### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | on 202                         | 30338       |  |        | Repo<br>Filed |         |                         | CANDI     | COMMITTEE / LOBBYIST           |        |            |                    |                |          |           |          |          |
|--|--------------------------------|-------------|--|--------|---------------|---------|-------------------------|-----------|--------------------------------|--------|------------|--------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C                         | ommittee, Candi                | date or L   | obbyist:   | İ      | FRIEN         | DS O    | F M                     | IGUEL \   | /ASQL                          | JEZ    |            |                    |                |          |           |          |          |
| Street Address:                          | Street Address:                |             |  |        |               |         |                         |           |                                |        |            |                    |                |          |           |          |          |
| City:                                    | TEMPLE                         |             |  |        |               |         | s                       | tate:     | PA <b>Zip Code:</b> 19560-1502 |        |            |                    |                |          |           |          |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY     | 1.          | 2ND FRIDAY PRE-<br>PRIMARY 2. <b>X</b> 30 DAY<br>PRIMARY |        |               |         |                         |           | POST- 3.                       |        |            | AMENDM<br>REPORT   |                | Yes      | No        | •        | <b>\</b> |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION    | 4.          | 2ND FRIDAY<br>ELECTION                                   | PRE    | - 5.          |         | DAY<br>CTIO             |           | OST-                           | 6.     |            | TERMIN/<br>REPORT  |                | Yes      | No        | •        | <b>\</b> |
| report type)                             | ANNUAL REPORT                  | 7.          | <b>Year</b> 2024   |        |               |         | LING METHOD ) CHECK ONE |           |                                |        |            | PAPER              | PAPER DISKETTE |          |           |          |          |
| Name of Office S                         | -<br>Sought by Candida         | ate:        |  |        | -             | -       | D                       | OATE O    | F ELE                          | CTIO   | N          | District<br>Number | Office<br>Code | Par      | ty Code   | Coun     |          |
|  |                                |             |  |        |               |         | M                       | 10        | DAY                            | YE     | AR         | 11                 | STS            | REP      | 1         | 06       | •        |
| SENATOR IN TH                            | HE GENERAL ASS                 | SEMBLY      |  |        |               |         | Г                       | 11        |                                | 5      | 2024       |                    | (SEE IN        | STRUCTI  | ONS FOR ( | CODES    | )        |
|  | Receipts and                   | МО          | DAY Y  | /EAR   |               |         | M                       | 10        | DAY                            | YE     | AR         | FC                 | R OFFI         | CE USE   | ONLY      |          |          |
| Expenditures                             | from:                          |             | 3 5  | 20     | )24           | то      |                         | 4         |                                | 8      | 2024       |                    |                |          |           |          |          |
| A. Amount Bro                            | ught Forward Fro               | m Last R    | eport  |        |               |         | \$                      |           |                                | 1      | 100.00     |                    |                |          |           |          |          |
| B. Total Moneta                          | ary Contributions              | And Rec     | eipts (From S  | Sche   | dule I        | )       | \$                      |           |                                | 2      | 290.00     |                    |                |          |           |          |          |
| C. Total Funds                           | Available (Sum O               | f Lines A   | and B)   |        |               |         | \$                      |           |                                | 3      | 390.00     |                    |                |          |           |          |          |
| D. Total Expend                          | ditures (From Sch              | nedule II   | I)   |        |               |         | \$                      |           |                                |        | 0.00       |                    |                |          |           |          |          |
| E. Ending Cash                           | Balance (Subtra                | t Line D    | From Line C)   | )      |               |         | \$                      |           |                                | 3      | 90.00      |                    |                |          |           |          |          |
| F. Value Of In-                          | Kind Contribution              | s Receiv    | ed (From Sch   | edul   | e II)         |         | \$                      |           |                                |        | 0.00       |                    |                |          |           |          |          |
| G. Unpaid Debt                           | s And Obligation               | s (From S   | Schedule IV)   |        |               |         | \$                      |           |                                |        | 0.00       |                    |                |          |           |          |          |
|  |                                |             | ,  | AFF    | IDAV          | IT S    | EC                      | TION      |                                |        |            |                    |                |          |           |          |          |
| PART I - If this is                      | a Committee rep                | ort, trea   | surer sign he  | ere. I | f this        | is a Ca | and                     | idate re  | port, c                        | andi   | date sig   | jn here.           |                |          |           |          |          |
| I swear (or affirm) correct and comple   | that this report, inc<br>ete.  | cluding the | attached sche  | dules  | filed o       | n pape  | er or                   | by electi | ronic m                        | edium  | , are to t | the best o         | f my knov      | wledge   | and beli  | ef , tri | ue       |
| Sworn to and subs                        | cribed before me th<br>day of  | is          | 20   |        |               |         |                         |           |                                | s      | ignature   | of Perso           | n Submit       | ting Rep | ort       |          |          |
|  | Signate                        | ure         |  |        |               | _       |                         |           |                                |        |            | Prin               | ted Name       | •        |           |          | _        |
| My Commission Ex                         | pires                          |             |  |        |               |         |                         | •         |                                |        |            | Ema                | il             |          |           |          | _        |
|  | мо                             | D           | AY   | YR     |               |         |                         |           | Are                            | ea Cod | le         | Daytim             | e Teleph       | one Nu   | mber      |          |          |
| Part II- If this is                      | a report of a can              | didate's    | authorized C   | omm    | ittee,        | Candi   | idat                    | e shall   | sign he                        | ere.   |            |                    |                |          |           |          |          |
| I swear (or affirm)<br>No 320) as amende | that to the best of ed.        | my knowle   | edge and belief  | this   | politica      | l com   | mitt                    | ee has n  | ot viola                       | ted an | y provis   | ions of th         | e act of J     | une 3,1  | 937 (P.L  | . 1333   | 3,       |
| Sworn to and subsc                       | ribed before me this<br>day of | •           | 20   |        |               |         |                         |           |                                |        | S          | ignature (         | of Candida     | ate      |           |          | -        |
|  |                                |             |  |        |               | _       |                         |           |                                |        |            | Printe             | d Name         |          |           |          | -        |
| My Commission 5                          | Signature                      |             |  |        |               | _       |                         |           |                                |        |            | Ema                | il             |          |           |          | _        |
| My Commission Exp                        |                                |             |  |        |               |         |                         |           |                                |        |            |                    |                |          |           |          | _        |
|  | МО                             | D           | AY   | YR     |               | _       |                         |           | Area                           | Code   |            | D                  | aytime T       | elephon  | e Numb    | er       |          |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| -  |           |          |              |                 |
|--|-----------|----------|--------------|-----------------|
| Name of Filing Committee or Candidate  | Reporting | g Period |              |                 |
| FRIENDS OF MIGUEL VASQUEZ  | From:     | 3/5/202  | <u>4</u> To: | <u>4/8/2024</u> |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |              |                 |
| TOTAL for the Reporting  | ) Period  | (1)      | \$           | 190.00          |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |          |              |                 |
| Contributions Received From Political Committees (Part A)  |           |          | \$           | 0.00            |
| All Other Contributions (Part B)   | \$        | 100.00   |              |                 |
| TOTAL for the Reporting  | \$        | 100.00   |              |                 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |          |              |                 |
| Contributions Received From Political Committees (Part C)  |           |          | \$           | 0.00            |
| All Other Contributions (Part D)   |           |          | \$           | 0.00            |
| TOTAL for the Reporting  | ) Period  | (3)      | \$           | 0.00            |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |          |              |                 |
| TOTAL for the Reporting  | J Period  | (4)      | \$           | 0.00            |
|  |           |          |              |                 |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |          | \$           | 290.00          |

#### **PART A**

#### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

| Name of Filing Committee or Candidate |           |                | Re | Reporting Period |      |      |    |        |  |
|---------------------------------------|-----------|----------------|----|------------------|------|------|----|--------|--|
|                                       |           |                | Fr | om:              |      | То   | :  |        |  |
|                                       |           |                |    |                  | DATE |      |    | AMOUNT |  |
| Full Name of Contributing             | Committee |                |    | мо               | DAY  | YEAR |    |        |  |
| Mailing Address                       |           |                |    |                  |      |      | \$ | 0.00   |  |
| City                                  | State     | Zip Code (Plus | 4) |                  |      |      |    |        |  |

PAGE TOTAL
0.00

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

### ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate

**Reporting Period** 

FRIENDS OF MIGUEL VASQUEZ

From:

DATE

3/5/2024 **To:** 

4/8/2024

**AMOUNT** 

| Full Name of Contributor Richard Hunt |           |       |                   |   | DAY | YEAR |           |
|---------------------------------------|-----------|-------|-------------------|---|-----|------|-----------|
| Mailin                                | g Address |       |                   |   |     |      | \$ 100.00 |
| City                                  | Baltimore | State | Zip Code (Plus 4) | 3 | 11  | 2024 |           |
|                                       |           | MD    | 21218             |   |     |      |           |

100.00

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

#### **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 Ca | Reporting              | Period       |             |      |     |      |          |            |
|--------------------------------|------------------------|--------------|-------------|------|-----|------|----------|------------|
|                                |                        |              | From:       |      |     | То:  |          |            |
|                                |                        |              |             | DA   | TE  |      | A        | MOUNT      |
| Full Name of Contributing Comn | nittee                 |              |             | мо   | DAY | YEAR |          | 0.00       |
| Mailing Address                |                        |              |             |      |     |      | <b>*</b> | 0.00       |
| City                           | State                  | Zip Code     | e (Plus 4)  |      |     |      |          |            |
|                                |                        |              |             |      |     |      |          | PAGE TOTAL |
| Enter Grand Total of Part C o  | n Schedule I, Detailed | d Summary Pa | age, Sectio | n 3. |     |      | \$       | 0.00       |

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| Name of Filing Committee or Candidate  |                    |               |          | orting Pe  | riod     |      |        |                 |  |
|--|--------------------|---------------|----------|------------|----------|------|--------|-----------------|--|
| Fro                                    |                    |               |          |            | rom: To: |      |        |                 |  |
|  | DATE               |               |          |            |          |      | AMOUNT |                 |  |
| Full Name of Contributor               |                    |               |          | мо         | DAY      | YEAR | \$     | 0.00            |  |
| Mailing Address                        |                    |               |          |            |          |      | 1      |                 |  |
| City                                   | State              | Zip Code (Plu | s 4)     |            |          |      |        |                 |  |
| Employer Name                          |                    |               |          | Occupation |          |      |        |                 |  |
| Employer Mailing Address/Principal Pla | ce of Business     | City          |          | •          | State    |      | Zip C  | ode (Plus 4)    |  |
| Enter Grand Total of Part C on Scho    | dule I, Detailed S | Summary Page, | , Sectio | on 3.      |          | :    | \$     | PAGE TOTAL 0.00 |  |
|  |                    |               |          |            |          |      |        |                 |  |

## OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Name of Filing Committee or Candidate |                      |            | Report  | ing Perio | od  |      |            |
|---------------------------------------|----------------------|------------|---------|-----------|-----|------|------------|
|                                       |                      |            | From:   |           |     | To:  |            |
|                                       |                      |            |         | D         | ATE |      | AMOUNT     |
| Full Name                             |                      |            |         | мо        | DAY | YEAR | \$<br>0.00 |
| Mailing Address                       |                      | _          |         |           |     |      |            |
| City                                  | State                | Zip Code ( | Plus 4) |           |     |      |            |
| Receipt Description                   | •                    | •          |         |           | •   | •    |            |
|                                       |                      | _          |         | _         |     |      | PAGE TOTAL |
| Enter Grand Total of Part E on Schedu | lie 1, Detailed Sumn | nary Page, | Section | 4.        |     |      | \$<br>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 MIGUEL VASQUEZ  | From:            | 3/5/2024 <b>To:</b> | <u>4/8/2024</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |                     |                 |
| TOTAL for the Reporting Pe   | eriod (1)        | \$                  | 0.00            |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T F)             |                     |                 |
| TOTAL for the Reporting Pe   | eriod (2)        | \$                  | 0.00            |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                  |                     |                 |
| TOTAL for the Reporting Pe   | eriod (3)        | \$                  | 0.00            |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, |                  | \$                  | 0.00            |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candidate          |                    |                     |          | Reporting Period |      |          |            |      |  |
|--|--------------------|---------------------|----------|------------------|------|----------|------------|------|--|
|  | From: To:          |                     |          |                  |      |          |            |      |  |
|  |                    |                     |          | DATE             |      |          | AMOUNT     |      |  |
| Full Name of Contributor                       |                    |                     | мо       | DAY              | YEAR |          |            |      |  |
| Mailing Address                                |                    | _                   |          |                  |      | <b> </b> |            | 0.00 |  |
| City   | State              | Zip Code (Plus 4)   |          |                  |      |          |            |      |  |
| Description of Contribution:                   |                    | •                   | •        | •                |      | •        |            |      |  |
|  |                    |                     |          |                  |      |          |            |      |  |
| Enter Grand Total of Part F on Sche Section 2. | dule II, In-Kind ( | Contributions Detai | iled Sum | mary Pag         | je,  |          | PAGE TOTAL |      |  |
|  |                    |                     |          |                  |      | \$       | (          | 0.00 |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      |                  | Rep    | porting | Period       |        |       |                 |
|---|------------------|------|------------------|--------|---------|--------------|--------|-------|-----------------|
|   | Fro              |      |                  |        |         |              | То:    |       |                 |
| DATE                                    |                  |      |                  |        |         |              |        |       | AMOUNT          |
| Full Name of Contributor                |                  |      |                  |        | мо      | DAY          | YEAR   |       |                 |
| Mailing Address                         |                  |      |                  | -      |         |              |        | \$    | 0.00            |
| City                                    | State            |      | Zip Code(Plus 4) |        |         |              |        |       |                 |
| Employer of Contributor                 |                  |      |                  |        | Occup   | ation        |        |       |                 |
| Employer Mailing Address/Principal Plac | e of Business    | City | у                | State  | e Zip   | Code(Plus 4) | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sch      | edule II, In-Kin | nd C | Contributions D  | etaile | ed      |              |        |       | PAGE TOTAL      |
| Summary Page, Section 3.                |                  |      |                  |        |         |              |        | 0.00  |                 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate |                     |                   | Reporting Period |             |          |    |            |  |
|---------------------------------------|---------------------|-------------------|------------------|-------------|----------|----|------------|--|
|                                       | From                |                   |                  | То:         |          |    |            |  |
|                                       |                     |                   |                  | AMOUNT      |          |    |            |  |
| To Whom Paid                          |                     |                   |                  | DAY         | YEAR     |    |            |  |
| Mailing Address                       |                     |                   |                  |             |          | \$ | 0.00       |  |
| City State Zip Code (Plus 4)          |                     |                   |                  | tion of Exp | enditure |    |            |  |
| Enter Grand Total of Expenditures of  | on Bago 1 Bonort C  | Cover Page Item [ |                  |             |          |    | PAGE TOTAL |  |
| Lines Grand Total Of Expenditures C   | ni rage 1, keport C | over rage, Item L | <b>,</b> .       |             |          | \$ | 0.00       |  |