

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 : 20230312		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: CITIZENS FOR KOZAK											
Street Address: PO BOX 1565											
City: BEAVER FALLS					State: PA		Zip Code: 15010				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2024	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				
					11	5	2024				
Summary of Receipts and Expenditures from:					MO	DAY	YEAR	FOR OFFICE USE ONLY			
					1	1	2024				TO
A. Amount Brought Forward From Last Report					\$ 41,455.48						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 4,241.49						
C. Total Funds Available (Sum Of Lines A and B)					\$ 45,696.97						
D. Total Expenditures (From Schedule III)					\$ 781.65						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 44,915.32						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
CITIZENS FOR KOZAK	From: <u>1/1/2024</u> To: <u>3/4/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 31.24

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)	\$ 360.25
TOTAL for the Reporting Period (2)	\$ 360.25

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 2,850.00
TOTAL for the Reporting Period (3)	\$ 3,850.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 4,241.49
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Name of Filing Committee or Candidate	Reporting Period From: To:
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	DATE	AMOUNT
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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 B ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate CITIZENS FOR KOZAK	Reporting Period From: <u>1/1/2024</u> To: <u>3/4/2024</u>
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				DATE			AMOUNT	
Full Name of Contributor JOHN AND CINDY DALEY				MO	DAY	YEAR	\$ 208.20	
Mailing Address 211 DORSAY VALLEY DR								
City CRANBERRY TWP		State PA	Zip Code (Plus 4) 16066	1	3	2024		
Full Name of Contributor ANDREW ERDOS				MO	DAY	YEAR	\$ 100.00	
Mailing Address 273 MADDEN RUN RD								
City NEW GALILEE		State PA	Zip Code (Plus 4) 16141	2	8	2024		
Full Name of Contributor MAUREEN MOLDOVAN				MO	DAY	YEAR	\$ 52.05	
Mailing Address 143 TAYLOR DR								
City NEW BRIGHTON		State PA	Zip Code (Plus 4) 15066	1	8	2024		

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

PAGE TOTAL
\$ 360.25

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
CITIZENS FOR KOZAK	From: <u>1/1/2024</u> To: <u>3/4/2024</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	1,000.00
FRIENDS OF TIM O'NEAL									
Mailing Address					2	16	2024		
4075 LINGLESTOWN RD PMB 119									
City			State		Zip Code (Plus 4)				
HARRISBURG			PA		17112				

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

PAGE TOTAL
\$ 1,000.00

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate CITIZENS FOR KOZAK	Reporting Period From: <u>1/1/2024</u> To: <u>3/4/2024</u>
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				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$
CHRISTOPHER LINK							
Mailing Address PO BOX 1600							
City BEAVER FALLS		State PA	Zip Code (Plus 4) 15010	2	22	2024	2,500.00
Employer Name APPLIED PEST MANAGEMENT				Occupation CEO			
Employer Mailing Address/Principal Place of Business			City	State		Zip Code (Plus 4)	
PO BOX 1600			BEAVER FALLS	PA		15010	
Full Name of Contributor				MO	DAY	YEAR	\$
KEVIN FLICK							
Mailing Address 112 WALNUT RIDGE DRIVE							
City BEAVER FALLS		State PA	Zip Code (Plus 4) 15010	1	5	2024	350.00
Employer Name FLICK FINANCIAL				Occupation FINANCIAL PLANNER			
Employer Mailing Address/Principal Place of Business			City	State		Zip Code (Plus 4)	
2674 DARLINGTON ROAD			BEAVER FALLS	PA		15010	

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

PAGE TOTAL
\$ 2,850.00

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	
CITIZENS FOR KOZAK		From: <u>1/1/2024</u> To: <u>3/4/2024</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
CITIZENS FOR KOZAK	From <u>1/1/2024</u> To: <u>3/4/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
WINRED				
Mailing Address	1	4	2024	\$ 8.20
City	State	Zip Code (Plus 4)	Description of Expenditure	
			DONATION PROCESSING FEE	
To Whom Paid	MO	DAY	YEAR	
AMAZON.COM				
Mailing Address 410 TERRY AVE N	1	8	2024	\$ 76.25
City SEATTLE	State WA	Zip Code (Plus 4) 98109	Description of Expenditure	
			CLIPBOARDS AND PENS	
To Whom Paid	MO	DAY	YEAR	
WINRED				
Mailing Address	1	9	2024	\$ 0.62
City	State	Zip Code (Plus 4)	Description of Expenditure	
			DONATION PROCESSING FEE	
To Whom Paid	MO	DAY	YEAR	
SQUARESPACE INC				
Mailing Address 225 VARICK ST	1	16	2024	\$ 24.38
City NEW YORK	State NY	Zip Code (Plus 4) 10014	Description of Expenditure	
			CAMPAIGN WEBSITE	
To Whom Paid	MO	DAY	YEAR	
WINRED				
Mailing Address	1	19	2024	\$ 0.62
City	State	Zip Code (Plus 4)	Description of Expenditure	
			DONATION PROCESSING FEE	
To Whom Paid	MO	DAY	YEAR	
CHIPPEWA AREA LIONS				
Mailing Address 159 FREDERICKSTOWN RD	1	22	2024	\$ 30.00
City MIDLAND	State PA	Zip Code (Plus 4) 15059	Description of Expenditure	
			DONATION	

To Whom Paid BRIGHTON HOT DOG SHOPPE			MO	DAY	YEAR	\$ 250.15
Mailing Address 2625 CONSTITUTION BLVD			1	22	2024	
City BEAVER FALLS	State PA	Zip Code (Plus 4) 15010	Description of Expenditure CAMPAIGN SIGNATURE BREAKFAST			

To Whom Paid PNC BANK			MO	DAY	YEAR	\$ 15.00
Mailing Address 730 SHENANGO RD			2	1	2024	
City BEAVER FALLS	State PA	Zip Code (Plus 4) 15010	Description of Expenditure BANK SERVICE CHARGE			

To Whom Paid BIG KNOB GRANGE			MO	DAY	YEAR	\$ 50.00
Mailing Address 336 GRANGE RD			2	9	2024	
City ROCHESTER	State PA	Zip Code (Plus 4) 15074	Description of Expenditure DONATION			

To Whom Paid SQUARESPACE			MO	DAY	YEAR	\$ 24.38
Mailing Address 225 VARICK ST			2	14	2024	
City NEW YORK	State NY	Zip Code (Plus 4) 10014	Description of Expenditure CAMPAIGN WEBSITE			

To Whom Paid WINRED			MO	DAY	YEAR	\$ 0.62
Mailing Address			2	19	2024	
City	State	Zip Code (Plus 4)	Description of Expenditure DONATION PROCESSING FEE			

To Whom Paid FOAC-ILLEA			MO	DAY	YEAR	\$ 300.00
Mailing Address 514 MILLERS RUN RD			2	20	2024	
City MORGAN	State PA	Zip Code (Plus 4) 15064	Description of Expenditure DONATION			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 780.22

