

Commonwealth of Pennsylvania

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 : 2007306		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST				
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF GENE YAW										
Street Address: PO BOX 56										
City: RALSTON			State: PA		Zip Code: 17763					
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	REP			
				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	TO	4	8	2024		
A. Amount Brought Forward From Last Report				\$		267,617.94				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		500.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		268,117.94				
D. Total Expenditures (From Schedule III)				\$		10,208.46				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		257,909.48				
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

My Commission Expires _____

MO DAY YR

Signature of Person Submitting Report

Printed Name

Email

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

My Commission Expires _____

MO DAY YR

Signature of Candidate

Printed Name

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

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

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 500.00
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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
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	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.

PAGE TOTAL
\$ 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 Candidate	Reporting Period
	From: _____ To: _____

	DATE	AMOUNT
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Full Name of Contributor	MO	DAY	YEAR	AMOUNT
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 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	
Mailing Address				\$ 0.00
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 FRIENDS OF GENE YAW	Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</u>
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
KENNETH M. DIROCCO					
Mailing Address 316 JORDAN AVENUE				\$ 500.00	
City MONTOURSVILLE	4	8	2024		
State PA	Zip Code (Plus 4) 17754				
Employer Name 33RD ST. PLAZA D/B/A IMPACT ADVERTISING	Occupation PARTNER				
Employer Mailing Address/Principal Place of Business 4642 RT 220 SOUTH	City LINDEN		State PA	Zip Code (Plus 4) 17744	

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

PAGE TOTAL
\$ 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: _____ To: _____

			DATE	AMOUNT
Full Name	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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 FRIENDS OF GENE YAW	Reporting Period From: <u>3/5/2024</u> To: <u>4/8/2024</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)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - 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.)	\$ 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: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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.				PAGE TOTAL \$ 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		
Mailing Address				\$	0.00
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
FRIENDS OF GENE YAW	From <u>3/5/2024</u> To: <u>4/8/2024</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
TODD KRIICK GRAPHIC DESIGN	3	13	2024	\$ 121.90
Mailing Address 13 CLOVER LANE				
City PALMYRA	State PA	Zip Code (Plus 4) 17078	Description of Expenditure ADS	
To Whom Paid STANDARD JOURNAL	3	15	2024	\$ 415.00
Mailing Address 21 N. ARCH STREET				
City MILTON	State PA	Zip Code (Plus 4) 17847	Description of Expenditure ADVERTISING	
To Whom Paid AA SELF STORAGE	3	15	2024	\$ 132.50
Mailing Address 5265 LYCOMING MALL DRIVE				
City MONTOURSVILLE	State PA	Zip Code (Plus 4) 17754	Description of Expenditure STORAGE OF CAMPAIGN MATERIALS	
To Whom Paid E. E. YAW	3	15	2024	\$ 232.02
Mailing Address 1965 MOUNT VIEW AVENUE				
City MONTOURSVILLE	State PA	Zip Code (Plus 4) 17754	Description of Expenditure REIMBURSE PETITION MEETING	
To Whom Paid E. E. YAW	3	15	2024	\$ 1,266.00
Mailing Address 1965 MOUNT VIEW AVENUE				
City MONTOURSVILLE	State PA	Zip Code (Plus 4) 17754	Description of Expenditure REIMBURSE SENATE GIFTS	

To Whom Paid E. E. YAW			MO	DAY	YEAR	
Mailing Address 1965 MOUNT VIEW AVENUE			3	15	2024	
City MONTOURSVILLE	State PA	Zip Code (Plus 4) 17754	Description of Expenditure REIMBURSE PETITION MEETING			
To Whom Paid E. E. YAW			MO	DAY	YEAR	
Mailing Address 1965 MOUNT VIEW AVENUE			3	15	2024	
City MONTOURSVILLE	State PA	Zip Code (Plus 4) 17754	Description of Expenditure REIMBURSE CHRISTMAS CARDS			
To Whom Paid E. E. YAW			MO	DAY	YEAR	
Mailing Address 1965 MOUNT VIEW AVENUE			3	15	2024	
City MONTOURSVILLE	State PA	Zip Code (Plus 4) 17754	Description of Expenditure REIMBURSE PA SOCIETY EXPENSE			
To Whom Paid LORI KNOWLDEN			MO	DAY	YEAR	
Mailing Address PO BOX 56			3	24	2024	
City RALSTON	State PA	Zip Code (Plus 4) 17763	Description of Expenditure BOOKKEEPING SERVICES			
To Whom Paid NICK TROUTMAN			MO	DAY	YEAR	
Mailing Address 362 MAIN CAPITAL			3	25	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17120	Description of Expenditure REIMBURSE PA SOCIETY EXPENSE			
To Whom Paid ELIZABETH WEITZEL			MO	DAY	YEAR	
Mailing Address 362 MAIN CAPITAL			3	25	2024	
City HARRISBURG	State PA	Zip Code (Plus 4) 17120	Description of Expenditure REIMBURSE PA SOCIETY EXPENSE			

To Whom Paid FRIENDS OF NRA			MO	DAY	YEAR	\$ 1,700.00
Mailing Address BLUEBIRD LANE			3	28	2024	
City COGAN STATION	State PA	Zip Code (Plus 4) 17728	Description of Expenditure CONTRIBUTION			
To Whom Paid GRAPHIC HIVE			MO	DAY	YEAR	\$ 297.25
Mailing Address 124 REYNOLDS STREET			3	28	2024	
City SOUTH WILLIAMSPORT	State PA	Zip Code (Plus 4) 17702	Description of Expenditure STAFF VESTS			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 10,208.46

