Campaign Finance Report

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

Filer Identificati Number :	on	2024	C0104				port		CAND	IDATE	~	CO	MMITTEE		LOBI	BYIST		
Name of Filing C	committee	e, Candida	ate or L	obbyist:		DA	VID (G. AR	GALL									_
Street Address:																		
City:									State:				Zip Code	e: 18	240			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA		POST-	3.		AMENDME REPORT?	AMENDMENT Yes No REPORT?				
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA		POST-	6.		TERMINAT REPORT?	RMINATION PORT?		No	•	
report type)	ANNUAL	REPORT	7.	Year 2024					IG METH				PAPER		\checkmark	DISKE	TTE	
Name of Office S	L Sought by	· Candidat	:e:						DATE	OF ELE	СТ	ION	District Number					
									МО	DAY		YEAR	29	Code				
SENATOR IN TH	HE GENE	RAL ASSE	:MBLY						1	1	5	2024		(SEE INS	TRUCTI	ONS FOR (CODES)	_
Summary of		and	МО	DAY	YEAR	2			мо	DAY		YEAR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			3 5	2	024	Т	0		4	8	2024						
A. Amount Bro	ught Forv	ward From	ı Last R	eport				\$				0.00						
B. Total Monet	ary Contr	ibutions A	and Rec	eipts (Fron	1 Sche	dule	e I)	\$			1	1,145.54						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			1	1,145.54						
D. Total Expend	ditures (F	From Sche	dule II	I)				\$			1	,145.54						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$				0.00						
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	report,	can	didate sig	n here.					
I swear (or affirm) correct and comple		report, incl	uding the	e attached sc	hedule	s file	ed on	paper	or by ele	tronic n	nediu	ım, are to t	the best of	my know	/ledge	and beli	ef , tru	a,
Sworn to and subs	cribed befo	ore me this		20								Signature	of Person	Submitt	ing Rep	ort		•
	_	Signatur	e					- -					Printe	ed Name				-
My Commission Ex	cpires							_					Email					١.
		МО	D	AY	YR					A	rea C	Code	Daytime	Teleph	one Nu	mber		┙
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate shal	l sign h	ere							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viol	ated	any provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subsc		re me this										s	ignature of	Candida	te			۱ -
-	day of —							_					Printed	Name				-
		Signature						_										_
My Commission Exp	ires												Email					
	_	МО	D	AY	YR	ì		-		Area	Cod	le	Day	time Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DAVID G. ARGALL	From:	3/5/202	<u>4</u> To:	4/8/2024
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)			\$	0.00
TOTAL for the Reporting) Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	1,145.54
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	1,145.54
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,145.54

PAGE TOTAL

0.00

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 Candidat	e	R	eporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

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

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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.

(Exclu	de contributions fron	n political comm	itte	es re _l	oortea	in Part	A)	
Name of Filing Committe	ee or Candidate		Rep	orting P	eriod			
				From: To:				
		1			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
City	State	Zip Code (Plus 4)						
	•	•			•	•		PAGE TOTAL

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

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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						
DAVID G. ARGALL			From:	<u>3/</u>	<u>5/2024</u>	То:	4/8/2024		
					TE		AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			
VOLUNTEERS FOR ARGALL							\$	580.98	
Mailing Address PO BOX 241				2	29	2024			
City TAMAQUA	State	Zip Code	e (Plus 4)	_		2021			
	PA	18252							
Full Name of Contributing Committee				мо	DAY	YEAR			
VOLUNTEERS FOR ARGALL				110	DAI	ILAK	\$	564.56	
Mailing Address PO BOX 241				2	8	2024	·		
City TAMAQUA	State	Zip Code	e (Plus 4)	_		2021			
	PA	18252							

 $\label{lem:enter-constraint} \textbf{Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.}$

PAGE TOTAL \$ 1,145.54

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			Rep	orting Pe	riod			
			Fror	n:		To	:	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE TOTAL 0.00

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		Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Company Dome C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	4.			\$	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 Peri	od	
DAVID G. ARGALL	From:	3/5/2024 To :	4/8/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	र	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candi	Reportin							
Fi					To:	То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL	
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Re	porting	Period				
		From: To:								
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

1,145.54

STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	ndidate		Reporti	ng Period			
DAVID G. ARGALL			From	<u>3/</u> !	5/2024	То:	4/8/2024
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
DAVID G. ARGALL							
Mailing Address 106 LAKE DR.				8	2024	\$	564.56
City NESQUEHONING	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18240	MILEAC	GE			
To Whom Paid			МО	DAY	YEAR		
DAVID G. ARGALL			МО	DAT	ILAK		
Mailing Address 106 LAKE DR	٨.		2	29	2024	\$	580.98
City NESQUEHONING State Zip Code (Plus 4)			Descrip	tion of Exp	enditure		
	MILEAC	GE					
							PAGE TOTAL

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