Campaign Finance Report

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

Filer Identificat Number :	i on 20	0120363	3			Report Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST		
Name of Filing	Committee, Can	didate o	or Lobb	yist:			-	CRIS DU	L SH								
Street Address:																	
City:	BROOKVIL	LE						State:	PA			Zip Co	de: 15	825			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		D FRIDA MARY	Y PRE-	- 2.	30 D/ PRIM		POST-	3. X		AMENDMENT REPORT?		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		D FRIDA CTION	Y PRE	- 5.	30 D/ ELEC		POST-	6.	TERMINATION Yes REPORT?				N	0	\checkmark
report type)	ANNUAL REPO	RT 7.	Ye	ar 2024				NG METHO CHECK O				PAPER V DIS				ETTE	
Name of Office	 Sought by Cand	idate:						DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Cour Code	
								мо	DAY	YE	AR			REP	•		
					_			11		5	2024		(SEE INS	STRUCTI	ONS FOR	CODES	5)
Summary of Expenditure	Receipts and			DAY	YEAR		_	мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY		
								2024									
A. Amount Brought Forward From Last Report							\$			11,0	070.93						
B. Total Monetary Contributions And Receipts (From Schedule I						dule I)	\$		0.00								
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B)						\$			11,0	070.93						
D. Total Exper	ditures (From S	Schedul	e III)				\$			2,8	39.16						
	n Balance (Subt				-		\$			8,2	31.77						
	-Kind Contributi					le II)	\$				0.00	-					
G. Unpaid Deb	ts And Obligation	ons (Fro	om Sche	aule Iv	-		\$				0.00						
								CTION									
PART I - If this i I swear (or affirm) that this report,			-							-	-	f my knov	vledge	and bel	ief , tr	rue
correct and comp Sworn to and sub		this									ianatura	of Perso	n Submitt	ing Per	ort		_
	day of		20				_			5	ignatur		ii Subiiiite	ing ner			
	Sigr	nature					-					Prin	ted Name				_
My Commission E	xpires						_					Ema	il				_
	МО		DAY		YR				Are	a Cod	e	Daytin	ne Teleph	one Nu	mber		
Part II- If this is I swear (or affirm No 320) as amend) that to the best					•			•		y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subs		his:										ianatura	of Candid-				_
	day of		20				_					ignature	of Candida				
							_					Printe	ed Name				
My Commission Ex	Signatı pires	ıre										Ema	il				-
	мо		DAY		YR		-		Area (Code		D	aytime Te	elephon	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF CRIS DUSH From: <u>4/9/2024</u> **To:** <u>5/13/2024</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **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)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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 Candidat	e		Re	porting	Period			
				From: To:				
				DATE AN				
Full Name of Contributing Committee MO DAY YEAR								
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00

Use this Part to it	emize all other 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s wi ortin	ith an ng per	aggreg iod.			rom
Name of Filing Committee or Candida	Name of Filing Committee or Candidate Reporting Period							
			Fror	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				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 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
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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	orting Pe	riod			
			Froi	n:		Т):	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00

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 Peric	d				
			From:	From: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
								PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 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		
FRIENDS OF CRIS DUSH	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)	\$	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			мо	DAY	YEAR		
Mailing Address						7 \$	0.0
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	-	- !				
Enter Grand Total of Part F on Sche Section 2.	iled Sum	mary Pag	ie,		PAGE TOTAL		
						\$	0.0

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

Name of Filing Committee or Candidate			Rep	porting I	Period				
			Fro	From:			То:		
					DATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code(Plus 4)							
Employer of Contributor		•		Occupa	ation				
Employer Mailing Address/Principal Plac	e of Business (City	State	e Zip	Code(Plus 4)	Descri	ption of Con	tribution	
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PA	GE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name	e of Filing Committee or Candidate			Reporti	ng Period				
FRIE	NDS OF CRIS DUSH			From	<u>4/9</u>	<u>9/2024</u>	То:	<u>5/13/2024</u>	
					DATE			AMOUNT	
To WI	nom Paid			мо	DAY	YEAR			
USPS				_					
Mailin	g Address			4	11	2024	\$	9.92	
City	BROOKVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		РА	15825	POSTAG	GE-CYCLE 2	2			
	10m Paid IDS OF RUSS DIAMOND			мо	DAY	YEAR			
Mailin	g Address			4	18	2024	\$	500.00	
City	ANNVILLE	State	Zip Code (Plus 4)	Descrip	L tion of Exp	enditure	1		
		РА	17003	DONAT	DONATION				
	To Whom Paid REYNOLDSVILLE HOMECOMING COMM			мо	DAY	YEAR			
	g Address			4	22	2024	\$	250.00	
City	REYNOLDSVILLE	State	Zip Code (Plus 4)	Descrip	 tion of Exp	enditure			
,	REMOLDSWILL	PA	15851	DONATION					
	nom Paid								
U.S.W	I. DISTRICT 10 CONFERENCE			мо	DAY	YEAR			
Mailin	g Address			4	22	2024	\$	150.00	
City	LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1		
		PA	17603	ADVERT	TISING				
To W	nom Paid			мо	DAY	YEAR			
THE E	RADFORD CLUB			МО					
Mailin	g Address			5	7	2024	\$	985.32	
City	BRADFORD	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		РА	16701	CAMPAI	GN FUNDF	RAISER			
To WI	nom Paid			мо	DAY	YEAR			
HOWI	E COMPANY								
Mailin	Mailing Address		4	24	2024	\$	493.92		
City GROVE CITY State Zip Code (Plu			Zip Code (Plus 4)	 Description of Expenditure 					
		РА	16127	PARADE	CANDY				

To Wh	om Paid			мо	DAY	YEAR			
BELLE	FONTE ARTS & CRAFT I	FAIR		MO		TEAK			
Mailing	g Address			5	6	2024	\$	150.00	
City	BELLEFONTE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		16823							
To Wh	om Paid	мо	DAY	YEAR					
COUDI	ERSPORT ARBORETUM ASSN	I.		MO		TEAK			
Mailing	g Address			5	6	2024	\$	300.00	
City	COUDERSPORT	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
		PA	16915	DONAT	ION .				
_								PAGE TOTAL	
Enter	Grand Total of Expenditu		\$	2,839.16					

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