

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 : 20240039		Report Filed By :		CANDIDATE		COMMITTEE ✓	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: MARC ANDERSON FOR PA HOUSE							
Street Address: P.O. BOX 295							
City: DILLSBURG				State: PA		Zip Code: 17019	
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 ✓
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT? Yes No ✓
	ANNUAL REPORT	7.	Year 2024	FILING METHOD () CHECK ONE		PAPER ✓	DISKETTE
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code
				MO	DAY	YEAR	
				11	5	2024	(SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY
		3	5	2024		4	8
A. Amount Brought Forward From Last Report				\$ 19,126.78			
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 17,550.00			
C. Total Funds Available (Sum Of Lines A and B)				\$ 36,676.78			
D. Total Expenditures (From Schedule III)				\$ 9,076.19			
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 27,600.59			
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
MARC ANDERSON FOR PA HOUSE	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)	\$ 550.00
TOTAL for the Reporting Period (2)	\$ 550.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 5,500.00
All Other Contributions (Part D)	\$ 11,500.00
TOTAL for the Reporting Period (3)	\$ 17,000.00

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.)	\$ 17,550.00
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<div> <div> PART A</div> <div> CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div> \$50.01 TO \$250.00</div> <div> 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.</div> </div>							
Name of Filing Committee or Candidate				Reporting Period			
				From:	To:		
				DATE	AMOUNT		
Full Name of Contributing Committee				MO	DAY	YEAR	<div>\$</div> <div>0.00</div>
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	Reporting Period
MARC ANDERSON FOR PA HOUSE	From: <u>3/5/2024</u> To: <u>4/8/2024</u>

				DATE			AMOUNT	
Full Name of Contributor PATTI HINSON				MO 3	DAY 20	YEAR 2024	\$ 100.00	
Mailing Address 31 W. SIDDONSBURG RD.								
City DILLSBURG		State PA	Zip Code (Plus 4) 17019					
Full Name of Contributor ERIC M. ANDERSON				MO 3	DAY 15	YEAR 2024	\$ 200.00	
Mailing Address 904 W. MAPLE DR.								
City SOUTHAMPTON		State PA	Zip Code (Plus 4) 18966					
Full Name of Contributor GERALD SCHWILLE				MO 4	DAY 8	YEAR 2024	\$ 250.00	
Mailing Address 12 TRIPLETT CT.								
City DILLSBURG		State PA	Zip Code (Plus 4) 17019					

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

PAGE TOTAL
\$ 550.00

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 MARC ANDERSON FOR PA HOUSE	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	\$	3,000.00
FRIENDS OF DAVID ROWE									
Mailing Address270 HAWTHRONE DR.					4	8	2024		
CityLEWISBERRY		StatePA		Zip Code (Plus 4)17837					
Full Name of Contributing Committee					MO	DAY	YEAR	\$	2,500.00
CITIZENS ALLIANCE OF PA PAC									
Mailing Address20 ERFORD RD STE. 7									
CityLEMOYNE		StatePA		Zip Code (Plus 4)17043					

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

PAGE TOTAL \$ 5,500.00

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 MARC ANDERSON FOR PA HOUSE	Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u>
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				DATE			AMOUNT
Full Name of Contributor STEVE & LAURA MACDONALD				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 620 YORKSHIRE DR.				3	20	2024	
City CARLISLE	State PA	Zip Code (Plus 4) 17013					
Employer Name M&Z CARPET				Occupation OWNER			
Employer Mailing Address/Principal Place of Business 6029 CARLISLE PIKE			City MECHANICSBURG		State PA	Zip Code (Plus 4) 17050	
Full Name of Contributor MICHAEL BENSHOOF				MO	DAY	YEAR	\$ 4,500.00
Mailing Address 3190 SCHOOLHOUSE RD.				4	8	2024	
City DOVER	State PA	Zip Code (Plus 4) 17315					
Employer Name BERKS HOMES				Occupation OWNER			
Employer Mailing Address/Principal Place of Business 3335 MORGANTOWN RD			City MOHTON		State PA	Zip Code (Plus 4) 19540	
Full Name of Contributor GEORGE & ANNETTE SETTLE				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 205 ALPAT DR.				4	5	2024	
City DILLSBURG	State PA	Zip Code (Plus 4) 17019					
Employer Name N/A				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business N/A			City		State	Zip Code (Plus 4)	
Full Name of Contributor GEORGE & ANNETTE SETTLE				MO	DAY	YEAR	\$ 4,000.00
Mailing Address 205 ALPAT DR.				4	5	2024	
City DILLSBURG	State PA	Zip Code (Plus 4) 17019					
Employer Name N/A				Occupation RETIRED			
Employer Mailing Address/Principal Place of Business N/A			City		State	Zip Code (Plus 4)	

Full Name of Contributor JACK & SHARON ARMSTRONG			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 800 OLD YORK RD.			3	28	2024	
City DILLSBURG	State PA	Zip Code (Plus 4) 17019				
Employer Name MEDICAL ARTS ALLERGY			Occupation DOCTOR			
Employer Mailing Address/Principal Place of Business 220 WILSON ST		City CARLISLE	State PA		Zip Code (Plus 4) 17013	

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

PAGE TOTAL
\$ 11,500.00

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.

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	
MARC ANDERSON FOR PA HOUSE		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
MARC ANDERSON FOR PA HOUSE	From <u>3/5/2024</u> To: <u>4/8/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
JFH STRATEGIES, LLC				
Mailing Address 908 9TH ST.	3	21	2024	\$ 6,492.00
City WINOBER	State PA	Zip Code (Plus 4) 15963	Description of Expenditure CAMPAIGN MATERIALS	
To Whom Paid	MO	DAY	YEAR	
MARC ANDERSON				
Mailing Address 13 MONTADALE DR.	3	18	2024	\$ 1,986.19
City DILLSBURG	State PA	Zip Code (Plus 4) 17019	Description of Expenditure REIMBURSEMENT - CAMPAIGN EXPENSES	
To Whom Paid	MO	DAY	YEAR	
APRYL STITCHES				
Mailing Address 64 HELLAM DR	3	31	2024	\$ 530.00
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055	Description of Expenditure PROMOTIONAL MATERIALS	
To Whom Paid	MO	DAY	YEAR	
USPS				
Mailing Address 28 N. BALTIMORE ST.				\$ 68.00
City DILLSBURG	State PA	Zip Code (Plus 4) 17019	Description of Expenditure POSTAGE	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 9,076.19

