Campaign Finance Report

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

·		-			_				CANDI	DATE		COM	MITTEE		LOB	BYIST		
Filer Identificat Number :	ion	2024	0135			Repo Filed	-	:	CANDI	DATE		COM	411122	¥	202	51151		
Name of Filing (Committe	e, Candida	ate or L	obbyist:		K8FO	RPA	4										
Street Address:																		
City:	MARS	5							State:	PA			Zip Code: 16046					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY					AY F ARY	POST- 3. X			AMENDN REPORT	Yes	N	0	\checkmark	
(place X to the right of	6TH TUES PRE-ELEC		4.					30 DA Elect		POST-	6.		TERMIN REPORT	Yes	N	0	\checkmark	
report type)	ANNUAL	REPORT	7.	Year 2024					NG METHO				PAPER	\checkmark	DISK	ETTE		
Name of Office	⊥ Sought by	/ Candidat	te:						DATE O	F ELEC	CTIC	N	District Number	Office Code	Par	ty Code	e Cour	
SENATOR IN T									мо	DAY	Y	AR	47	STS	DEN	1	04	
SENATOR IN T	HE GENE	KAL ASSE	EMBLY						11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES	i)
Summary of		s and	мо	DAY	YEAF	2			мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:			4 9	2	024	тс)	5	1	.3	2024						
A. Amount Bro	ought Forv	ward Fron	n Last R	eport				\$		7	3,6	548.29						
B. Total Monet	ary Contr	ibutions A	And Rec	eipts (Fron	n Sche	edule I)	\$		4,290.00								
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$			7,9	938.29						
D. Total Expen	ditures (I	From Sche	edule II	I)				\$			2,6	544.65						
E. Ending Cash	n Balance	(Subtract	t Line D	From Line	C)			\$			5,2	93.64						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le II)		\$			1	.62.68						
G. Unpaid Deb	ts And Ob	ligations	(From S	Schedule IV	/)			\$				0.00						
					AFF	-IDA\	/IT	SE	CTION									
PART I - If this i																		
I swear (or affirm correct and compl		report, incl	uding the	e attached sc	hedule	s filed o	on pa	aper	or by elect	ronic me	dium	, are to f	the best o	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	scribed befo day of	ore me this	;	20							5	Signature	e of Perso	n Submitt	ing Rep	oort		-
	_	Signatur	re										Prin	ted Name				-
My Commission E	xpires	orgnatur											Ema	il				-
		мо	D	AY	YR					Are	a Coo	le	Daytin	ne Teleph	one Nu	mber		_
Part II- If this is	a report	of a cand	lidate's	authorized	Comm	nittee,	Ca	ndid	ate shall	sign he	re.							
I swear (or affirm) No 320) as amend		e best of m	ny knowle	edge and beli	ief this	s politic	al c	omm	ittee has n	ot violat	ed an	ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subse	cribed befo day of	re me this		20								s	ignature	of Candida	ite			-
													Printe	ed Name				-
My Commission Exp		Signature											Ema	il				_
	_																	_
		мо	D	AY	YR	ł				Area (Code		D	aytime Te	elephor	e Num	ber	

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 \$ 1,615.00 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 675.00 All Other Contributions (Part B) \$ **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 2,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 2,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 4,290.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidate				Reporting Period						
						:				
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Sche	\$	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 Candid	ite	Rep	Reporting Period								
K8FORPA			Fro			2024 To	b: <u>5/13/2024</u>				
					DATE			AMOUNT			
Full Name of Contributor John Pishko				мо	DAY	YEAR					
Mailing Address							\$	100.00			
City Allison Park	State PA	Zip Code (Plus 4 15101	•)	4	15	2024	Ŧ	100.00			
Full Name of Contributor Jim Birmingham		-		мо	DAY	YEAR					
Mailing Address							\$	100.00			
City Mars	State PA	Zip Code (Plus 4 16046	•)	4	15	2024	+	100.00			
Full Name of Contributor Joseph Balabkins Mailing Address		•		МО	DAY	YEAR	\$	100.00			
City Highland Park	State NJ	Zip Code (Plus 4 08904	•)	4	15	2024					
Full Name of Contributor				мо	DAY	YEAR					
Robert Vigue					DAT	- 2744					
Mailing Address	1	1		_			\$	100.00			
City Valencia	State PA	Zip Code (Plus 4 16059	•)	5	8	2024					
Full Name of Contributor				мо	DAY	YEAR					
Sue Chris Arnold				-							
Mailing Address	1	1		_			\$	250.00			
City Zelienople	State PA	Zip Code (Plus 4 16063	•)	5	6	2024					
Full Name of Contributor				мо	DAY	YEAR					
Anne Baker											
Mailing Address					\$	25.00					
City Meridian	State PA	Zip Code (Plus 4 16001	•)	5	7	2024					
								PAGE TOTAL			

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

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:			То:			
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
Enter Grand Total of Part C on Sched	n 3.			\$	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				Rep	leporting Period						
K8FORPA Fre				From	om: <u>4/9/2024</u>				To: <u>5/13/2024</u>		
					D	ATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR		\$ 1,000.00		
Mary Ann Woehrel									⊅ 1,000.00		
Mailing Address					5	9	202	4			
City Freedom	State	Zij	p Code (Plus	4)							
	_{PA}	l 15	5042								
Employer Name NA					Occupat	tion	retired				
Employer Mailing Address/Principal Pla	ce of Business		City			State		z	Cip Code (Plus 4)		
			NA			PA		1	5042		
Full Name of Contributor					мо	DAY	YEAR				
Louise Veraldi					мо	DAT	TEAR		\$ 1,000.00		
Mailing Address					5	10	202	7			
City Ormond Beach	State	Zij	p Code (Plus	4)		10		-			
	_{FL}	32	2174								
Employer Name NA					Occupat	tion	retired				
Employer Mailing Address/Principal Pla	ce of Business		City			State		z	(Plus 4)		
			NA			FL		3	32174		
						2	Г		PAGE TOTAL		
Enter Grand Total of Part C on Sche	dule I, Detailed S	umn	nary Page,	Sectio	on 3.						
								\$	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			Report	ing Perio	d			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR	\$ 0.0	00
Mailing Address								
City	State	Zip Code (Plus 4)					
Receipt Description	·							
		_	.				PAGE TOTAL	
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary Page,	Section	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 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 P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	162.68
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	162.68

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period			
K8FORPA	From:	4	<u>1/9/2024</u>	То:	<u>5/13/2024</u>		
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Sheila Bronson			110	2	,	\$	62.68
Mailing Address		_	4	10	2024] *	02.00
City Freedom	State	Zip Code (Plus 4)	· ·	10	2021		
	РА	15042					
Description of Contribution: Biz Cards	5					•	
Full Name of Contributor			мо	DAY	YEAR		
Lori Cipkins			MO	DAT	TLAK	\$	100.00
Mailing Address			4	10	2024	1 *	100.00
City Mars	State	Zip Code (Plus 4)		10	2024		
	РА	16046					
Description of Contribution: Adams R	idge Club house	Rental				•	
Enter Grand Total of Part F on Scheo Section 2.	lule II, In-Kind	l Contributions Deta	iled Sum	mary Pag	je,		PAGE TOTAL
						\$	162.68

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period						
						То:				
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address			-				\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor										
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate			Reporting Period						
K8FORPA			From <u>4/9/2024</u> To: <u>5/13/20</u>							
				DATE			AMOUNT			
To Whom Paid			мо	DAY	YEAR					
Zippityprint										
Mailing Address				6	2024	\$	55.17			
City Berea State Zip Code (Plus 4)				tion of Exp	enditure					
	он	44017	Busines	s Cards						
To Whom Paid				DAY	YEAR					
Rogers & DeTruck										
Mailing Address			4	10	2024	\$	1,747.26			
City Verona	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	РА	15147	Mailer 8	k Postage						
To Whom Paid			мо	DAY	YEAR					
Zippityprint										
Mailing Address			4	9	2024	\$	742.22			
City Berea	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•				
	ОН	44017	Palm Ca	ards						
To Whom Paid			мо	DAY	YEAR					
Quip Nation										
Mailing Address			4	29	2024	\$	100.00			
City Aliquippa	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	15001	Aliquipp	a Quips Fo	otball AD) Banqu	et Program			
							PAGE TOTAL			
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item D).			\$	2,644.65			