

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 : 20240105		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: CAUL FOR THE PEOPLE											
Street Address:											
City: CLINTON				State: PA		Zip Code: 15026					
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				
					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					\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$		951.00				
C. Total Funds Available (Sum Of Lines A and B)					\$		951.00				
D. Total Expenditures (From Schedule III)					\$		52.00				
E. Ending Cash Balance (Subtract Line D From Line C)					\$		899.00				
F. Value Of In-Kind Contributions Received (From Schedule II)					\$		552.61				
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

Name of Filing Committee or Candidate	Reporting Period
CAUL FOR THE PEOPLE	From: <u>3/5/2024</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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 951.00
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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
CAUL FOR THE PEOPLE	From: <u>3/5/2024</u> To: <u>4/8/2024</u>

DATE	AMOUNT
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Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
DANNY THOMAS						
Mailing Address						
City STRUTHERS	State OH	Zip Code (Plus 4) 44471	3	21	2024	

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
DANNY THOMAS						
Mailing Address						
City STRUTHERS	State OH	Zip Code (Plus 4) 44471	3	21	2023	

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	0.00
Mailing Address							
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 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 CAUL FOR THE PEOPLE	Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
ASHLEE CAUL							\$ 251.00
Mailing Address				3	9	2024	
City CLINTON	State PA	Zip Code (Plus 4) 15026					
Employer Name LA ROCHE UNIVERSITY				Occupation WEB PROGRAMMER/ANALYST			
Employer Mailing Address/Principal Place of Business			City PITTSBURGH	State PA	Zip Code (Plus 4) 15237		

Full Name of Contributor				MO	DAY	YEAR	
ASHLEE CAUL							\$ 500.00
Mailing Address				3	21	2024	
City CLINTON	State PA	Zip Code (Plus 4) 15026					
Employer Name LA ROCHE UNIVERSITY				Occupation WEB PROGRAMMER/ANALYST			
Employer Mailing Address/Principal Place of Business			City PITTSBURGH	State PA	Zip Code (Plus 4) 15237		

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

PAGE TOTAL
\$ 751.00

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:
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			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	
CAUL FOR THE PEOPLE		From: <u>3/5/2024</u> To: <u>4/8/2024</u>	
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)	\$ 68.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 484.61
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.)			\$ 552.61

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate CAUL FOR THE PEOPLE	Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
TERRI MITKO						\$ 68.00
Mailing Address			3	5	2024	
City BEAVER	State PA	Zip Code (Plus 4) 15009				
Description of Contribution: POSTAGE STAMPS						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 68.00

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

Name of Filing Committee or Candidate	Reporting Period
CAUL FOR THE PEOPLE	From: <u>3/5/2024</u> To: <u>4/8/2024</u>

					DATE		AMOUNT	
Full Name of Contributor ASHLEE CAUL					MO 3	DAY 20	YEAR 2024	\$ 206.35
Mailing Address								
City CLINTON		State PA	Zip Code(Plus 4) 15026					
Employer of Contributor LA ROCHE UNIVERSITY					Occupation WEB PROGRAMMER/ANALYST			
Employer Mailing Address/Principal Place of Business			City PITTSBURGH	State PA	Zip Code(Plus 4) 15237		Description of Contribution	
Full Name of Contributor ASHLEE CAUL					MO 3	DAY 13	YEAR 2024	\$ 23.54
Mailing Address								
City CLINTON		State PA	Zip Code(Plus 4) 15026					
Employer of Contributor LA ROCHE UNIVERSITY					Occupation WEB PROGRAMMER/ANALYST			
Employer Mailing Address/Principal Place of Business			City PITTSBURGH	State PA	Zip Code(Plus 4) 15237		Description of Contribution STATIONARY	
Full Name of Contributor ASHLEE CAUL					MO 3	DAY 16	YEAR 2024	\$ 21.40
Mailing Address								
City CLINTON		State PA	Zip Code(Plus 4) 15026					
Employer of Contributor LA ROCHE UNIVERSITY					Occupation WEB PROGRAMMER/ANALYST			
Employer Mailing Address/Principal Place of Business			City PITTSBURGH	State PA	Zip Code(Plus 4) 15237		Description of Contribution STATIONARY	
Full Name of Contributor ASHLEE CAUL					MO 3	DAY 28	YEAR 2024	\$ 6.42
Mailing Address								
City CLINTON		State PA	Zip Code(Plus 4) 15026					
Employer of Contributor LA ROCHE UNIVERSITY					Occupation WEB PROGRAMMER/ANALYST			
Employer Mailing Address/Principal Place of Business			City PITTSBURGH	State PA	Zip Code(Plus 4) 15237		Description of Contribution STATIONARY	

Full Name of Contributor ASHLEE CAUL			MO	DAY	YEAR	\$ 189.44
Mailing Address						
City CLINTON	State PA	Zip Code(Plus 4) 15026				
Employer of Contributor LA ROCHE UNIVERSITY			Occupation WEB PROGRAMMER/ANALYST			
Employer Mailing Address/Principal Place of Business		City PITTSBURGH	State PA	Zip Code(Plus 4) 15237	Description of Contribution FOOD FOR EVENT	

Full Name of Contributor ASHLEE CAUL			MO	DAY	YEAR	\$ 37.46
Mailing Address			3	21	2024	
City CLINTON	State PA	Zip Code(Plus 4) 15026				
Employer of Contributor LA ROCHE UNIVERSITY			Occupation WEB PROGRAMMER/ANALYST			
Employer Mailing Address/Principal Place of Business		City PITTSBURGH	State PA	Zip Code(Plus 4) 15237	Description of Contribution STATIONARY	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 484.61
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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate CAUL FOR THE PEOPLE	Reporting Period From <u>3/5/2024</u> To: <u>4/8/2024</u>
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DATE				AMOUNT
To Whom Paid				
UNITED STATES POSTAL SERVICE				
Mailing Address				
	MO	DAY	YEAR	
	3	23	2024	\$ 52.00
City CLINTON	State PA	Zip Code (Plus 4) 15026	Description of Expenditure USPS POST OFFICE BOX	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 52.00

