

# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number :</b>		20240086		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> FRIENDS OF LISHA ROWE												
<b>Street Address:</b> PO BOX 96												
<b>City:</b> MOHNTON						<b>State:</b> PA			<b>Zip Code:</b> 19540			
<b>TYPE OF REPORT</b>  (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		<b>FILING METHOD ( ) CHECK ONE</b>		<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>				
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>	
				3	5	2024		4	8	2024		
<b>A. Amount Brought Forward From Last Report</b>						\$ 0.00						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 8,752.40						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 8,752.40						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 7,016.28						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 1,736.12						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 313.64						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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 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>
FRIENDS OF LISHA ROWE	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>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 52.40
<b>TOTAL for the Reporting Period (2)</b>	\$ 52.40

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

<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>	\$ 8,752.40
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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
FRIENDS OF LISHA ROWE	From: 3/5/2024 To: 4/8/2024

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF LISHA ROWE	<b>From:</b> <u>3/5/2024</u> <b>To:</b> <u>4/8/2024</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	5,000.00
FRIENDS OF DOUG MASTRIANO									
Mailing Address					3	8	2024		
PO BOX 138									
City	FAYETTEVILLE		State	PA	Zip Code (Plus 4)	17222			

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

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

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

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

<b>PAGE TOTAL</b>
\$ 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	\$	0.00
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>	
FRIENDS OF LISHA ROWE		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)	\$ 9.96
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 313.64
<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.)			\$ 323.60



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

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF LISHA ROWE	<b>Reporting Period</b>  <b>From:</b> <u>3/5/2024</u> <b>To:</b> <u>4/8/2024</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
LISHA ROWE				1	22	2024	\$ 118.20
Mailing Address 2 HOLLY LANE							
City MOHNTON	State PA	Zip Code (Plus 4) 19540					
Description of Contribution: OFFICE SUPPLIES & POSTAGE							
LISHA ROWE				2	12	2024	\$ 9.96
Mailing Address 2 HOLLY LANE							
City MOHNTON	State PA	Zip Code (Plus 4) 19540					
Description of Contribution: OFFICE SUPPLIES & POSTAGE							
LISHA ROWE				2	19	2024	\$ 68.89
Mailing Address 2 HOLLY LANE							
City MOHNTON	State PA	Zip Code (Plus 4) 19540					
Description of Contribution: OFFICE SUPPLIES & POSTAGE							
LISHA ROWE				3	2	2024	\$ 116.59
Mailing Address 2 HOLLY LANE							
City MOHNTON	State PA	Zip Code (Plus 4) 19540					
Description of Contribution: CAMPAIGN MATERIALS							
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>							<b>PAGE TOTAL</b> <b>\$ 313.64</b>

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# SCHEDULE III STATEMENT OF EXPENDITURES

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF LISHA ROWE	From: <u>3/5/2024</u> To: <u>4/8/2024</u>

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