

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 : 20240086		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST						
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF LISHA ROWE											
Street Address: PO BOX 96											
City: MOHNTON			State: PA	Zip Code: 19540							
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2. <input checked="" type="checkbox"/>	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	TO	4	8	2024			
A. Amount Brought Forward From Last Report				\$		0.00					
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		8,752.40					
C. Total Funds Available (Sum Of Lines A and B)				\$		8,752.40					
D. Total Expenditures (From Schedule III)				\$		7,016.28					
E. Ending Cash Balance (Subtract Line D From Line C)				\$		1,736.12					
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		313.64					
G. Unpaid Debts And Obligations (From Schedule IV)				\$		3,363.64					

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
FRIENDS OF LISHA ROWE	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)	\$ 52.40
TOTAL for the Reporting Period (2)	\$ 52.40

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 5,000.00
All Other Contributions (Part D)	\$ 3,700.00
TOTAL for the Reporting Period (3)	\$ 8,700.00

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.)	\$ 8,752.40
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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)				

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

PAGE TOTAL
\$ 0.00

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
FRIENDS OF LISHA ROWE	From: <u>3/5/2024</u> To: <u>4/8/2024</u>

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
DEBORAH PARESE					
Mailing Address 101 CRESTWOOD COURT					\$ 52.40
City DOUGLASVILLE	4	3	2024		
State PA					
Zip Code (Plus 4) 19518					

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

PAGE TOTAL
\$ 52.40

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 FRIENDS OF LISHA ROWE	Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u>
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	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
FRIENDS OF DOUG MASTRIANO				\$ 5,000.00
Mailing Address PO BOX 138	3	8	2024	
City FAYETTEVILLE				
State PA				
Zip Code (Plus 4) 17222				

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

PAGE TOTAL
\$ 5,000.00

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 FRIENDS OF LISHA ROWE	Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u>
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				DATE			AMOUNT
Full Name of Contributor LISHA ROWE				MO	DAY	YEAR	\$ 2,050.00
Mailing Address 2 HOLLY LANE				3	4	2024	
City MOHNTON	State PA	Zip Code (Plus 4) 19540					
Employer Name TOWNSHIP OF CUMRU				Occupation ELECTED OFFICIAL			
Employer Mailing Address/Principal Place of Business 1775 WELSH ROAD			City MOHNTON		State PA		Zip Code (Plus 4) 19540
Full Name of Contributor LISHA ROWE				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 2 HOLLY LANE				4	3	2024	
City MOHNTON	State PA	Zip Code (Plus 4) 19540					
Employer Name TOWNSHIP OF CUMRU				Occupation ELECTED OFFICIAL			
Employer Mailing Address/Principal Place of Business 1775 WELSH ROAD			City MOHNTON		State PA		Zip Code (Plus 4) 19540
Full Name of Contributor JAY ROWE JR				MO	DAY	YEAR	\$ 350.00
Mailing Address 2 HOLLY LANE				3	11	2024	
City MOHNTON	State PA	Zip Code (Plus 4) 19540					
Employer Name				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
Full Name of Contributor JAY ROWE JR				MO	DAY	YEAR	\$ 300.00
Mailing Address 2 HOLLY LANE				3	11	2024	
City MOHNTON	State PA	Zip Code (Plus 4) 19540					
Employer Name				Occupation RETIRED			
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
\$ 3,700.00

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	0	0	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 FRIENDS OF LISHA ROWE	Reporting Period 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)	\$ 9.96
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 313.64
3. IN-KIND CONTRIBUTION RECEIVED - 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.)	\$ 323.60

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

Name of Filing Committee or Candidate FRIENDS OF LISHA ROWE	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			
LISHA ROWE				\$	118.20	
Mailing Address 2 HOLLY LANE	1	22	2024			
City MOHNTON State PA Zip Code (Plus 4) 19540						
Description of Contribution: OFFICE SUPPLIES & POSTAGE						
LISHA ROWE				\$	9.96	
Mailing Address 2 HOLLY LANE	2	12	2024			
City MOHNTON State PA Zip Code (Plus 4) 19540						
Description of Contribution: OFFICE SUPPLIES & POSTAGE						
LISHA ROWE				\$	68.89	
Mailing Address 2 HOLLY LANE	2	19	2024			
City MOHNTON State PA Zip Code (Plus 4) 19540						
Description of Contribution: OFFICE SUPPLIES & POSTAGE						
LISHA ROWE				\$	116.59	
Mailing Address 2 HOLLY LANE	3	2	2024			
City MOHNTON State PA Zip Code (Plus 4) 19540						
Description of Contribution: CAMPAIGN MATERIALS						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.					PAGE TOTAL	
					\$ 313.64	

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

Name of Filing Committee or Candidate	Reporting Period From: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor					
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
FRIENDS OF LISHA ROWE	From <u>3/5/2024</u> To: <u>4/8/2024</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
6G MEDIA LLC	3	20	2024	\$	371.00
Mailing Address PO BOX 194					
City NEW HOLLAND	State PA	Zip Code (Plus 4) 17557	Description of Expenditure WEBSITE EXPENSE		
To Whom Paid CAPITOL PROMOTIONS INC	3	30	2024	\$	2,075.48
Mailing Address PO BOX 231					
City GLENSIDE	State PA	Zip Code (Plus 4) 19038	Description of Expenditure YARD SIGNS		
To Whom Paid HOT FROG PRINT & MEDIA INC	4	3	2024	\$	4,567.40
Mailing Address 118 WEST ALLEN STREET					
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055	Description of Expenditure MAILER EXPENSE		
To Whom Paid ANEDOT	4	3	2024	\$	2.40
Mailing Address 5555 HILTON AVENUE					
City BATON ROUGE	State LA	Zip Code (Plus 4) 70808	Description of Expenditure SERVICE FEE		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					PAGE TOTAL \$ 7,016.28

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
FRIENDS OF LISHA ROWE	From: <u>3/5/2024</u> To: <u>4/8/2024</u>

	DATE			Outstanding Balance of Debt
Name of Creditor	MO	DAY	YEAR	
LISHA ROWE				
Mailing Address 2 HOLLY LANE	3	4	2024	\$ 2,050.00
City MOHNTON				
State PA				
Zip Code (Plus 4) 19540				
Description of Debt LOAN TO CAMPAIGN				
Name of Creditor	MO	DAY	YEAR	
LISHA ROWE				
Mailing Address 2 HOLLY LANE	4	3	2024	\$ 1,000.00
City MOHNTON				
State PA				
Zip Code (Plus 4) 19540				
Description of Debt LOAN TO CAMPAIGN				
Name of Creditor	MO	DAY	YEAR	
LISHA ROWE				
Mailing Address 2 HOLLY LANE	1	22	2024	\$ 118.20
City MOHNTON				
State PA				
Zip Code (Plus 4) 19540				
Description of Debt LOAN TO CAMPAIGN				
Name of Creditor	MO	DAY	YEAR	
LISHA ROWE				
Mailing Address 2 HOLLY LANE	2	12	2024	\$ 9.96
City MOHNTON				
State PA				
Zip Code (Plus 4) 19540				
Description of Debt LOAN TO CAMPAIGN				
Name of Creditor	MO	DAY	YEAR	
LISHA ROWE				
Mailing Address 2 HOLLY LANE	2	19	2024	\$ 68.89
City MOHNTON				
State PA				
Zip Code (Plus 4) 19540				
Description of Debt LOAN TO CAMPAIGN				
Name of Creditor	MO	DAY	YEAR	
LISHA ROWE				
Mailing Address 2 HOLLY LANE	3	2	2024	\$ 116.59
City MOHNTON				
State PA				
Zip Code (Plus 4) 19540				
Description of Debt LOAN TO CAMPAIGN				

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

PAGE TOTAL

\$ 3,363.64