Campaign Finance Report

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

Filer Identificati Number :	on 2	024C	0676				eport		CAN	IIDI	DATE	\	CC	MMITTE		LOB	BYIST		
Name of Filing C	ommittee, Car	ndidat	te or Lo	bbyist:		PE	RICH	, MIC	HAEL .	J								•	
Street Address:																			
City:	_								State	:				Zip Cod	e : 15	001			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	l.	2ND FRI PRIMAR		PRE-	2. X	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	O	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4	1.	2ND FRI ELECTIO		PRE-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	O	\
report type)	ANNUAL REPO	ORT 7	7.	Year 20)24				OHECK					PAPER		\	DISK	ETTE	
Name of Office S	ought by Cand	didate	e:						DATE	E OI	F ELE	СТІ	ON	District Number	Office Code	Par	ty Code	Cour	
REPRESENTATI	VE IN THE GE	NERA	L ASSI	EMBLY					МО		DAY		YEAR	16	STH	REF		04	
			МО	DAY	- 1,	YEAR			MO	11	DAY	5	2024	<u> </u>	Ľ		ONS FOR)
Summary of Expenditures		d	МО	1	1	202		0	МО	4	DAY	8	YEAR 2024		R OFFIC	E USE	ONLY		
A. Amount Bro	ught Forward	From	Last Re	eport				\$					0.00	1					
B. Total Moneta	ary Contribution	ons Aı	nd Rece	eipts (Fi	rom	Schedu	ıle I)	\$					0.00	1					
C. Total Funds Available (Sum Of Lines A and B)							\$					0.00	1						
D. Total Expenditures (From Schedule III)						\$				2	,000.00								
E. Ending Cash Balance (Subtract Line D From Line C)						\$				(2,0	000.00)								
F. Value Of In-	Kind Contribut	ions l	Receive	ed (Fron	n Scl	hedule	II)	\$					0.00						
G. Unpaid Debt	s And Obligati	ons (From S	chedule	e IV)			\$					0.00						
						AFFI	DAVI	T SE	CTIO	N									
PART I - If this is		-	•		_														
I swear (or affirm) correct and comple		, inclu	ding the	attached	d sche	edules fi	iled on	paper	or by e	lectr	onic m	ediu	m, are to	the best of	my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before me day of	this		20						•			Signature	e of Persor	Submitt	ing Re _l	ort		
	Sig	nature	1	_				- -		•				Print	ed Name	1			
My Commission Ex	pires							_		-				Emai	I				
	МО		DA	lΥ		YR					Are	ea C	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's a	authoriz	zed C	Commit	tee, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my	knowle	dge and	belie	f this po	olitical	comm	ittee ha	as no	ot viola	ted a	any provis	ions of the	act of J	ıne 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me	this		20							-		s	ignature o	f Candida	ite			_
				- –				-						Printe	d Name				- $ $
My Commission Exp	Signat	ure						-		-				Emai	ı				-
	мо		D.A	λΥ		YR		-			Area	Code	e	Da	ytime T	elephor	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PERICH, MICHAEL J	From:	1/1/202	<u>4</u> То:	4/8/2024
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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 Candidat	ame of Filing Committee or Candidate			Reporting Period						
		'	From:		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 Candida	Name of Filing Committee or Candidate			Reporting Period						
			Fro	m:		To) :			
					DATE			AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4))							

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 Candidate	ame of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		,	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							- \$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schee	dule I, Detailed Sun	nmary 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			Rep	orting Pe	riod			
			Fror	n:		To	o :	
				D	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page	Section	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 Peri	od			
			From:			To:		
		•		C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	•	-		•	•	•	_	
Enter Crand Total of Dark	E on Schodule I. Detailed	Summany Base	Cootion	4				PAGE TOTAL
enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	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		
PERICH, MICHAEL J	From:	<u>1/1/2024</u> To:	<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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candi	idate		Reportin				
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•	•		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page,							PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						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	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
PERICH, MICHAEL J	From	<u>1/1/2024</u>	То:	4/8/2024
		DATE	AMOUNT	

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Perich for State Rep			М		ILAK		
Mailing Address PO Box 1434				14	2024	\$	2,000.00
City Aliquippa	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15001	Loan to	Campaign	Commit	tee	
							PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							2,000.00