Campaign Finance Report

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

| Filer Identificat | ion 202 | 30278 | | | Repor | | CANDI | DATE | | СОМІ | MITTEE | ✓ | LOBI | BYIST | |
|-------------------------------------------|--------------------------------|-----------------------|----------------------|----------------|--------------|----------------|-------------|--------------------------------|-------------|------------|--------------------|----------------|--------------|---------|------------|
| Number : | Committee Cond | data ar I | ahhuist. | | Filed | - | OR SCO | | CED | | | | | | |
| | Committee, Cand | | obbyist: | | ΤΑΧΡΑ | TERS | OR SCU | II DAR | GER | | | | | | |
| Street Address: | PO BOX 261 | | | | | | | | | | | | | | |
| City: | HOLLIDAYS | BURG | | | | | State: | PA | | | Zip Co | de: 16 | 648 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRID PRIMARY | AY PRE | - 2. | 30 DA PRIMA | | POST- | 3. X | | AMENDN REPORT | | Yes | No |) 💉 |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRID ELECTION | | E- 5. | 30 DA | •• • | POST- | 6. | | TERMIN REPORT | | Yes | No |) v |
| report type) | ANNUAL REPOR | T 7. | Year 2024 | 4 | | | NG METHO | | | | PAPER | | \checkmark | DISKI | TTE |
| Name of Office S | Fought by Candid | ate: | | | | | DATE O | F ELEC | CTIO | N | District Number | Office Code | Par | ty Code | County |
| | | | | | | | мо | DAY | YE | AR | 80 | STH | REP |) | 07 |
| REPRESENTATIVE IN THE GENERAL ASSEMBLY 11 | | | | | | | | | 5 | 2024 | | (SEE INS | TRUCTI | ONS FOR | CODES) |
| Summary of | Receipts and | мо | DAY | YEAR | Ł | | мо | DAY | YE | AR | FC | OR OFFIC | E USE | ONLY | |
| Expenditures | s from: | | 4 | 9 2 | 024 1 | ГО | 5 | 1 | 13 | 2024 | | | | | |
| A. Amount Bro | ught Forward Fr | om Last R | leport | | · | \$ | | | 27,2 | 98.57 | 1 | | | | |
| B. Total Monet | ary Contribution | s And Rec | eipts (Fro | m Sche | dule I) | \$ | | | 22,5 | 95.00 | | | | | |
| C. Total Funds | Available (Sum (| Of Lines A | and B) | | | \$ | | | 49,8 | 893.57 | | | | | |
| D. Total Expen | ditures (From Sc | hedule II | 1) | | | \$ | | | 47,5 | 26.46 | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | From Line | e C) | | \$ | | | 2,3 | 67.11 | | | | | |
| F. Value Of In- | Kind Contributio | ns Receiv | ed (From | Schedu | le II) | \$ | | | | 0.00 | | | | | |
| G. Unpaid Deb | ts And Obligatior | s (From | Schedule I | V) | | \$ | | | 10,0 | 00.00 | | | | | |
| | | | | AFF | IDAV | IT SE | CTION | | | | | | | | |
| PART I - If this i | s a Committee re | port, trea | asurer sign | here. I | If this i | s a Cai | ndidate re | eport, c | andic | late sig | gn here. | | | | |
| I swear (or affirm correct and compl |) that this report, ir ete. | cluding th | e attached s | chedules | s filed on | paper | or by elect | ronic me | edium, | , are to f | the best o | f my knov | vledge | and bel | ief , true |
| Sworn to and subs | cribed before me tl day of | nis | 20 | | | | | | S | ignature | e of Perso | n Submitt | ing Rep | oort | |
| | Signa | huro | | | | _ | | | | | Prin | ted Name | | | |
| My Commission E | - | ure | | | | | | | | | Ema | il | | | |
| | мо | D | AY | YR | | _ | | Are | ea Cod | e | Daytin | ne Teleph | one Nu | mber | |
| Part II- If this is | a report of a ca | ndidate's | authorize | d Comn | nittee, (| Candid | ate shall | sign he | ere. | | | | | | |
| I swear (or affirm) No 320) as amend |) that to the best of ed. | ^r my knowl | edge and be | elief this | political | comm | ittee has n | ot violat | ed an | y provis | ions of th | e act of Ju | ine 3,1 | 937 (P. | 1333, |
| Sworn to and subso | cribed before me thi | s | | | | | | | | s | ignature | of Candida | ite | | |
| | day of | | | | | _ | | | | | Printe | ed Name | | | |
| | Signature | e | | | | _ | | | | | | | | | |
| My Commission Exp | bires | | | | | | | Email | | | | | | | |
| | мо | D | AY | YR | 1 | _ | | Area Code Daytime Telephone No | | | | | | ne Numl | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

| Detailed Summary Pag | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------|---------------|------------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| TAXPAYERS FOR SCOTT BARGER | From: | <u>4/9/20</u> | <u>24</u> To: | <u>5/13/2024</u> |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reportir | ıg Period | (1) | \$ | 195.00 |
| 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) | | | \$ | 1,400.00 |
| TOTAL for the Reportir | ng Period | (2) | \$ | 1,400.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | • | |
| Contributions Received From Political Committees (Part C) | | | \$ | 7,000.00 |
| All Other Contributions (Part D) | | | \$ | 14,000.00 |
| TOTAL for the Reportir | ng Period | (3) | \$ | 21,000.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E |) | | | |
| TOTAL for the Reportir | ıg Period | (4) | \$ | 0.00 |
| | | | | |
| Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover P | | | \$ | 22,595.00 |
| | | | 1 | |

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 | | Reporting Period | | | | | |
|------------------------------------------------------------------------------|-------|------------------|------------------|------|--------|--|----|------------|
| | | | From: To: | | | | | |
| | DATE | | | | AMOUNT | | | |
| Full Name of Contributing Committee | I | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 | •) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. | | | | | | | \$ | 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 Candida | te | | Repo | orting Pe | eriod | | | | | |
| TAXPAYERS FOR SCOTT BARGER | | | From | om: <u>4/9/2024</u> To | | | : <u>5/13/2024</u> | | | |
| | | | | DATE AMO | | | | AMOUNT | | |
| Full Name of Contributor Dan Replogle | | | | мо | DAY | YEAR | | | | |
| Mailing Address 525 Replogle Lane | Mailing Address 525 Replogle Lane | | | | | | \$ | 250.00 | | |
| City Martinsburg | State | Zip Code (Plus 4 |) | 4 | 12 | 2024 | | | | |
| | PA | 16662 | | | | | | | | |
| Full Name of Contributor Jim Burtoft | | мо | DAY | YEAR | | | | | | |
| Mailing Address 146 Chicory Avenu | failing Address 146 Chicory Avenue | | | | | | \$ | 100.00 | | |
| City Bellefonte | State | Zip Code (Plus 4 |) | 4 12 | | 2024 | | | | |
| | PA | 16823 | | | | | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | |
| Deb Moore Mailing Address 422 5th Street | | | | | | | \$ | 100.00 | | |
| City Tyrone | State | Zip Code (Plus 4 | | 4 | 12 | 2024 | · • | 100.00 | | |
| | PA | 16686 | | | | _ | | | | |
| Full Name of Contributor | • | • | | мо | DAY | YEAR | | | | |
| Mark Zearfaus | | | | но | | | | | | |
| Mailing Address 21 Godfrey Lane | 1 | | | | | | \$ | 100.00 | | |
| City Hollidaysburg | State | Zip Code (Plus 4 |) | 4 | 10 | 2024 | | | | |
| | PA | 16648 | _ | | | | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | |
| Kimberly Maxwell Mailing Address 9321 Touzet Aven | | | _ | | | | \$ | 100.00 | | |
| City St. Augustine | State | Zip Code (Plus 4 |) | 4 | 10 | 2024 | | 100.00 | | |
| | FL | 32092 | | | | | | | | |
| Ill Name of Contributor | | | | мо | DAY | YEAR | | | | |
| Louisa Lobre-Riley | | | | | | | | | | |
| Mailing Address 1407 Adams Aven | 1 | - - - - | | 4 | 10 | 2024 | \$ | 100.00 | | |
| City Altoona | State PA | Zip Code (Plus 4 16602 |) | 4 | 10 | 2024 | | | | |
| | | 1 10002 | | | | 1 | 1 | | | |

| Full Name of Contributor | | | | | | |
|--------------------------|---------------------|-------------------|----|-----|------|------------------|
| Ron Haines | | | мо | DAY | YEAR | |
| | Steve Street | | | | | ¢ 100.00 |
| | | | - | 10 | 2024 | \$ 100.00 |
| City Duncansville | State | Zip Code (Plus 4) | 4 | 10 | 2024 | |
| | PA | 16635 | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | |
| Joyce Donnelly | | | MO | DAT | TEAK | |
| Mailing Address 719 | Bryant Ave. | | | | | \$ 100.00 |
| City Altoona | State | Zip Code (Plus 4) | 4 | 10 | 2024 | |
| | PA | 16602 | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | |
| Joseph Addink | | | | DAT | ILAK | |
| Mailing Address 120 | 2 Elm Avenue | | | | | \$ 250.00 |
| City Hollidaysburg | State | Zip Code (Plus 4) | 4 | 10 | 2024 | |
| | PA | 16648 | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | |
| Rodney Kensinger | | | MO | DAT | TEAR | |
| Mailing Address 380 | Poverty Hollow Road | | | | | \$ 200.00 |
| City Williamsburg | State | Zip Code (Plus 4) | 4 | 10 | 2024 | |
| | PA | 16693 | | | | |
| | • | | | | | PAGE TOTAL |

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

PAGE TOTAL

1,400.00

\$

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 | g Period | | | | | |
|------------------------------------------------------------------------|--------------------|-------------------------|------------|-----------|---------------|------------|--------|------------------|--|
| TAXPAYERS FOR SCOTT BARGER | | | From: | <u>4/</u> | <u>9/2024</u> | То: | 5 | <u>5/13/2024</u> | |
| | | | | | TE | А | AMOUNT | | |
| Full Name of Contributing Committee FRIENDS OF DOUG MASTRIANO | | | | | DAY | YEAR | \$ | 7,000.00 | |
| Mailing Address PO BOX 138 | | | | 4 | 19 | 2024 | | ., | |
| City FAYETTEVILLE | State PA | Zip Cod 17222 | e (Plus 4) | | | | | | |
| | | _ | | | | PAGE TOTAL | | | |
| nter Grand Total of Part C on Schedule I, Detailed Summary Page, Secti | | | | n 3. | | | \$ | 7,000.00 | |

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 | | | | Repo | orting Pe | riod | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------|-------------------------------|------|---------------------|----------------------------------|-------------------------|--------------------------------|-------------------------------|
| TAXPAYERS FOR SCOTT BARGER | | | | From | 1: | <u>4/9/2</u> | <u>024</u> To | : | <u>5/13/2024</u> |
| | | | | | DA | ATE | | АМ | OUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | 500.00 |
| Greg Morris | | | | | 140 | DAT | TLAN | \$ | 500.00 |
| Mailing Address PO Box 1252 | | | | | 5 | 10 | 2024 | | |
| City Altoona | State | Zip Co | ode (Plus | 4) | _ | - | - | | |
| | PA | 1660 | 1 | | | | | | |
| Employer Name Greg Morris | | | | | Occupat | tion | Retired | | |
| Employer Mailing Address/Principal Pla | ce of Business | Ci | ity | | State Zip Code (Plu | | | | (Plus 4) |
| PO Box 1252 | | A | ltoona | | | PA | | 16603 | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | \$ | 500.00 |
| Alecia Addink | | | | | | | | - | 500.00 |
| Mailing Address PO Box 43 | | | | | 4 | 12 | 2024 | | |
| City Hollidaysburg | State | - | ode (Plus | 4) | | | | | |
| PA 16648 | | | | | | | | | |
| Employer Name Florida Cancer Affiliat | | | | | Occupat | 1 | Manage | | oordinator |
| Employer Mailing Address/Principal Pla | ce of Business | | ity | | | State | | | (Plus 4) |
| 6350 Center Drive, Suite 200 | | N | orfolk | | | VA | | 23502 | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | \$ | 2,000.00 |
| Rebecca Barger | | | | | | | | _ * | 2,000.00 |
| Mailing Address 717 Turkey Valley I | | | | | 4 | 10 | | | |
| City Hollidaysburg | State | | | | 4 | 10 | 2024 | | |
| | | | ode (Plus | 4) | 4 | 10 | 2024 | | |
| | PA | 16648 | | 4) | | | 2024 | | |
| Employer Name Rebecca Barger | PA | | | 4) | 4 Occupat | | 2024 Retired | | |
| Employer Name Rebecca Barger Employer Mailing Address/Principal Pla | PA | 16648 Ci | 8 ity | | | tion State | | Zip Code | (Plus 4) |
| - | PA | 16648 Ci | 8 | | | tion | | | (Plus 4) |
| Employer Mailing Address/Principal Place 717 Turkey Valley Road Full Name of Contributor | PA | 16648 Ci | 8 ity | | | tion State | | Zip Code 16648 | |
| Employer Mailing Address/Principal Plac 717 Turkey Valley Road Full Name of Contributor John McGinnis | PA ce of Business | 16648 Ci | 8 ity | | Occupat | tion State PA | Retired | Zip Code | (Plus 4) 1,000.00 |
| Employer Mailing Address/Principal Place 717 Turkey Valley Road Full Name of Contributor John McGinnis Mailing Address 1505 Saint Francis | PA ce of Business | 1664 | 8 ity ollidaysbi | urg | Occupat | tion State PA | Retired | Zip Code 16648 \$ | |
| Employer Mailing Address/Principal Plac 717 Turkey Valley Road Full Name of Contributor John McGinnis | PA ce of Business Lane State | 16644 Ci H | 8 ity ollidaysbu | urg | Occupat | tion State PA DAY | Retired | Zip Code 16648 \$ | |
| Employer Mailing Address/Principal Plac 717 Turkey Valley Road Full Name of Contributor John McGinnis Mailing Address 1505 Saint Francis City Altoona | PA ce of Business | 1664 | 8 ity ollidaysbu | urg | Occupat MO 4 | tion State PA DAY 10 | Retired YEAR 2024 | Zip Code 16648 \$ | |
| Employer Mailing Address/Principal Place 717 Turkey Valley Road Full Name of Contributor John McGinnis Mailing Address 1505 Saint Francis | PA ce of Business Lane State PA | 16644 Ci H Zip Co 16602 | 8 ity ollidaysbu | urg | Occupat | tion State PA DAY 10 | Retired | Zip Code 16648 \$ | |

| Full Name of Contributor | | | мо | DAY | YEAR | t 10.000.00 |
|-----------------------------------------|-------------------------|---------------|----|----------------------------------|------|---------------------|
| Scott Barger | | | no | DAT | TEAR | \$ 10,000.00 |
| Mailing Address 717 Turkey Valley R | oad | | 4 | 12 | 2024 | |
| City Hollidaysburg | State Zip Code (Plus 4) | | | 12 | 2021 | |
| PA 16648 | | | | | | |
| Employer Name B&F Enterprises | Occupation Manager | | | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | | State | | Zip Code (Plus 4) |
| 717 Turkey Valley Road | | Hollidaysburg | | PA | | 16648 |
| Enter Grand Total of Part C on Sche | on 3. | | \$ | PAGE TOTAL 5 14,000.00 | | |

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 | 2 | | Report | ing Peric | d | | | |
|---------------------------------------------------------------------|-------|------------|---------|-----------|-----|------|---------|------|
| | | | From: | | | То: | | |
| | | | | D | ATE | | AMOUNT | r |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | | | | | | | | |
| | | - | a .: | | | | PAGE TO | TAL |
| nter Grand Total of Part E on Schedule I, Detailed Summary Page, Se | | | | 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 | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|------------------|
| TAXPAYERS FOR SCOTT BARGER | 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 | ΓF) | | |
| TOTAL for the Reporting Pe | riod (2) | \$ | 0.00 |
| 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 | | \$ | 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: | | | То: | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | 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 Deta Section 2. | | | | mary Pag | e, | | PAGE TOTA | <u>، ۱</u> |
| | | | | | | \$ | | 0.00 |

PAGE 12

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

| Name of Filing Committee or Candidate | | | | Rep | orting F | Period | | | |
|----------------------------------------------------------------|----------------|-------------|--------|-------|----------|--------------|--------|--------------------------|------------|
| | | | | Fro | m: | | То: | | |
| | | | | | | DATE | | Α | MOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | Zip Code(Pl | lus 4) | | | | | | |
| Employer of Contributor | | | | | Occupa | ition | | | |
| Employer Mailing Address/Principal Place of Business City | | | | State | e Zip | Code(Plus 4) | Descri | ption of Co | ntribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | nd Contributio | ons De | etaile | d | | | P | AGE TOTAL 0.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | | | |
|-------------------------------------------------------------------------|-------|-------------------|----------------------------|-----------------------|----------|-----|------------------|--|--|--|
| TAXPAYERS FOR SCOTT BARGER | | | From | <u>4/9</u> | 9/2024 | То: | <u>5/13/2024</u> | | | |
| | | | | DATE | AMOUNT | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| Raise The Money | | | | | | | | | | |
| Mailing Address PO Box 26466 | | | 4 | 10 | 2024 | \$ | 25.25 | | | |
| City Little Rock State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | | |
| AR 72221 | | | professional services | | | | | | | |
| To Whom Paid Raise The Money | | | мо | DAY | YEAR | | | | | |
| Mailing Address PO Box 26466 | | | 4 | 10 | 2024 | \$ | 180.36 | | | |
| City Little Rock | State | Zip Code (Plus 4) | Descript | L tion of Exp | enditure | | | | | |
| AR 72221 | | | | professional services | | | | | | |
| To Whom Paid Raise The Money | | | мо | DAY | YEAR | | | | | |
| Mailing Address PO Box 26466 | | | 4 | 12 | 2024 | \$ | 17.65 | | | |
| City Little Rock State Zip Code (Plus 4) AR 72221 | | | Description of Expenditure | | | | | | | |
| | | | professional services | | | | | | | |
| To Whom Paid Raise The Money | | | мо | DAY | YEAR | | | | | |
| Mailing Address PO Box 26466 | | | 4 | 12 | 2024 | \$ | 9.22 | | | |
| City Little Rock | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | | |
| | AR | 72221 | professional services | | | | | | | |
| To Whom Paid Kiwanis Club | | | мо | DAY | YEAR | | | | | |
| Mailing Address 315 Quince Court | | | 4 | 12 | 2024 | \$ | 250.00 | | | |
| CityHollidaysburgStateZip Code (Plus 4)PA16648 | | | Description of Expenditure | | | | | | | |
| | | | tickets/sponsor | | | | | | | |
| To Whom Paid Facebook | | | мо | DAY | YEAR | | | | | |
| Mailing Address 1 Hacker Way | | | 4 | 15 | 2024 | \$ | 400.00 | | | |
| City Mento | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | | |
| CA 92359 | | | Advertising | | | | | | | |

| | - · · · | | | | | | | | | |
|--------------------------------------------------------------------|--------------------------------|-------------|----------------------------|----------------------------|-------------|----------|----------|-----------|--|--|
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| Facebook | | | | | | | | | | |
| Mailing Address 1 Hacker Way | | | 5 | 1 | 2024 | \$ | 159.97 | | | |
| City Mento State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | | |
| CA 92359 | | | | Advertising | | | | | | |
| To Wh | om Paid | | | мо | DAY | YEAR | | | | |
| Facebo | ook | | | MO | | | | | | |
| Mailing Address 1 Hacker Way | | | | 4 | 22 | 2024 | \$ | 600.00 | | |
| City Mento State Zip Code (Plus 4) | | | | Description of Expenditure | | | | | | |
| CA 92359 | | | | Advertising | | | | | | |
| To Wh | om Paid | | | MO | DAY | YEAR | | | | |
| JustBu | ittons | | | мо | DAT | TEAR | | | | |
| Mailin | g Address 59 School Ground R | oad, Unit 7 | | 4 | 16 | 2024 | \$ | 164.55 | | |
| City | Branford | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | | СТ | 06405 | Advertis | sing | | | | | |
| To Wh | om Paid | | | мо | DAY | YEAR | | | | |
| The Lo | ocker Room | | | MO | | | | | | |
| Mailing | g Address 313 Allegheny St. | | | 4 | 16 | 2024 | \$ | 292.00 | | |
| City Hollidaysburg State Zip Code (Plus 4) | | | | Description of Expenditure | | | | | | |
| | | PA | 16648 | Advertising | | | | | | |
| To Wh | om Paid | | | | | VEAD | | | | |
| Music | Helps LLC | | | мо | DAY | YEAR | | | | |
| Mailin | g Address 1112 26th Avenue | | | 4 | 16 | 2024 | \$ | 130.00 | | |
| City | Altoona | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | | |
| | | PA | 16601 | Entertainment | | | | | | |
| To Wh | om Paid | | | мо | DAY | YEAR | | | | |
| Churcl | hill Strategies | | | MO | DAT | TEAR | | | | |
| Mailin | g Address 23 North Front Stree | et | | 4 | 16 | 2024 | \$ | 12,280.50 | | |
| City | Harrisburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | | PA | 17101 | Mailings | | | | | | |
| To Wh | om Paid | | | | DAY | VEAD | | | | |
| Churcl | hill Strategies | | | мо | DAY | YEAR | | | | |
| Mailing Address 23 North Front Street | | | 4 | 27 | 2024 | \$ | 1,256.00 | | | |
| City Harrisburg State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | | |
| PA 17101 | | | | Advertising | | | | | | |
| To Whom Paid | | | MO | DAY | YEAR | | | | | |
| Churchill Strategies | | | мо | DAT | TEAK | | | | | |
| Mailing Address 23 North Front Street | | | 4 | 27 | 2024 | \$ | 3,000.00 | | | |
| City | Harrisburg | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| PA 17101 | | | professional services | | | | | | | |

| Te W/k = 11 | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------|-----------|--|--|
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| Churchill Strategies | | | | 140 | 2/11 | 12/44 | | | | |
| lailing Address 23 North Front Street | | | 4 | 27 | 2024 | \$ | 646.00 | | | |
| City Harrisbu | irg | State | Zip Code (Plus 4) | Descript | tion of Exp | enditure | | | | |
| PA 17101 | | | | Advertising | | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| Chris Forshey | | | | мо | DAT | TLAK | | | | |
| Mailing Address | 1201 E. Main Stree | t | | 4 | 19 | 2024 | \$ | 26,912.00 | | |
| City Bellwood State Zip Code (Plu: | | | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | | | | Advertising | | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| Belly Busters | | | | MO | DAT | TEAK | | | | |
| Mailing Address | 417 W 2nd Street | | | 4 | 16 | 2024 | \$ | 684.23 | | |
| City Williams | burg | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | | РА | 16693 | Meals & Entertainment | | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| HCRC | | | | | 2/11 | 12/44 | | | | |
| Mailing Address | 7462 Crooked Road | | | 4 | 19 | 2024 | \$ | 125.00 | | |
| City Huntingdon State Zip Code (Plus 4) PA 16652 | | | | Description of Expenditure | | | | | | |
| | | | | Advertising | | | | | | |
| | | PA | 16652 | Advertis | sing | | | | | |
| To Whom Paid | | PA | 16652 | | | VEAR | | | | |
| To Whom Paid Belly Busters | | ΡΑ | 16652 | Advertis MO | bing DAY | YEAR | | | | |
| | 417 W 2nd Street | ΡΑ | 16652 | | | YEAR 2024 | \$ | 262.53 | | |
| Belly Busters | | PA State | 16652 Zip Code (Plus 4) | мо 4 | DAY | 2024 | \$ | 262.53 | | |
| Belly Busters Mailing Address | | | - | MO 4 Descript | DAY 22 | 2024 enditure | \$ | 262.53 | | |
| Belly Busters Mailing Address | | State | Zip Code (Plus 4) | MO 4 Descript Meals & | DAY 22 tion of Exp Entertainr | 2024 enditure ment | \$ | 262.53 | | |
| Belly Busters Mailing Address City Williams | | State | Zip Code (Plus 4) | MO 4 Descript | DAY 22 tion of Exp | 2024 enditure | \$ | 262.53 | | |
| Belly Busters Mailing Address City Williams To Whom Paid | burg | State PA | Zip Code (Plus 4) | MO 4 Descript Meals & | DAY 22 tion of Exp Entertainr | 2024 enditure ment | \$ | 262.53 | | |
| Belly Busters Mailing Address City Williams To Whom Paid MailChimp | burg | State PA | Zip Code (Plus 4) | MO 4 Descript Meals & MO 4 | DAY 22 tion of Exp Entertainr DAY | 2024 enditure ment YEAR 2024 | | | | |
| Belly Busters Mailing Address City Williams To Whom Paid MailChimp Mailing Address | burg | State PA NE | Zip Code (Plus 4) 16693 | MO 4 Descript Meals & MO 4 Descript | DAY 22 tion of Exp Entertainr DAY 26 | 2024 enditure ment YEAR 2024 enditure | | | | |
| Belly Busters Mailing Address City Williams To Whom Paid MailChimp Mailing Address | burg | State PA NE State | Zip Code (Plus 4) 16693 Zip Code (Plus 4) | MO 4 Descript Meals & MO 4 Descript professi | DAY 22 tion of Exp Entertainr DAY 26 tion of Exp onal servic | 2024 enditure ment YEAR 2024 enditure | | | | |
| Belly Busters Mailing Address City Williams To Whom Paid MailChimp Mailing Address City Atlanta To Whom Paid | burg | State PA NE State | Zip Code (Plus 4) 16693 Zip Code (Plus 4) | MO 4 Descript Meals & MO 4 Descript | DAY 22 tion of Exp Entertainn DAY 26 tion of Exp | 2024 enditure ment YEAR 2024 enditure | | | | |
| Belly Busters Mailing Address City Williams To Whom Paid MailChimp Mailing Address City Atlanta | burg 405 N. Angier Ave, | State PA NE State GA | Zip Code (Plus 4) 16693 Zip Code (Plus 4) | MO 4 Descript Meals & MO 4 Descript professi | DAY 22 tion of Exp Entertainr DAY 26 tion of Exp onal servic | 2024 enditure ment YEAR 2024 enditure | | | | |
| Belly Busters Mailing Address City Williams To Whom Paid MailChimp Mailing Address City Atlanta To Whom Paid Blair Chamber | burg 405 N. Angier Ave, | State PA NE State GA | Zip Code (Plus 4) 16693 Zip Code (Plus 4) | MO 4 Descript Meals & MO 4 Descript professi MO | DAY 22 tion of Exp Entertainn DAY 26 tion of Exp onal servic DAY | 2024 enditure ment YEAR 2024 enditure ces YEAR 2024 | \$ | 21.20 | | |
| Belly Busters Mailing Address City Williams To Whom Paid MailChimp Mailing Address City Atlanta To Whom Paid Blair Chamber Mailing Address | burg 405 N. Angier Ave, | State PA NE State GA < Drive, Suite 12 | Zip Code (Plus 4) 16693 Zip Code (Plus 4) 30308 | MO 4 Descript Meals & MO 4 Descript professi MO 4 Descript | DAY 22 tion of Exp Entertainn DAY 26 tion of Exp onal servic DAY 16 | 2024 enditure ment 2024 enditure ces YEAR 2024 2024 | \$ | 21.20 | | |
| Belly Busters Mailing Address City Williams To Whom Paid MailChimp Mailing Address City Atlanta Blair Chamber Mailing Address City Altoona | burg 405 N. Angier Ave, | State PA NE State GA < Drive, Suite 12 State | Zip Code (Plus 4) 16693 Zip Code (Plus 4) 30308 Zip Code (Plus 4) | MO 4 Descript Meals & MO 4 Descript professi MO 4 Descript | DAY 22 tion of Exp Entertainr DAY 26 tion of Exp onal servic DAY 16 tion of Exp | 2024 enditure ment YEAR 2024 enditure ces YEAR 2024 enditure ces | \$ | 21.20 | | |
| Belly Busters Mailing Address City Williams To Whom Paid MailChimp Mailing Address City Atlanta To Whom Paid Blair Chamber Mailing Address | burg 405 N. Angier Ave, | State PA NE State GA < Drive, Suite 12 State | Zip Code (Plus 4) 16693 Zip Code (Plus 4) 30308 Zip Code (Plus 4) | MO 4 Descript Meals & MO 4 Descript professi MO 4 Descript | DAY 22 tion of Exp Entertainr DAY 26 tion of Exp onal service DAY 16 | 2024 enditure ment 2024 enditure ces YEAR 2024 2024 | \$ | 21.20 | | |
| Belly Busters Mailing Address City Williams MailChimp MailChimp Mailing Address City Atlanta Blair Chamber Mailing Address City Altoona To Whom Paid Mait Markham | burg 405 N. Angier Ave, 3900 Industrial Parl | State PA NE State GA < Drive, Suite 12 State | Zip Code (Plus 4) 16693 Zip Code (Plus 4) 30308 Zip Code (Plus 4) | MO 4 Descript Meals & MO 4 Descript professi MO 4 Descript | DAY 22 tion of Exp Entertainr DAY 26 tion of Exp onal servic DAY 16 tion of Exp | 2024 enditure ment YEAR 2024 enditure ces YEAR 2024 enditure ces | \$ | 21.20 | | |
| Belly Busters Mailing Address City Williams To Whom Paid MailChimp Mailing Address City Atlanta Blair Chamber Mailing Address City Altoona To Whom Paid | burg 405 N. Angier Ave, 3900 Industrial Parl | State PA NE State GA < Drive, Suite 12 State | Zip Code (Plus 4) 16693 Zip Code (Plus 4) 30308 Zip Code (Plus 4) | MO 4 Descript Meals & MO 4 Descript professi MO 4 | DAY 22 tion of Exp Entertain DAY 26 tion of Exp onal servic DAY 16 tion of Exp onal servic | 2024 enditure ment 2024 2024 2024 enditure ces 2024 2024 enditure ces 2024 2024 | \$ | 21.20 | | |

| | PAGE 16 | |
|-------------------------------------------------------------------------|-----------------|--|
| | PAGE TOTAL | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | \$ 47,526.46 | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|-------------------------------------------------------------------------|--|--|------------------|----------------------------|------|-----------|-----------|--------------------------|--|
| TAXPAYERS FOR SCOTT BARGER | | | From: | <u>4/9/2024</u> To: | | | 5/13/2024 | | |
| | | | | | DATE | | | standing ance of Debt | |
| Name of Creditor Scott Barger | | | | мо | DAY | YEAR | | | |
| Mailing Address 717 Turkey Valley Road | | | | 4 | 12 | 2024 | \$ | 10,000.00 | |
| City Hollidaysburg State Zip Code (Plus 4) | | | | Description of Debt | | | | | |
| PA 16648 Loan | | | | | | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | \$ | 10,000.00 | | | |