### **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 20	07306				port		CANDI	DATE		СОМ	<b>4ITTEE</b>	✓	LOBE	BYIST		
Name of Filing C	Committee, Cand	idate or L	obbyist:		FRIE	END	S OF	GENE YA	w								_
Street Address:	PO BOX 56																
City:	RALSTON							State:	PA			Zip Cod	<b>le:</b> 17	7763			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2. <b>X</b>	30 DA		POST-	3.		AMENDM REPORT?		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pre	≣-	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	~	
report type)	ANNUAL REPOR	7.	<b>Year</b> 2024					NG METHO				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candid	date:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County	,
								МО	DAY	YE	AR			REP			
								11		5	2024		(SEE IN	STRUCTIO	ONS FOR O	CODES)	_
Summary of Expenditures	Receipts and	МО	DAY	YEAR		_	_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			3 5	2	024	I	0	4		8	2024						
A. Amount Bro	ught Forward Fr	om Last R	eport				\$			267,6	517.94						
B. Total Monet	ary Contribution	s And Rec	eipts (From	Sche	dule	· I)	\$				500.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			268,1	17.94						
D. Total Expenditures (From Schedule III) \$ 10,208.46																	
E. Ending Cash	Balance (Subtra	act Line D	From Line	C)			\$		2	257,9	09.48						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedu	le II	:)	\$				0.00						
G. Unpaid Debt	s And Obligation	ns (From :	Schedule IV	)			\$				0.00			1			
				AFF	ID/	\VI	T SE	CTION									
PART I - If this is		-	_						-		_						
I swear (or affirm) correct and comple		ncluding th	e attached sc	hedule	s file	d on	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , true	4,
Sworn to and subs	cribed before me t day of	his	20							s	ignature	of Perso	n Submit	ting Rep	ort		
	Signa	iture					- -					Prin	ted Name	9			٠
My Commission Ex	-	iture										Ema	il				٠
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Telepl	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign he	ere.							Ī
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ef this	polit	tical	comm	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subsc		is									Si	ignature o	of Candid	ate			۱
	day of ————————————————————————————————————						_					Printe	d Name				
	Signatur	e					-										
My Commission Exp	_											Ema	il				
	МО	D	AY	YR	ł		•		Area	Code		Da	aytime T	elephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF GENE YAW	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)			\$	0.00
All Other Contributions (Part D)			\$	500.00
TOTAL for the Reporting	Period	(3)	\$	500.00
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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	500.00

#### **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	Candidate	1	Reporting	Period		
			From:		То	:
		•		DATE		AMOUNT
Full Name of Contributing Com	mittee		мо	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				

PAGE TOTAL
0.00

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

### **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

			From:				
					To	o:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

#### **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		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	00
Mailing Address							<b>+</b>	0.	00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	0

## 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	l			Repo	orting Pe	riod				
FRIENDS OF GENE YAW				Fron	n:	<u>3/5/2</u>	<u>024</u>	To:		<u>4/8/2024</u>
					D/	ATE			AM	IOUNT
Full Name of Contributor					МО	DAY	YEA	В		F00.00
KENNETH M. DIROCCO					1-10	DAI			\$	500.00
Mailing Address 316 JORDAN AVEN	IUE				4	8	20	24		
City MONTOURSVILLE	State	Zip	Code (Plus	4)			~	_ '		
	PA	17	754							
Employer Name 33RD ST. PLAZA D/8	B/A IMPACT ADVERTI	SINC	G		Occupat	ion	PART	NER		
Employer Mailing Address/Principal Pla	ace of Business		City			State		7	Zip Code	e (Plus 4)
4642 RT 220 SOUTH			LINDEN			PA			17744	
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	nary Page,	Section	on 3.				P.A	AGE TOTAL
								\$		500.00

# 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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Pl	us 4)					
Receipt Description	<b>'</b>	<u>'</u>			1		·	
Futor Curred Total of Doub	Fan Cabadula I. Datailad	I Communication of the Communi		4			F	PAGE TOTAL
Enter Grand Total of Part	E ON Schedule 1, Detalled	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 Period	I	
FRIENDS OF GENE YAW	From:	3/5/2024 <b>To:</b>	<u>4/8/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
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 Ca	ndidate		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						<b>-</b> \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•			
				_	Г		
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	nmary Pa	ge,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		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 Zij	p Code(Plus 4)	Descr	iptio	n of Contribution	on
Enter Grand Total of Part G on Sch	edule II. In-K	ind	Contributions D	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.					-					0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	riod		
FRIENDS OF GENE YAW	From	<u>3/5/2024</u>	То:	<u>4/8/2024</u>

				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
TODD KRIICK GRAPHIC DESIGN			140		I Z/IIX			
Mailing Address 13 CLOVER LANE			3	13	2024	\$	121.90	
City PALMYRA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17078	ADS					
To Whom Paid			мо	DAY	YEAR			
STANDARD JOUNAL			140		ILAK			
Mailing Address 21 N. ARCH STRE	ET		3	15	2024	\$	415.00	
City MILTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17847	ADVER	ΓISING				
To Whom Paid			мо	DAY	YEAR			
AA SELF STORAGE			140		IZAK			
Mailing Address 5265 LYCOMING N	MALL DRIVE		3	15	2024	\$	132.50	
City MONTOURSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
PA 17754			STORAG	GE OF CAM	PAIGN M	ATERIALS		
To Whom Paid			мо	DAY	YEAR			
E. E. YAW								
Mailing Address 1965 MOUNT VIEV	V AVENUE		3	15	2024	\$	232.02	
City MONTOURSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17754	REIMBL	JRSE PETIT	TON MEE	TING		
To Whom Paid			мо	DAY	YEAR			
E. E. YAW					,			
Mailing Address 1965 MOUNT VIEV	V AVENUE		3	15	2024	\$	1,266.00	
City MONTOURSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
	PA	17754	REIMBL	JRSE SENA	TE GIFTS	5		
To Whom Paid			МО	DAY	YEAR			
E. E. YAW			1.10		LAN			
Mailing Address 1965 MOUNT VIEV	W AVENUE		3	15	2024	\$	49.00	
City MONTOURSVILLE State Zip Code (Plus 4)			Descrip	tion of Exp	enditure			
	PA	17754	REIMBL	JRSE PETIT	TON MEE	TING		

							AGL 12
To Whom Paid			мо	DAY	YEAR		
E. E. YAW							
Mailing Address 1965 MOUNT VIEW AVENUE			3	15	2024	\$	417.52
City MONTOURSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17754	REIMBURSE CHRISTMAS CARDS				
To Whom Paid			мо	DAY	YEAR		
E. E. YAW							
Mailing Address 1965 MOUNT VIEW AVENUE			3	15	2024	<b>\$</b>	2,777.27
City MONTOURSVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17754	REIMBURSE PA SOCIETY EXPENSE				
To Whom Paid			мо	DAY	YEAR		
LORI KNOWLDEN							
Mailing Address PO BOX 56			3	24	2024	\$	800.00
City RALSTON	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17763	BOOKKEEPING SERVICES				
To Whom Paid			мо	DAY	YEAR		
NICK TROUTMAN							
Mailing Address 362 MAIN CAPITAL			3	25	2024	\$	1,000.00
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17120	REIMBURSE PA SOCIETY EXPENSE				
To Whom Paid			мо	DAY	YEAR		
ELIZABETH WEITZEL							
Mailing Address 362 MAIN CAPITAL			3	25	2024	\$	1,000.00
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17120	REIMBURSE PA SOCIETY EXPENSE				
To Whom Paid			мо	DAY	YEAR		
FRIENDS OF NRA							
Mailing Address BLUEBIRD LAN	1E		3	28	2024	\$	1,700.00
City COGAN STATION	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17728	CONTRIBUTION				
To Whom Paid			мо	DAY	YEAR		
GRAPHIC HIVE							
Mailing Address 124 REYNOLDS STREET			3	28	2024	\$	297.25
City SOUTH WILLIAMSPORT	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17702	STAFF VESTS				
Enton Crond Tatal of Farmer 111		mout Cover Dage The D					PAGE TOTAL
Enter Grand Total of Expendit	ares on Page 1, Re	port Cover Page, Item D	).			\$	10,208.46
							•