | State              | Zip Code (Plus 4)                 | Descript                   | tion of Exp      | enditure     |        |          |  |
|  |                             |               | РА                 | 16648                             | Meals & Entertainment      |                  |              |        |          |  |
| To Who   | om Paid                     |               |                    |                                   | мо                         | DAY              | YEAR         |        |          |  |
| MailChi  | mp                          |               |                    |                                   |                            |                  |              |        |          |  |
| Mailing  | Address 405 N.              | Angier Ave,   | NE                 |                                   | 1                          | 25               | 2024         | \$     | 21.20    |  |
| City   | Atlanta                     |               | State              | Zip Code (Plus 4)                 | Description of Expenditure |                  |              |        |          |  |
|  |                             |               | GA                 | 30308                             | office supplies            |                  |              |        |          |  |
| To Who   | om Paid                     |               |                    |                                   | мо                         | DAY              | YEAR         |        |          |  |
| Best Way Pizza   |                             |               |                    |                                   |                            |                  |              |        |          |  |
| Mailing Address 1424 3rd Avenue                                    |                             |               |                    | 2                                 | 5                          | 2024             | \$           | 98.04  |          |  |
| City         Duncansville         State         Zip Code (Plus 4)  |                             |               |                    | Description of Expenditure        |                            |                  |              |        |          |  |
| City   | Duncansville                |               | State              | Zip Code (Plus 4)                 | Descript                   | tion of Exp      | enalture     |        |          |  |
| City   | Duncansville                |               | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16635 |                            | Entertain        |              |        |          |  |
| City<br>To Who   |                             |               |                    |                                   | Meals &                    | Entertain        | ment         |        |          |  |
| To Who   |                             |               |                    |                                   |                            |                  |              |        |          |  |
| To Who<br>Best W   | o <b>m Paid</b><br>ay Pizza | rd Avenue     |                    |                                   | Meals &                    | Entertain        | ment         | \$     | 98.04    |  |
| To Who<br>Best W<br>Mailing  | o <b>m Paid</b><br>ay Pizza | rd Avenue     |                    |                                   | Meals &                    | Entertain<br>DAY | YEAR<br>2024 | \$     | 98.04    |  |

| To Wh   | om Paid                     |                    |              |                            |                            |                  |          |        |          |
|---|-----------------------------|--------------------|--------------|----------------------------|----------------------------|------------------|----------|--------|----------|
| Steve "That DJ Guy"Willett  |                             |                    |              | мо                         | DAY                        | YEAR             |          |        |          |
| Mailing Address PO Box 628  |                             |                    | 2            | 8                          | 2024                       | \$               | 500.00   |        |          |
| City Altoona State Zip Code (Plus 4)                              |                             |                    |              | Description of Expenditure |                            |                  |          |        |          |
| PA 16603  |                             |                    |              | Entertainment              |                            |                  |          |        |          |
| To Wh   | om Paid                     |                    |              | •                          |                            |                  |          |        |          |
| JustBu  | ttons                       |                    |              |                            | мо                         | DAY              | YEAR     |        |          |
| Mailing   | <b>Address</b> 59           | School Ground Re   | oad, Unit 7  |                            | 2                          | 20               | 2024     | \$     | 73.20    |
| City  | Branford                    |                    | State        | Zip Code (Plus 4)          | Description of Expenditure |                  |          |        |          |
|   |                             |                    | СТ           | 06405                      | Advertis                   | sing             |          |        |          |
|   | om Paid<br>st Office        |                    |              |                            | мо                         | DAY              | YEAR     |        |          |
| Mailing   | <b>Address</b> All          | egheny Street      |              |                            | 2                          | 20               | 2024     | \$     | 68.00    |
| City  | Hollidaysburg               |                    | State        | Zip Code (Plus 4)          | Descript                   | l<br>tion of Exp | enditure |        |          |
|   | ,,,                         |                    | PA           | 16648                      | postage                    |                  |          |        |          |
| -   | om Paid                     |                    |              | •                          | мо                         | DAY              | YEAR     |        |          |
| Facebo  |                             |                    |              |                            |                            |                  |          |        | 22.22    |
| Mailing Address 1 Hacker Way                                      |                             |                    |              |                            | 1                          | 2                | 2024     | \$     | 28.93    |
| City         Mento         State         Zip Code (Plus 4)        |                             |                    |              | Description of Expenditure |                            |                  |          |        |          |
|   |                             |                    | CA           | 92359                      | Advertising                |                  |          |        |          |
| To Whe  | om Paid                     |                    |              |                            | мо                         | DAY              | YEAR     |        |          |
| Facebo  | ook                         |                    |              |                            | -                          |                  |          |        |          |
| Mailing Address 1 Hacker Way                                      |                             |                    | 1            | 23                         | 2024                       | \$               | 400.00   |        |          |
| City  | Mento                       |                    | State        | Zip Code (Plus 4)          | Descript                   | tion of Exp      | enditure |        |          |
|   |                             |                    | CA           | 92359                      | Advertising                |                  |          |        |          |
| To Wh   | om Paid                     |                    |              |                            | мо                         | DAY              | YEAR     |        |          |
| Blair C   | ounty Republica             | an Party           |              |                            | _                          |                  |          |        |          |
| Mailing   | Address 12                  | 2 Hollidaysburg Pl | aza          |                            | 2                          | 26               | 2024     | \$     | 1,300.00 |
| City         Duncansville         State         Zip Code (Plus 4) |                             |                    |              | Description of Expenditure |                            |                  |          |        |          |
|   |                             |                    | PA           | 16635                      | tickets/sponsor            |                  |          |        |          |
| To Whe  | om Paid                     |                    |              |                            | мо                         | DAY              | YEAR     |        |          |
| Morris  | Morrison Cove Memorial Park |                    |              |                            | МО                         |                  | TLAK     |        |          |
| Mailing Address 201 S Walnut Street                               |                             |                    |              |                            | 2                          | 27               | 2024     | \$     | 350.00   |
| City         Martinsburg         State         Zip Code (Plus 4)  |                             |                    |              | Description of Expenditure |                            |                  |          |        |          |
| PA 16662  |                             |                    |              | Fund Raiser Rental         |                            |                  |          |        |          |
| To Whom Paid  |                             |                    |              | мо                         | DAY                        | YEAR             |          |        |          |
| Precious Life   |                             |                    |              | MO                         | 2                          | 12/44            |          |        |          |
| Mailing Address 1716 12th Avenue                                  |                             |                    |              | 3                          | 1                          | 2024             | \$       | 500.00 |          |
| City  | Altoona                     |                    | State        | Zip Code (Plus 4)          | Descript                   | tion of Exp      | enditure |        |          |
| PA 16601  |                             |                    | contribution |                            |                            |                  |          |        |          |

| To Whom Paid  |       |                   |             | DAY                        | YEAR     |    |            |  |
|---|-------|-------------------|-------------|----------------------------|----------|----|------------|--|
| MailChimp   |       |                   |             |                            | TEAR     |    |            |  |
| Mailing Address 405 N. Angier Ave, NE                                   |       |                   |             | 26                         | 2024     | \$ | 21.20      |  |
| City         Atlanta         State         Zip Code (Plus 4)            |       |                   |             | Description of Expenditure |          |    |            |  |
|   | GA    | 30308             | professi    | onal servio                | es       |    |            |  |
| To Whom Paid  | мо    | DAY               | YEAR        |                            |          |    |            |  |
| Facebook  |       |                   |             |                            | TEAR     |    |            |  |
| Mailing Address 1 Hacker Way  |       |                   |             | 1                          | 2024     | \$ | 312.13     |  |
| City Mento  | State | Zip Code (Plus 4) | Descrip     | tion of Exp                | enditure |    |            |  |
|   | СА    | 92359             | Advertising |                            |          |    |            |  |
|   |       |                   |             |                            |          |    | PAGE TOTAL |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |       |                   |             |                            |          | \$ | 23,383.99  |  |