

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 :		20180505		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: RICKY'S PRIDE												
Street Address: PO BOX 312												
City: LANSDALE						State: PA			Zip Code: 19446			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	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				
									(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		3	5	2024		4	8	2024				
A. Amount Brought Forward From Last Report						\$ 2,212.85						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 2,212.85						
D. Total Expenditures (From Schedule III)						\$ 576.71						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 1,636.14						
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
RICKY'S PRIDE	From: <u>3/5/2024</u> To: <u>4/8/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

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.)	\$ 0.00
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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
	From: To:

DATE				AMOUNT
Full Name of Contributing Committee				
Mailing Address				
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.	PAGE TOTAL \$ 0.00
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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	Reporting Period
	From: To:

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
City	State	Zip Code (Plus 4)						
Employer Name				Occupation				
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)	

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

PAGE TOTAL	
\$	0.00

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	
RICKY'S PRIDE		From: <u>3/5/2024</u> To: <u>4/8/2024</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

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
RICKY'S PRIDE	From <u>3/5/2024</u> To: <u>4/8/2024</u>

DATE				AMOUNT
To Whom Paid				
Sharon Bastone				
Mailing Address 1009 Elinor Way				
City East Greenville	State PA	Zip Code (Plus 4) 18041		
Description of Expenditure				
Refund for cancelled workshop				
To Whom Paid				
Austin Armstrong				
Mailing Address 17 E. Prospect Ave.				
City North Wales	State PA	Zip Code (Plus 4) 19454		
Description of Expenditure				
Refund for cancelled workshop				
To Whom Paid				
Ariel Franchak				
Mailing Address 17 Logans Run				
City Enola	State PA	Zip Code (Plus 4) 17025		
Description of Expenditure				
Refund for cancelled workshop				
To Whom Paid				
Shameeka Browne				
Mailing Address 301 Maple Ave.				
City Glenside	State PA	Zip Code (Plus 4) 19038		
Description of Expenditure				
Refund for cancelled workshop				
To Whom Paid				
Jane Cramer				
Mailing Address 4 Maple Ave.				
City Sellersville	State PA	Zip Code (Plus 4) 18960		
Description of Expenditure				
Refund for cancelled workshop				
To Whom Paid				
Jim Wertz for PA Senate				
Mailing Address PO Box 114				
City Erie	State PA	Zip Code (Plus 4) 16512		
Description of Expenditure				
Donation				

To Whom Paid Mark Temons for PA Senate			MO	DAY	YEAR	\$ 100.00
Mailing Address 626 Anderson Ferry Rd			3	23	2024	
City Mount Joy	State PA	Zip Code (Plus 4) 17552	Description of Expenditure Donation			

To Whom Paid ActBlue			MO	DAY	YEAR	\$ 9.10
Mailing Address 366 Summer Street			4	8	2024	
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure Fees- from 6-9 and 8-9-2023			

To Whom Paid Adrian Seltzer			MO	DAY	YEAR	\$ 210.00
Mailing Address 705 Greythorne Road			4	8	2024	
City Wynnwood	State PA	Zip Code (Plus 4) 19096	Description of Expenditure Refund for Human Relations Dinner			

To Whom Paid USPS			MO	DAY	YEAR	\$ 5.08
Mailing Address 20 Vine St.			4	8	2024	
City Lansdale	State PA	Zip Code (Plus 4) 19446	Description of Expenditure Postage- refund check to A. Seltzer			

To Whom Paid ActBlue			MO	DAY	YEAR	\$ 27.53
Mailing Address 366 Summer Street			4	8	2024	
City Somerville	State MA	Zip Code (Plus 4) 02144	Description of Expenditure ActBlue fees Jan.-Feb. 2024			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 576.71

