

# 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 <input checked="" type="checkbox"/>		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 <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		4	8	2024		
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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
MARC ANDERSON FOR PA HOUSE	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>	\$ 550.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 550.00

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

<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>	\$ 17,550.00
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<b>PART A</b> <b>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</b> <b>\$50.01 TO \$250.00</b> <b>Use this Part to itemize only contributions received from political committees</b> <b>with an aggregate value from \$50.01 to \$250.00 in the reporting period.</b>							
Name of Filing Committee or Candidate				Reporting Period			
				From: To:			
				DATE	AMOUNT		
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.**

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
MARC ANDERSON FOR PA HOUSE	<b>From:</b> <u>3/5/2024</u> <b>To:</b> <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.**

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

<b>Name of Filing Committee or Candidate</b> MARC ANDERSON FOR PA HOUSE	<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	\$	3,000.00
FRIENDS OF DAVID ROWE				4	8	2024		
Mailing Address		270 HAWTHRONE DR.						
City		LEWISBERRY	State	PA	Zip Code (Plus 4)		17837	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	2,500.00
CITIZENS ALLIANCE OF PA PAC								
Mailing Address		20 ERFORD RD STE. 7						
City		LEMOYNE	State	PA	Zip Code (Plus 4)		17043	

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

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

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

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

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

<b>PAGE TOTAL</b>
<b>\$</b> 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: <span style="float: right;">To:</span>
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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.

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

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

