Commonwealth of Pennsylvania

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 :	20180035	**Report Filed By :**	**CANDIDATE**		**COMMITTEE**	✓	**LOBBYIST**				
Name of Filing Committee, Candidate or Lobbyist:	ECKER, TORREN TAXPAYERS FOR										
Street Address:											
City:	NEW OXFORD	**State:**	PA		**Zip Code:**	17350					

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	✓
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓
	ANNUAL REPORT	7.	**Year** 2024		**FILING METHOD ( ) CHECK ONE**		**PAPER**	✓	**DISKETTE**	

Name of Office Sought by Candidate:

REPRESENTATIVE IN THE GENERAL ASSEMBLY

DATE OF ELECTION		
MO	**DAY**	**YEAR**
11	5	2024

District Number	**Office Code**	**Party Code**	**County Code**
193	STH	REP	01

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from:	**MO**	**DAY**	**YEAR**		**MO**	**DAY**	**YEAR**
	1	1	2024	**TO**	4	8	2024

FOR OFFICE USE ONLY

A. Amount Brought Forward From Last Report	$	54,763.68
B. Total Monetary Contributions And Receipts (From Schedule I)	$	15,862.00
C. Total Funds Available (Sum Of Lines A and B)	$	70,625.68
D. Total Expenditures (From Schedule III)	$	9,410.21
E. Ending Cash Balance (Subtract Line D From Line C)	$	61,215.47
F. Value Of In-Kind Contributions Received (From Schedule II)	$	0.00
G. Unpaid Debts And Obligations (From Schedule IV)	$	19,532.83

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

My Commission Expires

_____
MO **DAY** **YR**

_____
Signature of Person Submitting Report

_____
Printed Name

_____
Email

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

My Commission Expires

_____
MO **DAY** **YR**

_____
Signature of Candidate

_____
Printed Name

_____
Email

Area Code **Daytime Telephone Number**

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
ECKER, TORREN TAXPAYERS FOR	From: 1/1/2024 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)	$	15,862.00
All Other Contributions (Part D)	$	0.00
TOTAL for the Reporting Period (3)	$	15,862.00

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.)	$	15,862.00

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	Reporting Period From: To:

	DATE			AMOUNT
Full Name of Contributing Committee	**MO**	**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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate	Reporting Period From: To:

Full Name of Contributor			DATE MO	DAY	YEAR	AMOUNT
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 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
ECKER, TORREN TAXPAYERS FOR	From: 1/1/2024 To: 4/8/2024

Full Name of Contributing Committee	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO	DAY	YEAR	AMOUNT
HANOVER ADAMS LEADERSHIP TEAM		NEW OXFORD	PA	17350	1	29	2024	$ 10,000.00
HANOVER ADAMS LEADERSHIP TEAM		NEW OXFORD	PA	17350	1	30	2024	$ 4,862.00
SANOFI US SERVICES INC EMPLOYEES PAC		BRIDGEWATER	NJ	08807	2	6	2024	$ 1,000.00

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

PAGE TOTAL
$ 15,862.00

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	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:

			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
ECKER, TORREN TAXPAYERS FOR	From: 1/1/2024 To: 4/8/2024

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:

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
Mailing Address						$ 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, 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	
Mailing Address						$ 0.00
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
ECKER, TORREN TAXPAYERS FOR	From 1/1/2024 To: 4/8/2024

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO	DAY	YEAR	AMOUNT	Description of Expenditure
ACRC		GETTYSBURG	PA	17325	1	8	2024	$ 500.00	Contribution for Event
ACCRW		GETTYSBURG	PA	17325	1	9	2024	$ 225.00	Contribution for Event
CCCRW		New Kingstown	PA	17072	3	5	2024	$ 625.00	Contribution for Event
HRCC		HARRISBURG	PA	17101	3	5	2024	$ 2,000.00	Contribution
HRCC		HARRISBURG	PA	17101	4	7	2024	$ 2,000.00	Contribution
Elect Robert Leadbeter		Catawissa	PA	17820	3	19	2024	$ 1,000.00	Contribution

To Whom Paid			MO	DAY	YEAR	
Friends of Russ Diamond						
Mailing Address			3	23	2024	$ 1,000.00
City Annville	**State** PA	**Zip Code (Plus 4)** 17003	**Description of Expenditure** Contribution			

To Whom Paid			MO	DAY	YEAR	
RGB Politics						
Mailing Address			4	4	2024	$ 751.54
City Camp Hill	**State** PA	**Zip Code (Plus 4)** 17011	**Description of Expenditure** consulting services/palm cards			

To Whom Paid			MO	DAY	YEAR	
PA Leadership Council						
Mailing Address			4	5	2024	$ 250.00
City HARRISBURG	**State** PA	**Zip Code (Plus 4)** 17112	**Description of Expenditure** Contribution for Event			

To Whom Paid			MO	DAY	YEAR	
ACRC						
Mailing Address			4	6	2024	$ 500.00
City GETTYSBURG	**State** PA	**Zip Code (Plus 4)** 17325	**Description of Expenditure** Contribution			

To Whom Paid			MO	DAY	YEAR	
Hilton Harrisburg						
Mailing Address			1	5	2024	$ 184.88
City HARRISBURG	**State** PA	**Zip Code (Plus 4)** 17101	**Description of Expenditure** travel expenses			

To Whom Paid			MO	DAY	YEAR	
Dunkin						
Mailing Address			2	2	2024	$ 10.37
City New Oxford	**State** PA	**Zip Code (Plus 4)** 17019	**Description of Expenditure** campaign meeting expenses			

To Whom Paid			MO	DAY	YEAR	
Devon						
Mailing Address			2	5	2024	$ 363.42
City Hershey	**State** PA	**Zip Code (Plus 4)** 17033	**Description of Expenditure** campaign dinner			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	**PAGE TOTAL** $ 9,410.21

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate	Reporting Period
ECKER, TORREN TAXPAYERS FOR	From: 1/1/2024 To: 4/8/2024

Name of Creditor	Mailing Address	City	State	Zip Code (Plus 4)	DATE MO	DAY	YEAR	Outstanding Balance of Debt	Description of Debt
Torren Ecker		New Oxford	PA	17350	1	1	2024	$ 19,532.83	loan to committee carry over from previous report

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL $ 19,532.83