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 202	230127			Re _l File	ported B		CAND	IDA.	TE		COMN	1ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Cand	idate or L	obbyist:		FRIE	END	S OF	MICHAE	L ST	END	ER							
Street Address:																		
City:	SUNBURY							State:	PΑ	١			Zip Code: 17801					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	-	2. X	30 DA		POS	T- 3	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRE	E	5.	30 DA		POS	T- (5.		TERMINA REPORT?		Yes	N	0	\
report type)	port type) ANNUAL REPORT 7. Year 2024							NG METH CHECK (PAPER			DISK	ETTE	
Name of Office S	ought by Candid	date:	-					DATE	OF E	LEC	TIO	N	District Number	Office Code	Par	ty Cod	Code	
REPRESENTATI	VE IN THE GEN	ΕΡΔΙ ΔΟ	SEMBLY					МО	DA	lΥ	YE	AR	108	STH	REP	1	49	
KEI KESENI/(II	VE IIV THE GEN	EIV (E 710c	, LI IDEI					1	1	!	5	2024		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		МО	DAY	YEAR	₹		0	МО	DA	ΑY	YE	AR	FO	R OFFIC	E USE	ONLY	,	
expenditures	Expenditures from:								4		8	2024						
A. Amount Brought Forward From Last Report \$									14,3	00.34								
B. Total Monetary Contributions And Receipts (From Schedule I) \$									0.00									
C. Total Funds Available (Sum Of Lines A and B)											14,3	00.34						
D. Total Expend	ditures (From So	chedule I	II)				\$				6,4	45.20						
E. Ending Cash	Balance (Subtra	act Line D	From Line	C)			\$				7,8	55.14						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	Schedu	le II	:)	\$					0.00						
G. Unpaid Debt	s And Obligation	ns (From	Schedule I	/)			\$					0.00						
				AFF	ID/	١٧٢	T SE	CTION										
PART I - If this is			_						=	-		_						
I swear (or affirm) correct and comple		ncluding th	e attached so	chedule	s file	d on	paper	or by elec	troni	c me	dium,	are to t	he best o	f my knov	/ledge	and be	lief , tr	ue
Sworn to and subs	cribed before me t day of	his	20								Si	ignature	of Perso	1 Submitt	ing Rep	ort		_
	Signa	ture					- -						Prin	ted Name				_
My Commission Ex	pires						_						Emai	il				
	МО	D	AY	YR						Area	Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	l Comn	nitte	e, C	andid	ate shal	l sig	n hei	re.							
I swear (or affirm) No 320) as amende		f my knowl	edge and bel	ief this	polit	tical	comm	ittee has	not v	iolate	ed any	y provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me th day of	is	20						_			Si	ignature o	of Candida	te			_
			_ 20				_		_				Printe	d Name				-
	Signatur	e					_											_
My Commission Exp	ires												Emai	ıı				
	МО	D	AY	YR	t .		-		Α	rea C	ode		Da	ytime Te	lephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF MICHAEL STENDER	From:	1/1/202	<u>4</u> To:	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 an 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 Commit	tee or Candidate	R	eporting	Period			
		Fi	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing	g 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.

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.

Candidate		Report	ing P	eriod			
		From:			Te	o:	
				DATE			AMOUNT
			10	DAY	YEAR		
						\$	0.0
State	Zip Code (Plus 4)						
						1	
			From:	From:	From: DATE MO DAY	From: To DATE MO DAY YEAR	From: To: DATE MO DAY YEAR \$

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			Reporting	Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	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				Repo	orting Pe	riod				
				Fron	n:		т	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR		\$	0.00
Mailing Address										
City	State	Zip	Code (Plus	4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	ary Page,	Section	on 3.			\$	PAGE TOTA	AL 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:			То:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (F	Plus 4)					
Receipt Description	.	•		•	•	•		
Embay Cyand Tatal of Days	. F. a.v. Cabadula I. Datailad	Commence Dame	Castian	4				PAGE TOTAL
enter Grand Total of Part	E on Schedule I, Detailed	Summary Page,	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	I	
FRIENDS OF MICHAEL STENDER	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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candi	idate		Reporting Period					
	Fr					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-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		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			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

6,445.20

STATEMENT OF EXPENDITURES

Name of Filing Committee o	r Candidate		Reporti	ing Period			
FRIENDS OF MICHAEL STE	NDER		From	1/	1/2024	То:	4/8/2024
				AMOUNT			
To Whom Paid			МО	DAY	YEAR		
House Republican Campaign Committee							
Mailing Address			4	3	2024	\$	6,000.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17101	Contrib	oution			
To Whom Paid			мо	DAY	YEAR		
JFH Strategies, LLC			140	DAI	ILAN		
Mailing Address			4	8	2024	\$	445.20
City Windber	City Windber State Zip Code (Plus 4			otion of Exp	enditure		
	PA	15963	Web ho	osting/ dom	nain regis	tration	
							PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.