

# 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 : 20140011		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: AUMENT FOR SENATE										
Street Address: BOX 194										
City: LANDISVILLE				State: PA		Zip Code: 17538				
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	REP			
				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				\$ 32,609.53						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 11,500.00						
C. Total Funds Available (Sum Of Lines A and B)				\$ 44,109.53						
D. Total Expenditures (From Schedule III)				\$ 10,911.60						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 33,197.93						
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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
AUMENT FOR SENATE	From: <u>3/5/2024</u> To: <u>4/8/2024</u>

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

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

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 11,250.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 11,250.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 11,500.00
---	--------------

<div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div>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.</div>						
Name of Filing Committee or Candidate				Reporting Period		
AUMENT FOR SENATE				From: 3/5/2024 To: 4/8/2024		
				DATE		AMOUNT
Full Name of Contributing Committee				MO	DAY	YEAR
TEL-PAC						
Mailing Address 30 N. 3RD ST. SUITE 780				3	8	2024
City HARRISBURG	State PA	Zip Code (Plus 4) 171011703				
						\$ 250.00
						PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.						\$ 250.00

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)					

<b>PAGE TOTAL</b>	
\$	0.00

## 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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
AUMENT FOR SENATE	<b>From:</b> <u>3/5/2024</u> <b>To:</b> <u>4/8/2024</u>

				DATE		AMOUNT	
Full Name of Contributing Committee VALUE PAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 195 THEATRE DR				3	8	2024	
City DUNCANSVILLE	State PA	Zip Code (Plus 4) 16635					
Full Name of Contributing Committee PECOPAC				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 2301 MARKET ST. S15-1				3	8	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103					
Full Name of Contributing Committee PENNSYLVANIA OPTOMETRIC PAC				MO	DAY	YEAR	\$ 750.00
Mailing Address 218 NORTH STREET				3	8	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee HAPAC-STATE				MO	DAY	YEAR	\$ 750.00
Mailing Address 30 N. THIRD ST				3	8	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17101					
Full Name of Contributing Committee PPL PEOPLE FOR GOOD GOVERNMENT				MO	DAY	YEAR	\$ 750.00
Mailing Address TWO NORTH NINTH STREET				3	8	2024	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18101					

Full Name of Contributing Committee OPERATORS FOR SKILL PAC			MO	DAY	YEAR	\$ 750.00
Mailing Address BOX 343			3	8	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108				
Full Name of Contributing Committee DUQUESNE LIGHT CO PAC			MO	DAY	YEAR	\$ 1,500.00
Mailing Address 411 7TH AVE FL 7			3	8	2024	
City PITTSBURGH	State PA	Zip Code (Plus 4) 152191919				
Full Name of Contributing Committee INDEPENDENCE PAC			MO	DAY	YEAR	\$ 750.00
Mailing Address 1901 MARKET ST			3	8	2024	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				
Full Name of Contributing Committee PFIZER PAC			MO	DAY	YEAR	\$ 750.00
Mailing Address 235 E 42ND ST			3	8	2024	
City NEW YORK	State NY	Zip Code (Plus 4) 100175703				
Full Name of Contributing Committee WALPAC			MO	DAY	YEAR	\$ 2,500.00
Mailing Address 702 SW 8TH ST			3	8	2024	
City BENTONVILLE	State AR	Zip Code (Plus 4) 727166209				
Full Name of Contributing Committee PENNSYLVANIA AMERICAN WATER PAC			MO	DAY	YEAR	\$ 750.00
Mailing Address 852 WESLEY DR			3	8	2024	
City MECHANICSBURG	State PA	Zip Code (Plus 4) 170554436				

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

<b>PAGE TOTAL</b>
\$ 11,250.00

**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: <span style="float: right;">To:</span>

				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.

<b>PAGE TOTAL</b>
\$ 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.**

<b>PAGE TOTAL</b>	
\$	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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
AUMENT FOR SENATE		From: <u>3/5/2024</u> To: <u>4/8/2024</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
---------------------------------------	--

			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.						<b>PAGE TOTAL</b>  \$ 0.00

**SCHEDULE II**  
**PART G**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OVER \$250.00**

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
AUMENT FOR SENATE	From <u>3/5/2024</u> To: <u>4/8/2024</u>

DATE				AMOUNT		
To Whom Paid S'MORE SPACE STORAGE			MO	DAY	YEAR	\$ 298.92
Mailing Address 581 STONEY BATTERY ROAD			4	3	2024	
City LANDISVILLE	State PA	Zip Code (Plus 4) 17538	Description of Expenditure ADMINISTRATIVE			
To Whom Paid ARISTOTLE INTL			MO	DAY	YEAR	\$ 900.00
Mailing Address 205 PENNSYLVANIA AVE, SE			4	3	2024	
City WASHINGTON	State DC	Zip Code (Plus 4) 20003	Description of Expenditure ADMINISTRATIVE			
To Whom Paid CK'S GOLF SHOP			MO	DAY	YEAR	\$ 5,565.00
Mailing Address 620 BENT CREEK DR			4	6	2024	
City LITITZ	State PA	Zip Code (Plus 4) 175438353	Description of Expenditure CAMPAIGN EXPENSE			
To Whom Paid FLYING PIG SALOON			MO	DAY	YEAR	\$ 38.50
Mailing Address 121 E KING ST			3	25	2024	
City MALVERN	State PA	Zip Code (Plus 4) 193552515	Description of Expenditure MEALS			
To Whom Paid TJ ROCKSWELL'S			MO	DAY	YEAR	\$ 35.99
Mailing Address 800 MT GRETN RD			3	7	2024	
City ELIZABETHTOWN	State PA	Zip Code (Plus 4) 170221333	Description of Expenditure MEALS			

To Whom Paid ELIZABETHTOWN AREA REPUBLICAN COMMITTEE			MO	DAY	YEAR	\$ 500.00
Mailing Address PO BOX 60			3	7	2024	
City ELIZABETHTOWN	State PA	Zip Code (Plus 4) 170220060	Description of Expenditure CONTRIBUTION			
To Whom Paid SHEETZ			MO	DAY	YEAR	\$ 4.45
Mailing Address 5700 6TH AVENUE			4	5	2024	
City ALTOONA	State PA	Zip Code (Plus 4) 16602	Description of Expenditure FOOD			
To Whom Paid GOOGLE INC			MO	DAY	YEAR	\$ 76.32
Mailing Address 1600 AMPHITHEATRE PKWY			4	2	2024	
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 94043	Description of Expenditure ADMINISTRATIVE			
To Whom Paid WEST FALLOWFIELD CHRISTIAN SCHOOL			MO	DAY	YEAR	\$ 600.00
Mailing Address 795 FALLOWFIELD ROAD			4	4	2024	
City ATGLEN	State PA	Zip Code (Plus 4) 19301	Description of Expenditure CONTRIBUTION			
To Whom Paid HARVEST SEASONAL GRILLE			MO	DAY	YEAR	\$ 53.00
Mailing Address 1573 FRUITVILLE PIKE			4	1	2024	
City LANCASTER	State PA	Zip Code (Plus 4) 176014005	Description of Expenditure MEALS			
To Whom Paid TRIO BAR AND GRILLE			MO	DAY	YEAR	\$ 12.75
Mailing Address 3707 MARIETTA AVE			3	20	2024	
City COLUMBIA	State PA	Zip Code (Plus 4) 175128943	Description of Expenditure MEALS			

To Whom Paid TRIO BAR AND GRILLE			MO	DAY	YEAR	\$ 55.76
Mailing Address 3707 MARIETTA AVE			3	19	2024	
City COLUMBIA	State PA	Zip Code (Plus 4) 175128943	Description of Expenditure MEALS			

To Whom Paid UBER TECHNOLOGIES			MO	DAY	YEAR	\$ 67.94
Mailing Address 1455 MARKET STREET			4	5	2024	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 941031331	Description of Expenditure TRANSPORTATION			

To Whom Paid PJ WHELIHAN'S			MO	DAY	YEAR	\$ 17.50
Mailing Address 1569 FRUITVILLE PIKE			3	25	2024	
City LANCASTER	State PA	Zip Code (Plus 4) 176014060	Description of Expenditure MEALS			

To Whom Paid HISPANIC REPUBLICAN COALITION OF PENNSYLVANIA			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 4029 WOODRUFF RD C/O ED FLOCCO			3	27	2024	
City LAFAYETTE HILL	State PA	Zip Code (Plus 4) 194441617	Description of Expenditure CONTRIBUTION			

To Whom Paid WARWICK AREA REPUBLICAN COMMITTEE			MO	DAY	YEAR	\$ 1,150.00
Mailing Address 902 COLUMBIA AVE			3	7	2024	
City LANCASTER	State PA	Zip Code (Plus 4) 176033129	Description of Expenditure CONTRIBUTION			

To Whom Paid CONSTANT CONTACT			MO	DAY	YEAR	\$ 85.86
Mailing Address 1601 TRAPELO ROAD			3	11	2024	
City WALTHAM	State MA	Zip Code (Plus 4) 02431	Description of Expenditure ADMINISTRATIVE			

<b>To Whom Paid</b> LNP GROUP			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 19.95
<b>Mailing Address</b> 8 W. KING STREET			3	26	2024	
<b>City</b> LANCASTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17608	<b>Description of Expenditure</b> ADMINISTRATIVE			

  

<b>To Whom Paid</b> VERIZON WIRELESS			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 254.66
<b>Mailing Address</b> 142 PARK CITY CENTER			4	1	2024	
<b>City</b> LANCASTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17601	<b>Description of Expenditure</b> ADMINISTRATIVE			

  

<b>To Whom Paid</b> ARISTOTLE INTL			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 175.00
<b>Mailing Address</b> 205 PENNSYLVANI AVE, SE			3	11	2024	
<b>City</b> WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20003	<b>Description of Expenditure</b> ADMINISTRATIVE			

  

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 10,911.60

