### **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 :	<b>on</b> 20	240105				port ed B		CAND	IDATE		СОМІ	MITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	committee, Can	didate or	Lobbyist		CAL	UL F	OR TH	IE PEOP	LE				·				
Street Address:																	
City:	CLINTON							State:	PA			Zip Cod	le: 15	026			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR	IDAY PR	E-	2. <b>X</b>	30 DA		POST-	3.		AMENDM REPORT?		Yes	No	)	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTI	IDAY PI ON	RE-	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	)	<b>√</b>
report type)	ANNUAL REPO	<b>RT</b> 7.	Year 2	024				NG METH CHECK (				PAPER		$\checkmark$	DISK	TTE	
Name of Office S	- Sought by Candi	idate:						DATE (	OF EL	ECT	ION	District Number	Office Code	Pai	rty Code	Cour	
								МО	DAY	'	YEAR						
								1	1	5	2024		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		МО	DAY	YEA	ıR			МО	DAY	7	YEAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:		3	5	2024	T	0	•	4	8	2024						
A. Amount Bro	ught Forward F	rom Last	Report				\$		·		0.00						
B. Total Moneta	ary Contribution	ns And Re	ceipts (F	rom Sch	edul	e I)	\$				951.00						
C. Total Funds	Available (Sum	Of Lines	A and B)				\$				951.00						
D. Total Expend	ditures (From S	chedule I	II)				\$				52.00						
E. Ending Cash	Balance (Subti	act Line [	From L	ine C)			\$				899.00						
F. Value Of In-	Kind Contributi	ons Recei	ved (Fro	m Sched	ule I	I)	\$				552.61						
G. Unpaid Debt	s And Obligation	ns (From	Schedul	e IV)			\$				0.00		•				
				AF	FID	AVI	T SE	CTION									
PART I - If this is				_					-								
I swear (or affirm) correct and comple		including th	ne attache	d schedul	es file	ed on	paper	or by elec	tronic	medi	um, are to	the best of	f my knov	vledge	and bel	ef , tr	ue.
Sworn to and subs	cribed before me day of	this	20								Signatur	e of Persoi	1 Submitt	ing Re	port		_
	- Sign	ature					- -					Print	ted Name				-
My Commission Ex	_											Emai	il .				-
	мо	ſ	DAY	Υ	R					Area (	Code	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a c	andidate's	s authori	zed Con	mitte	ee, C	andid	ate shal	sign	here							
I swear (or affirm) No 320) as amende		of my know	ledge and	belief th	is poli	itical	comm	ittee has	not vio	lated	any provis	ions of the	e act of Ju	ine 3,1	937 (P.I	133	3,
Sworn to and subsc	ribed before me t day of	his	26								s	ignature o	of Candida	ite			-
			<sup>20</sup> _				-					Printe	d Name				-
	Signatu	re					-										_
My Commission Exp	ires											Emai	il				
	мо	ı	DAY	١	'R		-		Are	a Cod	de	Da	ytime Te	elephor	ne Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
CAUL FOR THE PEOPLE	From:	3/5/202	<u>4</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)			\$	200.00
TOTAL for the Reporting	) Period	(2)	\$	200.00
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)			\$	751.00
TOTAL for the Reporting	) Period	(3)	\$	751.00
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			\$	951.00

#### **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	e	F	Reporting	Period			
		F	rom:		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 Candidate	Reporting Perio	od	
CAUL FOR THE PEOPLE	From:	3/5/2024 <b>To</b> :	<u>4/8/2024</u>

				DATE		AMOUNT
Full Name of Contributor			мо	DAY	YEAR	
DANNY THOMAS			1-10	DAI	ILAK	
Mailing Address						\$ 100.
City STRUTHERS	State	Zip Code (Plus 4)	3	21	2024	
	ОН	44471				
Full Name of Contributor			мо	DAY	YEAR	
DANNY THOMAS			МО	DAI	ILAK	
Mailing Address						\$ 100
City STRUTHERS	State	Zip Code (Plus 4)	3	21	2023	
	l on	44471				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$** 200.00

#### **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.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							<b>-</b>   \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	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			
CAUL FOR THE PEOPLE				Fror	n:	<u>3/5/2</u>	<u>024</u> To	<b>)</b> :	<u>4/8/2024</u>
					D/	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	251.00
ASHLEE CAUL						5A.	12/11	_  →	251.00
Mailing Address	<b>-</b>				3	9	2024	.	
City CLINTON	State	Zip	p Code (Plus	4)					
	PA	15	026				l	ı	
Employer Name LA ROCHE UNIVERSIT	Υ				Occupat	ion	WEB PR	OGRA	AMMER/ANALYST
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip (	Code (Plus 4)
			PITTSBUR	GH		PA		152	37
Full Name of Contributor					мо	DAY	YEAR		500.00
ASHLEE CAUL					1-10	DAI	ILAK	\$	500.00
Mailing Address					3	21	2024	.	
City CLINTON	State	Zip	Code (Plus	4)					
	PA	15	026						
Employer Name LA ROCHE UNIVERSIT	Υ				Occupat	ion	WEB PR	OGRA	AMMER/ANALYST
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip (	Code (Plus 4)
			PITTSBUR	GH		PA		152	37
Enter Grand Total of Part C on Sche	dula I. Datailed Si	ıms	nary Page	Soction	n 2				PAGE TOTAL
Lines Grand Total of Part C on Sche	iule 1, Detalled Si	ullill	iaiy raye,	Secul	л э.			\$	751.00
							L		

## 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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	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	
CAUL FOR THE PEOPLE	From:	3/5/2024 <b>To</b> :	<u>4/8/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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)	\$	68.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	484.61
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,	•	\$	552.61

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Ca	ndidate	1	Reporting	Period			
CAUL FOR THE PEOPLE		1	From:	<u>.</u>	3/5/2024	То:	4/8/2024
		<b>1</b>		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
TERRI MITKO			МО	DAT	TEAR	<b>\$</b>	68.00
Mailing Address			3	5	2024	] *	00.00
City BEAVER	State	Zip Code (Plus 4)	]		2024		
	PA	15009					
Description of Contribution:	POSTAGE STAMPS	•	•		1		
Enter Grand Total of Part F of Section 2.	on Schedule II, In-Kir	nd Contributions Detai	led Sumi	mary Pag			PAGE TOTAL
					\$	5	68.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	•			Par	ortine 5	Pariod		
waine or rining committee or candidate	=			Кер	orting F	rerioa		
CAUL FOR THE PEOPLE				Fro	m:	3/5/202	<u>4</u> To:	<u>4/8/2024</u>
						DATE		AMOUNT
Full Name of Contributor					мо	DAY	YEAR	
ASHLEE CAUL								<b>\$</b> 206.35
Mailing Address					3	20	2024	200103
City CLINTON	State		Zip Code(Plus 4)					
	PA		15026					
Employer of Contributor LA ROCHE	UNIVERSITY		•		Occupa	tion W	EB PROG	RAMMER/ANALYST
Employer Mailing Address/Principal Pla	ace of Business	Cit PI	ty TTSBURGH	<b>State</b> PA	<b>Zip</b> 152	Code(Plus 4)	Descri	otion of Contribution
Full Name of Contributor ASHLEE CAUL					МО	DAY	YEAR	
Mailing Address					3	13	2024	<b>\$</b> 23.54
City CLINTON	State		Zip Code(Plus 4)					
	PA		15026					
Employer of Contributes IA DOCUE								
<b>Employer of Contributor</b> LA ROCHE	UNIVERSITY				Occupa	tion W	EB PROG	RAMMER/ANALYST
Employer Mailing Address/Principal Pla		Cit	ty	State		Code(Plus 4)		RAMMER/ANALYST
		1	ty TTSBURGH	<b>State</b> PA		Code(Plus 4)	Descri	•
		1	-		2 Zip	Code(Plus 4)	<b>Descri</b>	otion of Contribution
Employer Mailing Address/Principal Pla		1	-		Zip	Code(Plus 4)	Descri	otion of Contribution  ONARY
Employer Mailing Address/Principal Pla		1	-		2 Zip	Code(Plus 4)	<b>Descri</b>	ption of Contribution
Employer Mailing Address/Principal Pla  Full Name of Contributor  ASHLEE CAUL		1	-	PA	2ip 152	Code(Plus 4) 237 DAY	Descrip STATIO YEAR	otion of Contribution  ONARY
Employer Mailing Address/Principal Pla  Full Name of Contributor  ASHLEE CAUL  Mailing Address	ace of Business	1	TTSBURGH	PA	2ip 152	Code(Plus 4) 237 DAY	Descrip STATIO YEAR	otion of Contribution  ONARY
Full Name of Contributor ASHLEE CAUL Mailing Address City CLINTON	State	1	TTSBURGH  Zip Code(Plus 4)	PA	2ip 152	Code(Plus 4) 237  DAY  16	Descrip STATIO YEAR 2024	otion of Contribution  ONARY
Full Name of Contributor ASHLEE CAUL Mailing Address City CLINTON	State PA UNIVERSITY	1	Zip Code(Plus 4)	PA	MO 3	Code(Plus 4) 237  DAY  16	PEB PROG	\$ 21.40
Employer Mailing Address/Principal Pla  Full Name of Contributor  ASHLEE CAUL  Mailing Address  City CLINTON  Employer of Contributor LA ROCHE	State PA UNIVERSITY	Cit	Zip Code(Plus 4)	PA	MO 3	DAY  16  Code(Plus 4)	YEAR 2024  EB PROG Descrip	\$ 21.40
Employer Mailing Address/Principal Pla  Full Name of Contributor  ASHLEE CAUL  Mailing Address  City CLINTON  Employer of Contributor LA ROCHE	State PA UNIVERSITY	Cit	Zip Code(Plus 4) 15026	State	MO 3 Occupa	DAY  16  Code(Plus 4)	YEAR 2024  EB PROG Descrip	\$ 21.40  RAMMER/ANALYST  ption of Contribution
Employer Mailing Address/Principal Pla  Full Name of Contributor ASHLEE CAUL Mailing Address City CLINTON  Employer of Contributor LA ROCHE Employer Mailing Address/Principal Pla  Full Name of Contributor	State PA UNIVERSITY	Cit	Zip Code(Plus 4) 15026	State	MO 3  Occupa  Zip 152	DAY  16  Code(Plus 4)  237  Code(Plus 4)  237	YEAR 2024  EB PROG Descrip	\$ 21.40  RAMMER/ANALYST  ption of Contribution
Full Name of Contributor ASHLEE CAUL Mailing Address City CLINTON  Employer of Contributor LA ROCHE Employer Mailing Address/Principal Pla  Full Name of Contributor ASHLEE CAUL Mailing Address	State PA UNIVERSITY	Cit	Zip Code(Plus 4) 15026	State PA	MO 3 Occupa E Zip 152 MO MO	DAY  16  Code(Plus 4)  237  DAY  16  Code(Plus 4)  237  DAY	YEAR 2024  EB PROG Descrip STATIO	\$ 21.40  RAMMER/ANALYST  ption of Contribution  DNARY
Full Name of Contributor ASHLEE CAUL Mailing Address City CLINTON  Employer of Contributor LA ROCHE Employer Mailing Address/Principal Pla  Full Name of Contributor ASHLEE CAUL Mailing Address	State PA UNIVERSITY ace of Business	Cit	Zip Code(Plus 4) 15026  ty TTSBURGH	State PA	MO 3 Occupa E Zip 152 MO MO	DAY  16  Code(Plus 4)  237  DAY  16  Code(Plus 4)  237  DAY	YEAR 2024  EB PROG Descrip STATIO	\$ 21.40  RAMMER/ANALYST  ption of Contribution  DNARY
Full Name of Contributor ASHLEE CAUL Mailing Address City CLINTON  Employer of Contributor LA ROCHE Employer Mailing Address/Principal Pla  Full Name of Contributor ASHLEE CAUL Mailing Address City CLINTON	State PA UNIVERSITY ace of Business	Cit	Zip Code(Plus 4) 15026  ty TTSBURGH  Zip Code(Plus 4)	State PA	MO 3 Occupa E Zip 152 MO MO	DAY 16 Code(Plus 4) 237 DAY 16 DAY 237 DAY 28	YEAR 2024  EB PROG STATIO  YEAR 2024	\$ 21.40  RAMMER/ANALYST  ption of Contribution  DNARY
Full Name of Contributor ASHLEE CAUL Mailing Address City CLINTON  Employer of Contributor LA ROCHE Employer Mailing Address/Principal Pla  Full Name of Contributor ASHLEE CAUL Mailing Address City CLINTON	State PA SUNIVERSITY Acce of Business  State PA UNIVERSITY	Cit	Zip Code(Plus 4) 15026  ty TTSBURGH  Zip Code(Plus 4) 15026	State PA	Zip   152   MO   3	DAY 16 Code(Plus 4) 237 DAY 16 DAY 237 DAY 28	PEB PROGETATION  YEAR  2024  EB PROGETATION  YEAR  2024	\$ 21.40  RAMMER/ANALYST  STORY  \$ 6.42

Full Name of Contributor					МО	DAY	VEAD	
ASHLEE CAUL					МО	DAY	YEAR	
Mailing Address								<b>\$</b> 189.44
City CLINTON	State	Zi	ip Code(Plus 4)					
	PA	15	5026					
Employer of Contributor LA ROCHE	UNIVERSITY				Occupa	tion W	EB PROG	GRAMMER/ANALYST
Employer Mailing Address/Principal Pla	ce of Business	City		State	Zip	Code(Plus 4)	Descri	ption of Contribution
		PITTS	SBURGH	PA	152	37	FOOD	FOR EVENT
Full Name of Contributor ASHLEE CAUL					МО	DAY	YEAR	
Mailing Address					3	21	2024	<b>\$</b> 37.46
City CLINTON	State	Zi	ip Code(Plus 4)					
	PA	1!	5026					
Employer of Contributor LA ROCHE	UNIVERSITY				Occupa	tion W	EB PROG	GRAMMER/ANALYST
Employer Mailing Address/Principal Pla	ce of Business	City		State	Zip	Code(Plus 4)	Descri	ption of Contribution
,			SBURGH	PA	152	37	STATIO	ONARY
, , , , , , , , , , , , , , , , , , , ,		PITTS	SDUKGH	17	1-52		317(12)	OTO (IC)
Enter Grand Total of Part G on Sci	nedule II. In-K	1						PAGE TOTAL

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
CAUL FOR THE PEOPLE	From	3/5/2024	То:	4/8/2024	
	DATE			AMOUNT	

				DATE				AMOUNT	
To Who	m Paid			МО	DAY	YEAR			
UNITED STATES POSTAL SERVICE			MO		ILAK				
Mailing Address			3	23	2024	\$	52.00		
City	CLINTON	State	Zip Code (Plus 4)	Description of Expenditure					
		PA	15026	USPS P	OST OFFIC				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.								PAGE TOTAL	
							\$	52.00	