

# 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 : 20120363		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF CRIS DUSH											
Street Address:											
City: BROOKVILLE				State: PA		Zip Code: 15825					
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	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					\$ 12,832.51						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 9,050.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 21,882.51						
D. Total Expenditures (From Schedule III)					\$ 10,811.58						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 11,070.93						
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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF CRIS DUSH	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>	\$ 170.00

<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>	\$ 3,480.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 3,480.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 2,500.00
<b>All Other Contributions (Part D)</b>	\$ 2,900.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 5,400.00

<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>	\$ 9,050.00
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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)**

<b>Name of Filing Committee or Candidate</b> FRIENDS OF CRIS DUSH				<b>Reporting Period</b> From: <u>3/5/2024</u> To: <u>4/8/2024</u>			
				<b>DATE</b>		<b>AMOUNT</b>	
<b>Full Name of Contributor</b> PATRICIA & EDWARD MILLER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>				2	16	2024	
<b>City</b> BROOKVILLE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15825					
<b>Full Name of Contributor</b> MARILYN & EDWARD MCGINNIS				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>				3	6	2024	
<b>City</b> PUNXSUTAWNEY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15767					
<b>Full Name of Contributor</b> MARGARET & MICHAEL KALLENBORN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>				4	5	2024	
<b>City</b> PORT ALLEGANY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16743					
<b>Full Name of Contributor</b> NEIL BARTLETT				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>				4	8	2024	
<b>City</b> BRADFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16701					
<b>Full Name of Contributor</b> LEROY SCHAFFER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>				4	8	2024	
<b>City</b> PORT ALLEGANY	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16743					
<b>Full Name of Contributor</b> TIMOTHY BEAN				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>				4	8	2024	
<b>City</b> BRADFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16701					
<b>Full Name of Contributor</b> CAROL DUFFY				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b>				4	8	2024	
<b>City</b> SMETHPORT	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16749					

Full Name of Contributor JANET & HALCOLM BARD			MO	DAY	YEAR	\$ 200.00
Mailing Address			4	8	2024	
City KANE	State PA	Zip Code (Plus 4) 16735				

Full Name of Contributor LISA & RICHARD ESCH			MO	DAY	YEAR	\$ 250.00
Mailing Address			4	8	2024	
City BRADFORD	State PA	Zip Code (Plus 4) 16701				

Full Name of Contributor STEPHANIE & BRIAN SHAFFER			MO	DAY	YEAR	\$ 250.00
Mailing Address			4	8	2024	
City BRADFORD	State PA	Zip Code (Plus 4) 16701				

Full Name of Contributor KAREN & STEPHEN DISNEY			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	8	2024	
City SMETHPORT	State PA	Zip Code (Plus 4) 16749				

Full Name of Contributor MYRNA & MARLIN HAGG			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	8	2024	
City ELDRED	State PA	Zip Code (Plus 4) 16731				

Full Name of Contributor GAY & PATRICK HUGHES			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	8	2024	
City SMETHPORT	State PA	Zip Code (Plus 4) 16749				

Full Name of Contributor EDWARD KACJANCIC			MO	DAY	YEAR	\$ 250.00
Mailing Address			4	8	2024	
City KANE	State PA	Zip Code (Plus 4) 16735				

Full Name of Contributor THOMAS KREINER			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	8	2024	
City HAZEL HURST	State PA	Zip Code (Plus 4) 16733				

Full Name of Contributor SARAH & BRAD MANGEL			MO	DAY	YEAR	\$ 250.00
Mailing Address			4	8	2024	
City BRADFORD	State PA	Zip Code (Plus 4) 16701				

Full Name of Contributor JANICE & GAROLD OAKES			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	8	2024	
City KANE	State PA	Zip Code (Plus 4) 16735				

Full Name of Contributor JILL OWENS			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	8	2024	
City BRADFORD	State PA	Zip Code (Plus 4) 16701				

Full Name of Contributor VIRGINIA & JOSEPH PALAGONIA			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	8	2024	
City BRADFORD	State PA	Zip Code (Plus 4) 16701				

Full Name of Contributor KAREN PECHT			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	8	2024	
City BRADFORD	State PA	Zip Code (Plus 4) 16701				

Full Name of Contributor TED HOWARD			MO	DAY	YEAR	\$ 250.00
Mailing Address			4	8	2024	
City MT. JEWETT	State PA	Zip Code (Plus 4) 16740				

Full Name of Contributor JUDITH & DALE SAF			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	8	2024	
City MT. JEWETT	State PA	Zip Code (Plus 4) 16740				

Full Name of Contributor ANDREA & NORMAN STROTMAN			MO	DAY	YEAR	\$ 250.00
Mailing Address			4	8	2024	
City BRADFORD	State PA	Zip Code (Plus 4) 16701				

Full Name of Contributor MARYBELL & LYLE STEWART			MO	DAY	YEAR	\$ 100.00
Mailing Address			4	8	2024	
City BRADFORD	State PA	Zip Code (Plus 4) 16701				

Full Name of Contributor TANYA & FREDRIC WILBON			MO	DAY	YEAR	\$ 80.00
Mailing Address			4	8	2024	
City BRADFORD	State PA	Zip Code (Plus 4) 16701				

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

**PAGE TOTAL**

\$ 3,480.00

## 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.**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF CRIS DUSH	<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 Contributing Committee				MO	DAY	YEAR
ZILLOW GROUP PAC				1	5	2024
Mailing Address						
City	SEATTLE	State	Zip Code (Plus 4)			
		WA	98101			
Full Name of Contributing Committee				MO	DAY	YEAR
GCAP PAC ACCT.				4	6	2024
Mailing Address						
City	LEMOYNE	State	Zip Code (Plus 4)			
		PA	17043			
Full Name of Contributing Committee				MO	DAY	YEAR
FRIENDS OF MARTIN CAUSER				4	8	2024
Mailing Address						
City	BRADFORD	State	Zip Code (Plus 4)			
		PA	16701			
Full Name of Contributing Committee				MO	DAY	YEAR
MCKEAN CO. REPUB. COMM.				4	8	2024
Mailing Address						
City	BRADFORD	State	Zip Code (Plus 4)			
		PA	16701			

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

<b>PAGE TOTAL</b>
\$ 2,500.00



**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.)**

<b>Name of Filing Committee or Candidate</b>  FRIENDS OF CRIS DUSH	<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		
<b>Full Name of Contributor</b> ANN & KENNETH KANE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> City KANE State PA Zip Code (Plus 4) 16735				4	8	2024	
<b>Employer Name</b> GENERATIONS FORESTRY				<b>Occupation</b> OWNER			
<b>Employer Mailing Address/Principal Place of Business</b>				City KANE	State PA	Zip Code (Plus 4) 16735	
<b>Full Name of Contributor</b> GEORGE DUKE				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> City BRADFORD State PA Zip Code (Plus 4) 16701				4	8	2024	
<b>Employer Name</b> ZIPPO CORP.				<b>Occupation</b> CEO			
<b>Employer Mailing Address/Principal Place of Business</b>				City BRADFORD	State PA	Zip Code (Plus 4) 16701	
<b>Full Name of Contributor</b> MEREDITH FESEMYER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> City LEWIS RUN State PA Zip Code (Plus 4) 16738				4	8	2024	
<b>Employer Name</b> MINARD RUN OIL CO.				<b>Occupation</b> CEO			
<b>Employer Mailing Address/Principal Place of Business</b>				City BRADFORD	State PA	Zip Code (Plus 4) 16701	
<b>Full Name of Contributor</b> MICHELE & THOMAS CAUSER				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> City SMETHPORT State PA Zip Code (Plus 4) 16749				4	8	2024	
<b>Employer Name</b> BIO ENERGY CONSULTING				<b>Occupation</b> PRINCIPAL			
<b>Employer Mailing Address/Principal Place of Business</b>				City SMETHPORT	State PA	Zip Code (Plus 4) 16749	

<b>Full Name of Contributor</b> CAROL & JAMES NEWHOUSE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 400.00
<b>Mailing Address</b>			4	8	2024	
<b>City</b> BRADFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16701				
<b>Employer Name</b> SUPER USER TECH.			<b>Occupation</b> OWNER			
<b>Employer Mailing Address/Principal Place of Business</b>		<b>City</b> BRADFORD	<b>State</b> PA		<b>Zip Code (Plus 4)</b> 16701	

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

<b>PAGE TOTAL</b>
<b>\$</b> 2,900.00

## 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
	<div style="display: flex; justify-content: space-between;"> <span>From:</span> <span>To:</span> </div>

			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 CRIS DUSH		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)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<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.)		\$	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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 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

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

				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	\$ 5,451.58
CRIS DUSH				1	5	2024	
Mailing Address							
City	BROOKVILLE	State	PA	Zip Code (Plus 4)	15825	Description of Expenditure	
				REIMBURSE FOR 2000 YARD SIGNS			
To Whom Paid				MO	DAY	YEAR	\$ 100.00
ROTARY CLUB OF MT. JEWETT				1	9	2024	
Mailing Address							
City	MT. JEWETT	State	PA	Zip Code (Plus 4)	16740	Description of Expenditure	
				DONATION			
To Whom Paid				MO	DAY	YEAR	\$ 3,375.00
C C R C				2	8	2024	
Mailing Address							
City	STATE COLLEGE	State	PA	Zip Code (Plus 4)	16801	Description of Expenditure	
				ADVERTISING			
To Whom Paid				MO	DAY	YEAR	\$ 276.00
HEADLINE CONSULTANTS				2	12	2024	
Mailing Address							
City	LANCASTER	State	PA	Zip Code (Plus 4)	17603	Description of Expenditure	
				WEBSITE HOSTING			
To Whom Paid				MO	DAY	YEAR	\$ 100.00
HORSES OF HOPE				2	12	2024	
Mailing Address							
City	LOCK HAVEN	State	PA	Zip Code (Plus 4)	17745	Description of Expenditure	
				DONATION			
To Whom Paid				MO	DAY	YEAR	\$ 100.00
SIGEL VOL. FIRE DEPT.				2	20	2024	
Mailing Address							
City	SIGEL	State	PA	Zip Code (Plus 4)	15860	Description of Expenditure	
				DONATION			

To Whom Paid			MO	DAY	YEAR	\$ 100.00
PLEASANT GAP AREA LIONS CLUB						
Mailing Address			2	20	2024	
City	STATE COLLEGE	State	Zip Code (Plus 4)		Description of Expenditure	
		PA	16803		DONATION	
To Whom Paid			MO	DAY	YEAR	\$ 500.00
C C R C						
Mailing Address			2	24	2024	
City	STATE COLLEGE	State	Zip Code (Plus 4)		Description of Expenditure	
		PA	16801		DINNER	
To Whom Paid			MO	DAY	YEAR	\$ 159.00
COURIER EXPRESS						
Mailing Address			3	3	2024	
City	WEST FRANKFORT	State	Zip Code (Plus 4)		Description of Expenditure	
		IL	62896		ADVERTISING	
To Whom Paid			MO	DAY	YEAR	\$ 100.00
MILES TWP FIRE CO.						
Mailing Address			3	3	2024	
City	REBERSBURG	State	Zip Code (Plus 4)		Description of Expenditure	
		PA	16872		DONATION	
To Whom Paid			MO	DAY	YEAR	\$ 100.00
HEATH TWP SPORTSMENS CLUB						
Mailing Address			3	5	2024	
City	SIGEL	State	Zip Code (Plus 4)		Description of Expenditure	
		PA	15860		DONATION	
To Whom Paid			MO	DAY	YEAR	\$ 100.00
JUNIATA VALLEY COUNCIL BSA						
Mailing Address			3	9	2024	
City	REEDVILLE	State	Zip Code (Plus 4)		Description of Expenditure	
		PA	17084		DONATION	
To Whom Paid			MO	DAY	YEAR	\$ 250.00
MCKEAN COUNTY REPUB COMM						
Mailing Address			3	18	2024	
City	BRADFORD	State	Zip Code (Plus 4)		Description of Expenditure	
		PA	16701		EVENT SPONSOR	
To Whom Paid			MO	DAY	YEAR	\$ 100.00
CLEARFIELD COUNTY REPUB COMM						
Mailing Address			3	18	2024	
City	CLEARFIELD	State	Zip Code (Plus 4)		Description of Expenditure	
		PA	16830		DONATION	



Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL**

\$ 10,811.58

