

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 :		20240135		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: K8FORPA												
Street Address: PO BOX 337												
City: MARS						State: PA			Zip Code: 16046			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3. X	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
SENATOR IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	47	STS	DEM	04
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		4	9	2024		5	13	2024				
A. Amount Brought Forward From Last Report						\$		3,648.29				
B. Total Monetary Contributions And Receipts (From Schedule I)						\$		4,290.00				
C. Total Funds Available (Sum Of Lines A and B)						\$		7,938.29				
D. Total Expenditures (From Schedule III)						\$		2,644.65				
E. Ending Cash Balance (Subtract Line D From Line C)						\$		5,293.64				
F. Value Of In-Kind Contributions Received (From Schedule II)						\$		162.68				
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
K8FORPA	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 1,615.00

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)	\$ 675.00
TOTAL for the Reporting Period (2)	\$ 675.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 2,000.00
TOTAL for the Reporting Period (3)	\$ 2,000.00

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.)	\$ 4,290.00
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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)**

Name of Filing Committee or Candidate	Reporting Period
K8FORPA	From: <u>4/9/2024</u> To: <u>5/13/2024</u>

DATE	AMOUNT
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Full Name of Contributor	MO	DAY	YEAR	
John Pishko				
Mailing Address 700 Burchfield Rd				
City Allison Park	State	Zip Code (Plus 4)		
	PA	15101	4	15 2024
				\$ 100.00

Full Name of Contributor	MO	DAY	YEAR	
Jim Birmingham				
Mailing Address 426 Arbor Dr				
City Mars	State	Zip Code (Plus 4)		
	PA	16046	4	15 2024
				\$ 100.00

Full Name of Contributor	MO	DAY	YEAR	
Joseph Balabkins				
Mailing Address 443 River Rd Ste 106				
City Highland Park	State	Zip Code (Plus 4)		
	NJ	08904	4	15 2024
				\$ 100.00

Full Name of Contributor	MO	DAY	YEAR	
Robert Vigue				
Mailing Address 65 Lee Street				
City Valencia	State	Zip Code (Plus 4)		
	PA	16059	5	8 2024
				\$ 100.00

Full Name of Contributor	MO	DAY	YEAR	
Sue Chris Arnold				
Mailing Address 118 Shaffer Dr				
City Zelienople	State	Zip Code (Plus 4)		
	PA	16063	5	6 2024
				\$ 250.00

Full Name of Contributor	MO	DAY	YEAR	
Anne Baker				
Mailing Address 111 So. Woodlawn Rd				
City Meridian	State	Zip Code (Plus 4)		
	PA	16001	5	7 2024
				\$ 25.00

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

PAGE TOTAL
\$ 675.00

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	
	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 C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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 K8FORPA	Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u>
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				DATE	AMOUNT		
Full Name of Contributor Mary Ann Woehrel				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 535 Pioneer Lane				5	9	2024	
City Freedom	State PA	Zip Code (Plus 4) 15042					
Employer Name NA				Occupation retired			
Employer Mailing Address/Principal Place of Business NA			City NA		State PA	Zip Code (Plus 4) 15042	
Full Name of Contributor Louise Veraldi				MO	DAY	YEAR	\$ 1,000.00
Mailing Address 825 Westlake Dr				5	10	2024	
City Ormond Beach	State FL	Zip Code (Plus 4) 32174					
Employer Name NA				Occupation retired			
Employer Mailing Address/Principal Place of Business NA			City NA		State FL	Zip Code (Plus 4) 32174	

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

PAGE TOTAL \$ 2,000.00

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	
K8FORPA		From: <u>4/9/2024</u> To: <u>5/13/2024</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)	\$ 162.68
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.)			\$ 162.68

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate K8FORPA	Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	\$ 62.68
Sheila Bronson							
Mailing Address 408 Independence Ct							
City Freedom	State	Zip Code (Plus 4)		4	10	2024	
	PA	15042					
Description of Contribution: Biz Cards							
Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Lori Cipkins							
Mailing Address 740 Winter Park Dr							
City Mars	State	Zip Code (Plus 4)		4	10	2024	
	PA	16046					
Description of Contribution: Adams Ridge Club house Rental							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL \$ 162.68

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
K8FORPA	From <u>4/9/2024</u> To: <u>5/13/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
Zippityprint				
Mailing Address 1060 W Bagley Rd Ste 102	5	6	2024	\$ 55.17
City Berea	State OH	Zip Code (Plus 4) 44017	Description of Expenditure Business Cards	
To Whom Paid	MO	DAY	YEAR	
Rogers & DeTruck				
Mailing Address 467 Wildwood Avenue	4	10	2024	\$ 1,747.26
City Verona	State PA	Zip Code (Plus 4) 15147	Description of Expenditure Mailer & Postage	
To Whom Paid	MO	DAY	YEAR	
Zippityprint				
Mailing Address 1060 W Bagley Rd Ste 102	4	9	2024	\$ 742.22
City Berea	State OH	Zip Code (Plus 4) 44017	Description of Expenditure Palm Cards	
To Whom Paid	MO	DAY	YEAR	
Quip Nation				
Mailing Address Quip Nation P.O. Box 1247	4	29	2024	\$ 100.00
City Aliquippa	State PA	Zip Code (Plus 4) 15001	Description of Expenditure Aliquippa Quips Football AD Banquet Program	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 2,644.65

