

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 : 20220051		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF DONNA SCHEUREN										
Street Address:										
City: HARLEYSVILLE				State: PA		Zip Code: 19438				
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				\$		100,338.43				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		33,795.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		134,133.43				
D. Total Expenditures (From Schedule III)				\$		2,103.22				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		132,030.21				
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

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF DONNA SCHEUREN	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)	\$ 75.00

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)	\$ 3,470.00
TOTAL for the Reporting Period (2)	\$ 3,470.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 25,500.00
All Other Contributions (Part D)	\$ 4,750.00
TOTAL for the Reporting Period (3)	\$ 30,250.00

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.)	\$ 33,795.00
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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
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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 FRIENDS OF DONNA SCHEUREN				Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u>			
				DATE		AMOUNT	

Full Name of Contributor LISA A. NACE			MO	DAY	YEAR	\$ 200.00
Mailing Address			1	5	2024	
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19439				

Full Name of Contributor TODD KOWALSKI			MO	DAY	YEAR	\$ 100.00
Mailing Address			2	13	2024	
City SCHWENKSVILLE	State PA	Zip Code (Plus 4) 19473				

Full Name of Contributor HA THAI LU			MO	DAY	YEAR	\$ 55.00
Mailing Address			3	15	2024	
City AMBLER	State PA	Zip Code (Plus 4) 19002				

Full Name of Contributor GAY A. OPDYKE			MO	DAY	YEAR	\$ 55.00
Mailing Address			3	15	2024	
City SOUDERTON	State PA	Zip Code (Plus 4) 18964				

Full Name of Contributor JANE G HAGANN			MO	DAY	YEAR	\$ 55.00
Mailing Address			3	15	2024	
City TELFORD	State PA	Zip Code (Plus 4) 18969				

Full Name of Contributor MELISSA BARNACZ			MO	DAY	YEAR	\$ 200.00
Mailing Address			3	15	2024	
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438				

Full Name of Contributor MARY R RALEIGH			MO	DAY	YEAR	\$ 55.00
Mailing Address			3	15	2024	
City POTTSTOWN	State PA	Zip Code (Plus 4) 194641315				

Full Name of Contributor CHARLES D AMUSO			MO	DAY	YEAR	\$ 150.00
Mailing Address			3	15	2024	
City SOUDERTON	State PA	Zip Code (Plus 4) 189646511				
Full Name of Contributor WM. KEITH FREED			MO	DAY	YEAR	\$ 110.00
Mailing Address			3	15	2024	
City TELFORD	State PA	Zip Code (Plus 4) 18969				
Full Name of Contributor JOAN CHAMBERS			MO	DAY	YEAR	\$ 55.00
Mailing Address			3	25	2024	
City SCHWENKSVILLE	State PA	Zip Code (Plus 4) 194731729				
Full Name of Contributor HELEN M WALDT			MO	DAY	YEAR	\$ 110.00
Mailing Address			3	25	2024	
City POTTSTOWN	State PA	Zip Code (Plus 4) 194646511				
Full Name of Contributor JAMES P LEARY			MO	DAY	YEAR	\$ 75.00
Mailing Address			3	25	2024	
City SOUDERTON	State PA	Zip Code (Plus 4) 18964				
Full Name of Contributor LIZABETH FERRY			MO	DAY	YEAR	\$ 125.00
Mailing Address			3	25	2024	
City AMBLER	State PA	Zip Code (Plus 4) 190026017				
Full Name of Contributor CATHERINE M PARETTI			MO	DAY	YEAR	\$ 55.00
Mailing Address			3	25	2024	
City POTTSTOWN	State PA	Zip Code (Plus 4) 19467				
Full Name of Contributor ALBRECHT P ENGEL			MO	DAY	YEAR	\$ 75.00
Mailing Address			3	25	2024	
City TELFORD	State PA	Zip Code (Plus 4) 18969				
Full Name of Contributor WISLER PEARLSTINE, LLP			MO	DAY	YEAR	\$ 250.00
Mailing Address			3	25	2024	
City BLUE BELL	State PA	Zip Code (Plus 4) 194222323				

Full Name of Contributor MARGARET J BETHEL			MO	DAY	YEAR	\$ 150.00
Mailing Address			4	2	2024	
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438				

Full Name of Contributor LORRAINE D. RYAN			MO	DAY	YEAR	\$ 55.00
Mailing Address			4	2	2024	
City LANSDALE	State PA	Zip Code (Plus 4) 194464731				

Full Name of Contributor GAIL YODER			MO	DAY	YEAR	\$ 110.00
Mailing Address			4	2	2024	
City POTTSTOWN	State PA	Zip Code (Plus 4) 19464				

Full Name of Contributor STEPHEN C LONG			MO	DAY	YEAR	\$ 150.00
Mailing Address			4	2	2024	
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 194381660				

Full Name of Contributor CHRISTOPHER J. DECENZO			MO	DAY	YEAR	\$ 55.00
Mailing Address			4	2	2024	
City GREEN LANE	State PA	Zip Code (Plus 4) 18054				

Full Name of Contributor JEFFREY R. ZAWADA			MO	DAY	YEAR	\$ 110.00
Mailing Address			4	2	2024	
City PERKIOMENVILLE	State PA	Zip Code (Plus 4) 18074				

Full Name of Contributor WILLIAM O'DONNELL			MO	DAY	YEAR	\$ 250.00
Mailing Address			4	5	2024	
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438				

Full Name of Contributor MIRIAM B WOODS			MO	DAY	YEAR	\$ 55.00
Mailing Address			4	5	2024	
City MAPLE GLEN	State PA	Zip Code (Plus 4) 19438				

Full Name of Contributor ROBERT J DAVIES			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	5	2024	
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438				

Full Name of Contributor JANET M FLISAK			MO	DAY	YEAR	\$ 250.00
Mailing Address			4	5	2024	
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438				
Full Name of Contributor CHARLES MOORE			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	5	2024	
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438				
Full Name of Contributor KENNETH J. KURILLA			MO	DAY	YEAR	\$ 110.00
Mailing Address			4	5	2024	
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438				
Full Name of Contributor JEANNE WHITE			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	5	2024	
City NORTH WALES	State PA	Zip Code (Plus 4) 194543735				
Full Name of Contributor KRIS A KASMAR			MO	DAY	YEAR	\$ 150.00
Mailing Address			4	5	2024	
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438				

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

\$ 3,470.00

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
FRIENDS OF DONNA SCHEUREN	From: <u>3/5/2024</u> To: <u>4/8/2024</u>

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 500.00
FIRSTPAC				1	23	2024	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17101	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 25,000.00
PA FUTURE FUND				4	5	2024	
Mailing Address							
City	HARRISBURG	State	PA	Zip Code (Plus 4)		17112	

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

PAGE TOTAL	
\$	25,500.00

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 DONNA SCHEUREN	Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u>
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				DATE	AMOUNT
Full Name of Contributor JEFFREY R ZAWADA				MO	\$ 500.00
Mailing Address				DAY	
City PERKIOMENVILLE	State PA	Zip Code (Plus 4) 18074	YEAR 2024		
Employer Name RETIRED				Occupation RETIRED	
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)	
Full Name of Contributor DAVID B FAZIO				MO	\$ 500.00
Mailing Address				DAY	
City SOUDERTON	State PA	Zip Code (Plus 4) 189642176	YEAR 2024		
Employer Name RETIRED				Occupation RETIRED	
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)	
Full Name of Contributor KEITH A BERGMAN				MO	\$ 1,000.00
Mailing Address				DAY	
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438	YEAR 2024		
Employer Name BERGMAN ENGINEERING				Occupation PRESIDENT	
Employer Mailing Address/Principal Place of Business		City HALREYSVILLE	State PA	Zip Code (Plus 4) 19438	
Full Name of Contributor KAREN D. BERGAM				MO	\$ 1,000.00
Mailing Address				DAY	
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438	YEAR 2024		
Employer Name NOVACARE				Occupation PHYSICAL THERAPIST	
Employer Mailing Address/Principal Place of Business		City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438	

Full Name of Contributor STEPHEN HUNSBERGER			MO 4	DAY 2	YEAR 2024	\$ 500.00
Mailing Address						
City TELFORD	State PA	Zip Code (Plus 4) 18969				
Employer Name INDIAN VALLEY CHAMBER OF COMMERCE			Occupation EXECUTIVE DIRECTORL			
Employer Mailing Address/Principal Place of Business		City SOUDERTON	State PA		Zip Code (Plus 4) 18964	

Full Name of Contributor EMILY BESKAR			MO 4	DAY 7	YEAR 2023	\$ 750.00
Mailing Address						
City HALREYSVILLE	State PA	Zip Code (Plus 4) 19438				
Employer Name ESB CONSULTING			Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business		City HARLEYSVILLE	State PA		Zip Code (Plus 4) 19438	

Full Name of Contributor CHRISTOPHER R CANAVAN			MO 4	DAY 7	YEAR 2024	\$ 500.00
Mailing Address						
City HALREYSVILLE	State PA	Zip Code (Plus 4) 19438				
Employer Name W.B. HOMES INC.			Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business		City NORTH WALES	State PA		Zip Code (Plus 4) 19454	

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

PAGE TOTAL
\$ 4,750.00

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	
FRIENDS OF DONNA SCHEUREN		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)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - 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.)		\$	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: To:
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			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.						PAGE TOTAL \$ 0.00

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

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

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
POSTMASTER				
Mailing Address	1	22	2024	\$ 9.93
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438	Description of Expenditure POSTAGE	
To Whom Paid	MO	DAY	YEAR	
ANTHONY'S PIZZA				
Mailing Address	1	29	2024	\$ 94.29
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438	Description of Expenditure FOOD FOR EVENT	
To Whom Paid	MO	DAY	YEAR	
TD BANK				
Mailing Address	1	31	2024	\$ 3.00
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438	Description of Expenditure BANK FEE	
To Whom Paid	MO	DAY	YEAR	
TD BANK				
Mailing Address	2	29	2024	\$ 3.00
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438	Description of Expenditure BANK FEE	
To Whom Paid	MO	DAY	YEAR	
THE STONERIDGE GROUP LLC				
Mailing Address	4	3	2024	\$ 1,990.00
City ALPHAREETA	State GA	Zip Code (Plus 4) 30005	Description of Expenditure PRINTING 5000 PALM CARDS	
To Whom Paid	MO	DAY	YEAR	
TD BANK				
Mailing Address	3	29	2024	\$ 3.00
City HARLEYSVILLE	State PA	Zip Code (Plus 4) 19438	Description of Expenditure BANK FEE	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 2,103.22

